

Request for Family and Medical Leave of Absence

FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.

Name Sherri Frerichs Position/School Bookkeeper PCHS Hire Date 1/17/2023

I request Family and Medical Leave for the following reason:

- ☐ My personal serious health condition
 ☐ Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
- ☒ Serious health condition of my parent
 ☐ spouse ☐ child ☐ parent
- ☐ Birth and care of my newborn child
 ☐ Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
- ☐ Placement by the state of a child with me for foster care
 ☐ spouse ☐ child ☐ parent ☐ next-of-kin
- ☐ Serious health condition of my child
- ☐ Serious health condition of my spouse
- ☐ Adoption of a child(ren)

☐ Extension of leave requested earlier on _____

Date

The leave/extension requested will begin on _____ and end on _____

Date

Date

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

Sherri Frerichs4/16/24

Employee's Signature

Date

IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.

Spouse's Name _____ Position/School _____ Hire Date _____

S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child
☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness

Spouse's Signature

Date

This form was received by the following person:

Superintendent's/designee's Signature

Date

Attach completed copy of certification required by notice of eligibility and rights and responsibilities.

NOTES

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:6/10/2013



April 16, 2024

To Whom It May Concern:

This letter verifies that Sherri Frerichs' mother is currently a Hospice patient, diagnosed with a terminal disease. With her recent decline and inability to make medical decisions, Sherri could benefit from time away from work. Sherri is considered her mother's power of attorney and will be providing supportive care to patient. If you have any questions, please reach out to our office at 606-783-6808.

Thank you,

Hailie Hawk

St. Claire Hospice

Leave Request Form and Statement

A personal statement is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal statement or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal statement. Requirements for use of sick leave following childbirth and adoption are stated in Policies 03.1233/03.2233.

LEAVE STATEMENT**(KRS 161.152, KRS 161.154, KRS 161.155)**

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

- ☐ - Sick leave based on personal illness Date(s): _____
- ☒ - Sick leave to attend to an immediate family member* who was ill Date(s): 4/15/24 - 4/30/24
- ☒ - Sick leave to mourn the death of an immediate family member* Date(s): Non-paid days
- ☐ - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____
- ☐ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236
- ☐ Bereavement ☐ Disasters ☐ Court /Legal
- ☐ Other, specify: mother is currently on hospice
- Sherri Frerichs 4/16/24

Employee's SignatureSherri Frerichs**Date****Employee's Name (Print or Type)**

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

Review/Revised:6/13/2023