



### FAMILY & MEDICAL LEAVE ACT (FMLA) COVER SHEET

Please return this completed form via email, fax, mail or drop off for FMLA eligibility verification.

The three (3) federal eligibility requirements you must meet for FMLA protection are: (1) You must have worked for the School District of Philadelphia for at least 12 months before your FMLA beginning date; (2) You must have worked for at least 1,250 hours for the School District of Philadelphia during the 12 months before your FMLA beginning date and; (3) You must work at a School District of Philadelphia site with at least 50 employees within a 75 mile radius.

NAME

EMPLOYEE ID#

STREET ADDRESS

CITY, STATE, ZIP CODE

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Telephone # (Cell or Home) \_\_\_\_\_

Position: \_\_\_\_\_ Work Location: \_\_\_\_\_  
(SCHOOL OR OFFICE)

Beginning date for FMLA protection: \_\_\_\_\_

Your FMLA eligibility cannot be verified unless you provide a date. If you do not provide a FMLA beginning date, we will check your attendance history for the current school year and the first absence date will be used as your FMLA beginning date.

Type of leave you are requesting FMLA protection for:

\_\_\_\_\_ Personal illness

\_\_\_\_\_ Illness in family \*Relationship of family member to you: \_\_\_\_\_ \*Age (if child): \_\_\_\_\_

\_\_\_\_\_ The birth of your child \_\_\_\_\_ Adoption/foster care placement\*\*

\_\_\_\_\_ Serious injury or illness of Servicemember\*\* \_\_\_\_\_ Qualifying Military Exigency (unpaid leave)\*\* \_\_\_\_\_ Military Caregiver\*\*

\*\*These FMLA requests have specific certification forms that you will receive if you meet the FMLA eligibility requirements.

How will you take your leave? :

\_\_\_\_\_ consecutively (an absence of more than 3 consecutive work days)

\_\_\_\_\_ intermittently (non-consecutive absences)

\*\*If your consecutive leave will last for **less than 12 weeks**, your FMLA request will be processed for intermittent leave.

\_\_\_\_\_ Check if you want your FMLA notification letters sent to your SDP email address

OR

\_\_\_\_\_ Check if you want your FMLA notification letters mailed to your home

DATE CERT REQ'D/ RECD	_____
NEW FMLA YR	_____
RE-CERT	_____
FOR OFFICE USE ONLY	