



**APPLICATION FOR FAMILY AND MEDICAL LEAVE**

Please return form to Natasha Montgomery in Human Resources

Phone: 843-488-6559

Fax: 843-488-7754

Email: [nmontgomery@horrycountyschools.net](mailto:nmontgomery@horrycountyschools.net)

Employee Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Position: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

School/Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ Expected Date of Return to Work: \_\_\_\_\_

Reason for Leave:

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**NOTICE - Please initial each of the following:**

\_\_\_\_\_ An employee requesting leave for a serious health condition or the serious health condition of the employee's spouse, child or parent must submit the attached medical certification statement from a physician within 15 days of application for leave. Prescription pad notes will not be accepted.

\_\_\_\_\_ I hereby authorize a health care provider representing Horry County Schools to contact my physician to verify the reason for my requested family and medical 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 Horry County Schools.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FMLA Leave Approved By:**

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_