

GREEN BROOK TOWNSHIP PUBLIC SCHOOLS

REQUESTING A LEAVE OF ABSENCE UNDER FMLA (NON-MATERNITY)

Under FMLA, you are entitled to up to 12-weeks of unpaid, job-protected leave with benefits in a 12-month period:

- for placement of a child in adoption or foster care
- to care for a parent, child, or spouse with a serious health condition or for your own serious health condition.

Please complete the form below and return to Human Resources, at least 30 days in advance, or as soon as possible for emergency requests.

- If requesting a medical leave of absence for yourself, a **physician's note must accompany** this form. The note should state the approximate date of return.
- If requesting a leave to care for a parent, child, or spouse with a serious health condition health condition, a physician's note must accompany this form, certifying that the individual has a serious health condition and is in need of care.
- While on leave, you will be required to provide periodic reports of your status and intent to return to work every _____. (to be determined at the discretion of The Board).

NAME: _____

SCHOOL: _____

I am requesting a leave of absence under FMLA/NJFLA (running concurrently) for:

___ My own serious health condition.

___ The birth or adoption of a child.

___ To care for my ___ spouse ___ child, or ___ parent with a serious health condition.

___ A qualifying exigency arising out of the fact that my ___ spouse, ___ child, ___ parent is a covered service member with a serious injury or illness.

_____ I am requesting leave from the date of _____ through the date of _____.

____ I am requesting INTERMITTENT OR REDUCED LEAVE. (Provide separate sheet with requested schedule.)

My anticipated date of return to work is _____.
Date

Signature

Date

Please Note: To be eligible for FMLA, an employee must be employed by Green Brook Township Public Schools for at least one year and have worked 1,250 hours in the prior year.

Under NJFLA, you may apply for Family Leave Insurance through the State of N.J. during the time you are caring for a family member. You may not request this insurance for your own serious health condition. The State will not issue any family leave insurance payments while you are receiving sick day pay or payments from any private disability company. You are eligible for the insurance payments ONLY during the period of time in which you are on leave to care for a family member. To apply, please complete the FL-1 form found in the Human Resources Forms Folder on the district website. This form must be certified by a physician. Once the employee and physician portions are complete, please return to Human Resources, at the Board Office, so the forms can be filed on your behalf.