



Niagara Falls City School District Office of Human Resources

630-66th Street, Niagara Falls, NY 14304
(716) 286-4225 (Phone) ♦ (716) 286-4224 (Fax)

Staff Leave/Medical Request

Employee: _____ Phone: _____

Home Address: _____

Position: _____ Location: _____

Please check reason for Leave

	Type of Leave (Select one:)	From	Through
<input type="checkbox"/>	Medical (Must provide medical certification) 1. Own serious health condition (not work related) 2. Maternity: Care for newborn/placed child Benefits continue if using sick days/sick bank		
<input type="checkbox"/>	FMLA (Unpaid Leave). Must provide medical certification: 1. Own serious health condition (not work related) 2. Maternity: Care for newborn/placed child 3. Care for parent/spouse/child w/serious health condition Benefits continue only for 12 weeks of approved FMLA (60 days)		
<div>Anticipated Date for Maternity Leave _____ Pregnancy Leave _____ 6 Weeks OR _____ 8 Weeks Child Rearing (FMLA, Unpaid Leave) _____ 12 Weeks OR _____ One (1) Semester</div>			
<input type="checkbox"/>	Personal (Unpaid Leave). Must provide letter giving brief description of reason for leave. Not entitled to Benefits		
<input type="checkbox"/>	Educational (Unpaid Leave). Must provide brief description of need for leave and documentation to support enrollment in a college program. Not entitled to Benefits		
<input type="checkbox"/>	Military leave (Unpaid Leave) Must attach orders. Benefits continue only for 12 weeks of approved FMLA (60 days)		
<input type="checkbox"/>	Other: Leave to take other position in District		

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A leave of absence may consist of leave without pay and/or paid leave (i.e. vacation, personal illness, etc.) Paid leave may be used in accordance with applicable policy/contracts.

It is your responsibility to contact the Human Resource office with any changes to your leave.

A note from your physician and an appointment with the District Medical Director are required before you can return from a medical leave of absence (ie. Maternity, medical, FMLA).

Employee Signature: _____ Date _____

Designation of Leave

To be completed by HRO Department:

_____ Your leave is denied for the following reason(s) _____

_____ Your leave has been approved

You are required to enter your absence in Frontline as a sick day and notify Ms. Maria Massaro via email @ mmassaro@nfschools.net that you are using a FMLA unpaid day with the exact dates. All days will be docked through payroll.

Date Employee Notice of Approval Sent _____

Date FMLA Notice sent out: _____

Signature: _____

Date: _____

Administrator for Human Resources