

**TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION
APPLICATION FOR FMLA LEAVE**

Employee Name: _____ Date of Hire: _____

Dept: _____ Position: _____

Any Prior Requests for FMLA Leave: ___ Yes ___ No If so, when: _____

Length of FMLA Leave Requested: _____ (maximum of 12 weeks, unless otherwise stated)

Date FMLA Leave Will Begin: _____ Expected Date of Return: _____

Qualifying event for which FMLA Leave is requested:

- ___ birth of a child, or placement of a child with you for adoption or foster care
- ___ serious health condition that makes you unable to perform the essential functions of my job
- ___ serious health condition affecting your spouse/child/parent (circle one), for which you are needed to provide care
- ___ care for a covered servicemember or veteran with a serious injury or illness, where you are the spouse, child, parent, or next of kin of such servicemember or veteran (maximum of 26 weeks)
- ___ qualifying exigency arising out of the fact that your spouse, child, or parent is a military member on covered active duty or has been notified of an impending call or order to covered active duty status

Description of Qualifying Event: _____

An employee must have been employed by the Association for at least 12 months, working at least 1,250 hours during the 12-month period immediately preceding a FMLA request, in order to be eligible for FMLA leave.

If you are a "key employee" as described in Section 825.217 of the FMLA regulations (a salaried employee paid among the highest 10% of all Association employees), you should consult the Executive Director before proceeding with this application.

I understand that I will be required to take paid leave, sick or vacation leave, before becoming eligible to receive unpaid leave. I certify that the information which I have provided is accurate and truthful to the best of my knowledge.
Employee's Initials: _____

Employee Signature: _____ Date: _____

Submit this application to your Department Head.

Signature of Person Receiving this Application: _____

Title: _____ Date: _____