



Family and Medical Leave Act

Employee Documents Checklist

All completed leave requests must be accompanied by appropriate documentation as required in the Board policies of Shelby County Schools and submitted at least thirty (30) days in advance or as soon as possible and practicable. The following documents should be submitted to the Office of Employee Benefits, room 108 for leave approval:

- Leave of Absence Request form (signed by manager/administrator)
- Certification of Health Care Provider for Employee's Serious Health Condition**-this form is required if you are requesting continuous or intermittent leave for your own serious health condition. (Please give the entire form to your health care provider).

Section I – will be completed by the Leave Administrator upon receipt

Section II – to be completed by the Employee

Section III – to be completed by the Health Care Provider

Note: For continuous absences an estimated beginning date and return to work date is required by the Health Care Provider. (Part B, #5, page 3)

For Intermittent leave requests, an estimate of the intermittent frequency, duration and the from/through dates must be provided by the Health Care Provider. Intermittent leave requests cannot be evaluated without this information. (Part B, #6, page 3)

- Certification of Health Care Provider for Family Member's Serious Health Condition**-this form is required if you are requesting continuous or intermittent leave to care for a child, spouse or parent with a serious health condition. (Please give the entire form to the family member's health care provider).

Section I – will be completed by the Leave Administrator upon receipt

Section II – to be completed by the Employee

Section III- to be completed by the Health Care Provider

Note: For continuous absences, an estimated beginning date and return to work date is required by the Health Care Provider (Part B, #4, page 3)

For Intermittent leave requests, an estimate of the intermittent frequency, duration and the from/through dates must be provided by the Health Care Provider. Intermittent leave requests cannot be evaluated without this information. (Part B, #6, page 3)

****The confidential health information provided on the Employee and/or the Family Member's Health Care Provider form should not be shared with your manager/administrator.**

Parenting/Bonding Request Form

- Please complete and submit the Parenting/Bonding Request form to request additional time off for bonding purposes. The form should be submitted with the initial leave of absence paperwork.
- The Parenting/Bonding Request may also be submitted if you are requesting bonding time off within the first year of the birth, adoption or foster care placement of a child. This form should be submitted with the Leave of Absence Request form.