

**LOCKPORT TOWNSHIP HIGH SCHOOL
DISTRICT 205
PERSONNEL OFFICE**

APPLICATION for FAMILY or MEDICAL LEAVE

Notice Requirements: When the leave is foreseeable the employee is required to notify the School District not less than thirty (30) days before the date the leave is to begin. If the circumstances of the requested leave require the leave to begin in less than thirty (30) days, the employee shall notify the School District as soon as practicable.

Name: _____ Department: _____

Anticipated leave start date: _____ Position: _____

Expected Date of Return to Work: _____

Reason for Leave:

Note: An employee requesting leave for the employee's serious health condition or the serious health condition of the employee's spouse, child or parent must submit a physician completed verifying medical certification form (WH-380) supplied by the personnel office.

If so requested by the School District, I hereby authorize a health care provider representing the School District to contact my physician to verify the reason for my requested Family and Medical Leave.

I understand that a failure to return to work at the end of my approved leave period may be treated as a resignation unless an extension has been agreed upon and approved by the School District.

Signature: _____ Date: _____

Return completed form to the personnel office