Jenks Public Schools

Application for Family or Medical Leave

MEDICAL CERTIFICATION STATEMENT

(Illness or Care of Employee's Family Member)

To be completed by the employee -

Name of employee: _____

Name of family member: _____ Relation to employee: _____

Describe care you will provide to your family member and estimate leave needed to provide care: _____

_____

_____

_____

_____

EMPLOYEE'S STATEMENT

The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition.
According to School Board Policy 2.28.2 *Family Medical Leave*, the failure of an employee to return to work upon the expiration of a family or medical leave of absence will subject the employee to immediate termination.

_____ _____

Date Employee's Signature

To be completed by health care provider -

Date condition began/pregnancy due date:_____ Anticipated duration or return date:_____

Diagnosis of health condition: _____

_____

_____

Regimen of treatment prescribed. Include estimated number of visits, nature, frequency, and duration of treatment.: _____

_____

_____

_____

Does patient require assistance for basic medical, hygiene, nutritional, safety or transportation needs? ❒ Yes ❒ No
Would the employee's presence be beneficial or desireable for the care of the family member? ❒ Yes ❒ No

_____ _____

Date Signature of Health Care Provider

_____ _____

Office Telephone Number Printed Name of Health Provider

_____

Attachments: ❒ Yes ❒ No Type of Medical Practice (Specialization, if any)

Please return this form to Human Resources, Fax (918) 298-6602, Phone (918) 299-4415 Ext. 2306

FOR JPS INTERNAL USE ONLY

Number of hours worked in the 12-month period preceding the leave request: _____

FMLA applies ❒ Yes ❒ No Leave approved ❒ Yes ❒ No

Empl #: _____ Hire date: _____

Position: _____ Location: _____

LOA start date: _____ LOA end date:_____

FMLA FMLA

Approved by _____ Approval date: _____