



Jones County School District  
 Personnel Department  
 5204 Highway 11 North  
 Ellisville, MS 39437  
 (P) (601)649-5201 / (F) (601)649-1613  
[www.jones.k12.ms.us](http://www.jones.k12.ms.us)

**FAMILY MEDICAL LEAVE / LEAVE OF ABSENCE  
 EMPLOYEE REQUEST FORM**

As Per Policy (GBCAB); Application for family medical leave shall be presented to the school district for approval 30 days in advance of the expected leave time, except in cases of emergency.

**Instructions for the Employee:**

- Complete your part of the form and submit to the Superintendent's Office – Personnel Department.
- You will be notified as to whether the leave is approved or not.

EMPLOYEE INFORMATION	
Employee Name:	Phone:
School:	Title:

**TYPE OF LEAVE**

I hereby request the following type of leave:

- Family leave for the:
  - Birth of my son or daughter
  - Placement of a child with me for  adoption  foster care

Anticipated date of birth or placement: \_\_\_\_\_

- Family leave to care for a spouse, son, daughter, or parent with a serious health condition.

Family member's full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Family member's address: \_\_\_\_\_

- Medical leave for my own serious health condition.

**AMOUNT OF LEAVE**

- I request that the leave - Beginning on (date) \_\_\_\_\_  
 Ending on (date) \_\_\_\_\_ (anticipated date required)
- I further request that the leave be for the following reduced or intermittent leave schedule:
- I understand that any paid leave time available will be substituted for unpaid leave during my family or medical leave.

**EMPLOYEE CERTIFICATION AND SIGNATURE**

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to a discipline up to and including termination.

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

**SUPERVISOR'S SIGNATURE (Required)**

I hereby certify that I am aware and have discussed with the employee their request for leave time.

Principal/Supervisor's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE CENTRAL OFFICE**

FMLA: \_\_\_ Qualified \_\_\_ Not Qualified

Available Leave: \_\_\_ Sick \_\_\_ Sub-dock \_\_\_ Vacation \_\_\_ Personal

Leave of Absence: \_\_\_ Approved / \_\_\_ Not Approved for above dates requested

Personnel Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_