

**FRANKLIN TOWNSHIP COMMUNITY SCHOOL CORPORATION**

Request for Leave  
(Family and Medical Leave Act /FMLA)

**ANSWER THE FOLLOWING QUESTIONS, AND PROVIDE THE NEEDED DOCUMENTATION.**

Notice of medical leave should be received a minimum of 30 days prior to leave, if leave is foreseeable. If leave is unforeseeable, notice should at least be verbal within one or two business days, followed up by written notice to the HR department.

Date Packet Sent to Employee: \_\_\_\_\_

Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Human Resources Director: Jill Britt

Estimated Duration of Leave Needed: from \_\_\_\_\_ to \_\_\_\_\_

Estimated Hours Needed:  full days  part-time hours (describe)-  
\_\_\_\_\_

Reason for Requesting Leave: (check one)

- serious health condition
- birth of child or placement for adoption or foster care
- to care for spouse, child, or parent (not parent-in-law) with serious health condition
- military- qualifying exigency leave
- military- serious injury or illness of a covered service member
- other (describe) \_\_\_\_\_

Certification of Physician : (Form must be attached to validate requested leave)

Dates (if any) of absences taken prior to request for this medical condition:  
\_\_\_\_\_

Submit a physician's release statement to return to work when formally released

NOTE: Benefit premiums during leave will be determined based on actual leave in conjunction with FMLA guidelines.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact number for questions (317) 803-5012 Direct fax number (317) 803-5098  
Return completed forms to Human Resources at the Administration Office.**