

**Winston-Dillard
School District 116**

Code: **GCBDA/GDBDA-AR(3)(D)**
Revised/Reviewed: 4/20/11; 9/11/13; 6/21/17

Military Family Leave

Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

Notice and instructions to the district:

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Employees may not be asked to provide more information than allowed under the FMLA regulations 29 C.F.R. § 825.310. The district will maintain records and documents relating to medical certification, recertifications or medical histories of employees or employees' family member, created for FMLA purposes, as confidential medical records in separate files from personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Section 1

Part A: Employee Information

Complete the employee and covered servicemember information below before giving this form to your family member or his/her medical provider.

District Name and Address

Name of employee requesting leave to care for covered servicemember:

First Middle Last

Name of covered servicemember for whom employee is requesting leave to care for:

First Middle Last

Relationship of employee to covered servicemember requesting leave to care for:

Spouse Parent Child Next of kin

Part B: Covered Servicemember Information

1. Is the covered servicemember a current member of the regular Armed Forces, the National Guard or Reserves, or a veteran? Yes No

If a current servicemember, please provide the covered servicemember's military branch, rank and unit currently assigned to:

If a qualifying veteran, when was the date of discharge? _____