



**CABOT PUBLIC SCHOOLS  
EMPLOYEE REQUEST FOR FAMILY OR MEDICAL LEAVE**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Location: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I am requesting leave under the Family and Medical Leave Act (FMLA) for the following reason(s):

1. \_\_\_ For the birth and care of my newborn child; or
2. \_\_\_ For the placement of a son or daughter with me for adoption or foster care; or
3. \_\_\_ Because of a serious medical condition that leaves me unable to work; or
4. \_\_\_ To care for my spouse, son or daughter, or parent with a serious medical condition; or
5. \_\_\_ A qualifying exigency arising out of the fact that my spouse, son or daughter, or parent is on active duty or has been called to active duty status in support of a contingency operation as a member of the National Guard or Reserves; or
6. \_\_\_ I am the spouse, son or daughter, parent or next of kin of a covered service-member with a serious injury or illness.

Date Requested for leave to begin: \_\_\_/\_\_\_/\_\_\_ Anticipated return to work date: \_\_\_/\_\_\_/\_\_\_

Have you taken leave under FMLA in the past 12 months? \_\_\_ Yes \_\_\_ No If yes, when was the leave and how many days were involved? \_\_\_\_\_

**Please note:** Employees seeking to use FMLA are required to provide 30-days advance notice of the need to take FMLA leave, when the need is foreseeable and such notice is practicable. Submission of this form constitutes the appropriate notice. If the need for leave is not foreseeable, the employee must provide notice as soon as practicable under the applicable circumstances. Failure to provide notice may be the basis for denial of leave under FMLA.

**Notice should be submitted to Leila Seigrist, Director of Human Resources,  
at the Cabot Administration Office**

I understand that I have a right under the FMLA for up to 12 weeks of unpaid leave in a 12 month period for reason 1-4 above and up to 26 weeks for reasons 5-6 above. Furthermore, I understand that my health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and that I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon my return from leave. If I do not return to work following FMLA leave for a reason other than the continuation, recurrence, or onset of a serious health condition which would entitle me to FMLA leave, or for reasons or circumstances beyond my control, I may be required to reimburse my employer, Cabot Public Schools, for their share of health insurance premiums paid on my behalf during FMLA leave.

I also understand that:

1. The requested leave will be counted against my annual FMLA leave entitlement.
2. I may be required to furnish medical certification of a serious health condition no sooner than 15 days after I am notified of this requirement. Failure to provide the requested certification may delay the commencement of my leave until the certification is submitted.
3. I will be required by my employer to substitute accrued paid leave (sick, personal, and vacation) for unpaid FMLA leave to the extent that paid leave has been accumulated or granted under district policy and shall run concurrently with leave under FMLA.
4. If I normally pay a portion of the premiums for my health insurance, arrangements will need to be made to continue these payments while I am on FMLA. (Please contact Kathy Baldwin in the Business Office to discuss this in detail - [kathy.baldwin@cps.k12.ar.us](mailto:kathy.baldwin@cps.k12.ar.us) or Ext. 1026)
5. I may be required to present a fitness-for-duty (fit to return to work) certification from my physician prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until such certification is provided.
6. I may be required to furnish my employer with periodic reports of my status and intent to return to work at specified intervals while on FMLA leave.
7. I may be required to furnish recertification every 30 working days relating to a serious health condition.

Please refer to Cabot Public Schools district policy on FMLA, which can be found on our website at [www.cabotschools.org](http://www.cabotschools.org)

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