



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
Division of Human Resources
2644 Riva Road – Annapolis, MD 21401

Family and Medical Leave Act
Application
443.458.0140 (FAX)

The Family and Medical Leave Act of 1993 (FMLA) provides job-protected family and medical leave for eligible employees for four specific reasons. Leave may not total more than 12 workweeks from July 1 through June 30 of each year regardless of the reason or the number of occurrences within that period. Application may be made only by employees who have worked 12 months for Anne Arundel County Public Schools and, except for unforeseen circumstance, must be made 30 days in advance of the leave.

Name: _____ Employee ID: _____

Position: _____ Work Location: _____

Reason for Requested Leave (Check one box)

- A. Birth of my son or daughter and in order to care for such son or daughter.
- B. Placement of a son or daughter with me for adoption or foster care.
- C. To care for my spouse, child (age _____), or parent with a serious health condition.

Name of Family Member: _____

- D. My own serious health condition which makes me unable to perform the functions of my position.

<p>Leave for type A and B above must be taken within the first 12 months of birth or placement and may not be taken intermittently or on a reduced leave schedule. Please submit an estimated due date note for type A leave.</p>	<p>Leave for type C, or D above will be processed only upon receipt of a completed Department of Labor form. Leave type B will be processed only upon receipt of adoption documentation.</p>	<p>A Return to Work Medical Certification form must be completed and submitted to the Office of Integrated Disability and Leave Management Office (FAX 443.458.0140) before you may return to work from type D above.</p>
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Date you request your leave to begin or estimated due date: _____

Date of anticipated return to work: _____

If requesting a reduced leave schedule or **intermittent leave**, which has been determined medically necessary based on prescribed treatment, provide a schedule of when you will not be able to work.

You may elect to use your sick leave, annual leave or personal business leave until it is depleted before going on leave without pay. Use of annual/personal business leave will provide you with income but will not lengthen the 12 workweeks available to you. Please CIRCLE your choice below or indicate the number of days you wish to use.

I wish to use none all ____ (# of days) of sick leave. I wish to use none all ____ (# of days) of annual leave.

I wish to use none all ____ (# of days) of personal business days.

While on FMLA you will continue to be covered under AACPS group health and life insurance plans. You continue to pay your portion of the premium costs. Upon approval of this application you will receive information regarding the costs of your benefits and the manner in which you may remit payment.

Signature: _____ Date: _____

Address: _____ Phone: _____