

**THE SCHOOL BOARD OF BROWARD COUNTY
REQUEST FOR FAMILY LEAVE/MEDICAL LEAVE (FMLA)**

INSTRUCTIONAL PERSONNEL

DIRECTIONS

1. All requests for **family leave** must include a physician's letter.
2. All requests for **medical leave** due to your illness or the illness of a family member must include the completed attached "Certification of Physician or Practitioner" form.
3. Family/Medical Leave (unpaid days used) cannot exceed 60 work days.
4. Total leave available cannot exceed twelve (12) weeks. If you and your spouse are both employed by the Broward County School Board, and both are requesting leave for maternity, adoption or illness of parent, your combined leaves cannot exceed twelve (12) weeks.
5. If dates and signatures are missing, the application cannot be processed and **will be returned**.

(Name) _____
(Social Security Number)

(Address) (City/State/Zip) (_____)_____
(Telephone #)

(School/Location) (Position)

REASON FOR LEAVE:

(Check one)

FAMILY LEAVE

- Maternity
 Adoption or Foster Care

MEDICAL LEAVE

- Illness of Self
 Illness of Family Member

LEAVE REQUEST IS FOR THE FOLLOWING DATES:

DATES

NO. OF DAYS	START	END
____ Paid Days Used	_____ - _____	
____ Unpaid Days Used	_____ - _____	
____ TOTAL NO. OF DAYS	_____ - _____	

Return to Work Date _____
(Date should be the work day following the end of the FMLA)

EXPLANATION: (Every request must contain a brief explanation) _____

I understand and agree that failure to return to work at the end of my leave period will be treated as a voluntary termination of employment. If additional time is needed, I understand I must apply for another type of leave.

Employee's Signature _____
Date

THE PRINCIPAL/SUPERVISOR'S SIGNATURE CONFIRMS THE FOLLOWING:

- The instructional employee taking family leave must take a minimum of 20 unpaid days.
- If full-time, the instructional employee worked for at least 1250 hours during the previous 12 months (July-June).
- If part-time, the instructional employee worked for at least 784 hours during the previous 12 months (July-June).

Principal/Supervisor's Signature _____
Date

Approved By: _____
District Administration Division, Broward County School Board

ROUTING INSTRUCTIONS: School/Location forwards FMLA application, Physician Certification along with Personnel Action Form (PAF) to Employee Assistance Program, Sailboat Bend-Bldg. #4. A copy will be returned after approval.