

FAMILY & MEDICAL LEAVE FORM
APPENDIX M

MADISON LOCAL SCHOOL DISTRICT
MANSFIELD, OHIO

APPLICATION FOR FAMILY AND MEDICAL LEAVE

Name _____ Date _____

Building or department _____

I hereby request a leave of absence for the following reasons:

_____ Personal illness

_____ Illness of child, parent or spouse

_____ Care of newborn child

_____ Care of newly adopted or placed foster child

for the following time period:

from _____ until _____

I realize that this medical leave is with or without pay, but that I will be provided with the same medical, dental and life insurance had I continued to work provided I pay to the District Treasurer by no later than the first day of each calendar month during the leave my share of the insurance premium.

This leave is subject to all terms and conditions of Article VI, Section H of this Agreement.

_____ # of days using sick leave with pay

_____ # of days without pay

_____ Approved

_____ Disapproved

Signature

Date _____

Superintendent

- The bargaining unit member must provide a statement from a licensed physician that the leave is medically necessary when it is taken because of personal illness or illness of a spouse, son, daughter or parent.