

NOTIFICATION OF FAMILY/MEDICAL LEAVE

TO: **HUMAN RESOURCES DEPARTMENT, ADMINISTRATION BUILDING**

FROM: Name: _____
Street Address: _____
City, State, Zip: _____ Phone No.: _____
Date: _____ Current School _____ Title/Grade: _____

Please be advised that I am expecting the birth/adoption of a child.

- 1) The approximate expected due date is _____
- 2) My physician's name, address, and telephone no. appear below:
Physician's Name _____
Address: _____
Telephone No. _____

****Please notify Human Resources of any change of address or telephone number while on leave.**

-Carefully read the following about each type of leave and complete.

a) I request **medical leave** as follows:
(This leave is with benefits. In order to take medical leave you must have a Doctor's note. In order to take medical leave with pay, you must have accumulated sick days. (NJSA 18A 30.1-30.6). **The Doctor's note for Medical Leave should cover the exact time being requested, specifying anticipated due date, last day allowed to work, and anticipated date of return to work. It must be attached to this notification form.**

Number of School Days of Medical Leave
From _____ To _____
Number of Sick Days (Medical Leave W/Pay): _____

b) I request **Family Medical Leave*** of up to twelve weeks as follows: (FAMILY MEDICAL LEAVE ACT)
This leave is available without pay, with benefits to employees who have worked a full year or a minimum of 1250 hours. **Federal Law allows employers to be reimbursed for the cost of benefits during Family Leave, if the employee does not return to work for other than medical reasons.** Please see attached Board Policy. Please supply Physicians documentation with regard to this leave.

From _____ To _____
Can not exceed 12 weeks (60 working days)

c) I request a **NJ Family Leave*** of up to twelve weeks as follows: (New Jersey Family Leave Act)
This leave is available without pay, with benefits to employees who have been employed for at least twelve (12) months for the employer, and must have worked 1,000 base hours in the preceding twelve (12) months.

From _____ To _____ Without Pay

d) A **tenured** employee may request a **Leave of Absence*** of up to six months in the current school year. The request must be received in a formal letter, this Leave of Absence will need to be Board Approved, if approved it will be without pay, **without benefits**, it is the responsibility of the employee to complete paperwork within 30 days of your return to work, to re-instate your benefits:

From _____ To _____ Without Pay/Without Benefits

***Please see attached Board Policy**

Signature: _____