Washington County School District

Application for Family or Medical Leave

Employee's Name	**School/Department:**
Start Date of Anticipated Leave:	**Expected Date of Return to Work:**
Current Address:	
Reason for Leave (Explain):	

Short Term Disability (STD) **(Please answer the following questions)**	**Yes**	**No**
Did you enroll in the District's voluntary Short Term Disability program?		
Will you apply for Short Term Disability benefits in conjunction with this requested absence?		

NOTE: If you are enrolled in the optional Short Term Disability (STD) benefits program you may apply for STD benefits according to the terms and conditions of the STD agreement or, if eligible, you may elect to use accrued Paid Sick Leave according to District policy. You may not receive STD benefits and Paid Sick Leave simultaneously. If you elect to apply for STD benefits you will be placed in non-pay status at the end of the 10 day qualification period (benefit defined elimination period). While in STD leave-without-pay status you will not be paid by the District, will not accrue state retirement service credit, and will not accrue additional Paid Sick Leave.

Important Notification Requirement:

A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a medical certification from a health care provider.

I hereby authorize the Washington County School District to contact my health care provider for purposes of clarification and authentication of the medical certification.

I understand that I must obtain and submit a fitness-for-duty certification from my health care provider stating that I may resume work, prior to returning from this absence.

I understand that failure to return to work at then end of an approved absence may result in disciplinary action unless an extension has been approved and authorized.

Employee's Signature: _____ Date: _____

Form WH-380, Certification of Health Care Provider, Received on: _____

Approved by:

_____ _____

Principal/Supervisor Date

_____ _____

Human Resource Manager Date