SCHOOL DISTRICT OF PHILADELPHIA
FAMILY & MEDICAL LEAVE ACT (FMLA) COVER SHEET

DATE CERT REQ'D/ REC'D

_____

Please return completed form to:

SCHOOL DISTRICT OF PHILADELPHIA
Office of Employee Health Services
440 N. Broad Street, Room 134, Philadelphia, PA 19130
FAX (215) 400-4663 MAIN OFFICE PHONE (215) 400-4660
CONTACT: MELISSA BRUNSON – mcbrunson@philasd.org or (215) 400-5508

_____ _____

NAME ***EMPLOYEE ID#***

_____

STREET ADDRESS

_____

CITY, STATE, ZIP CODE

PLEASE COMPLETE THE FOLLOWING INFORMATION*:*

Telephone # (Cell or Home) _____

Position: _____ **Work Location:** _____

Beginning date for the FMLA protection: _____
(*Your eligibility cannot be verified without a date)*

Type of leave you are requesting FMLA protection for:
*(**Approved FMLA protection runs concurrently with the type of leave you are taking**)*

_____Personal illness

_____Illness in family **Relationship of family member to you:*_____ **Age (if child):*_____

_____The birth of your child _____The placement of a child with you for adoption or foster care

_____Serious Injury or Illness of Servicemember _____ Qualifying Military Exigency _____ Military Caregiver

How you will take leave: ____ **consecutively** (an absence of more than 3 days in a row)

____ **intermittently** (sporadic absences)

(Please don't check both. Select the option that best reflects your use of leave at the time you submit the FMLA request. If your use of leave changes, your FMLA request can be revised at that time.)

7. Did you work with the **School District of Phila. Summer program** within the 12 months prior to your requested FMLA beginning date? **____Yes ____ No (This question does not apply to employees who work 12 months.)**

8. Did you work for **Extra Curricular hours** within the 12 months prior to your requested FMLA beginning date? ____ **Yes** **____ No**

Has there been any **change in your position or work hours** within the 12 months prior to your requested FMLA beginning date? (for example, you were promoted from Classroom Assistant to Teacher; OR your status changed from a 10-month employee to a 12-month employee). Please indicate below:

Position/Title	**10 months / 12 months**	**Beginning & Ending Dates**

****YOU WILL BE NOTIFIED OF YOUR FMLA STATUS VIA US MAIL ****