

FAMILY EMERGENCY LEAVE REQUEST

This form is to be used when any NWESD 189 staff member wishes to apply for *Family Emergency Leave*, as provided by PL 103-3 and described in NWESD 189 Policy 5403.

Name: _____ Date: _____
Address: _____ Job Site: _____

My situation meets the requirements delineated therein. Specifically, I request Family Emergency Leave for the following reason(s): _____

Date Family Emergency Leave is to begin: _____

Date Family Emergency Leave is to end: _____

I have received, read, and understand NWESD 189 Policy 5323, *Family Emergency Leaves*. I understand reinstatement need not occur if; a) the specific job is eliminated by a bona fide restructuring or a reduction-in-force resulting from a lack of funds or lack of work; b) I take a position with another employer outside of the home while on family leave; or c) I fail to provide the required notice or to return to work on the established ending date of the leave. Further, I acknowledge that should I fail to return to the NWESD 189 from *Family Emergency Leave*, the NWESD 189 will recover from me the costs of health benefits paid during the leave.

.....
(For leave requests based on the health condition of a family member or employee, complete the following.) I also understand the NWESD 189 may request written verification from my health care provider or a second opinion from another health care provider. By this signature I provide permission for my health care provider, named above, to release such verification.

Primary health care provider name: _____

Primary health care provider address: _____

Primary health care provider telephone: _____

.....
Staff member signature: _____ Date: _____

Witness signature: _____ Date: _____

Witness signature: _____ Date: _____

.....
Supt/Designee Approval: _____ Date: _____

Comments/Conditions: