

Wilson County Board of Education
351 Stumpy Lane
Lebanon, TN 37090



APPLICATION FOR FAMILY OR MEDICAL LEAVE

***Must be submitted to Human Resources/Benefits Department
30 days prior to commencement of leave when the need is foreseeable. If 30 days notice is
not possible, the employee must provide notice as soon as practicable.
All health benefits will terminate after paid days are used if FMLA is not elected***

Employee Name: _____ SSN: _____ EE WCBQE ID#: _____

Complete Address: _____

Phone: _____ Email: _____

Work Location: _____ Position: _____ Date of Hire: _____

Full time: Yes___ No___ Part-time: Yes___ No___ (If part-time, this FMLA is for job protection only)

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (Explain): _____

Doctor's Certification attached? _____ Yes _____ No

NOTE:

An employee requesting leave for the employee's serious health condition or the serious health condition of the employee's spouse, child or parent must submit a verifying medical certification from a physician within 25 days of the date of the application for leave.

I hereby authorize the Wilson County Board of Education benefits analyst to contact my physician to verify the reason for my requested family and medical leave. Under HIPAA the medical information requested may only apply to the reason for the requested FMLA leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Wilson County Board of Education.

Employee Signature: _____ Date: _____

Principal/Supervisor Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

Benefits Department Approval: _____ Date: _____

To be completed by the Benefits Department:

Date Application form received: _____

Date Responded to employee: _____

Date employee response received: _____