

Sweetwater Co. School District #2

320 Monroe Avenue, Green River, WY 82935

HR Phone: 307-872-5506 FAX: 307-872-5518

FMLA Application and Notice of Eligibility, Rights and Responsibilities

Date: \_\_\_\_\_

**EMPLOYEE'S INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Building: \_\_\_\_\_ Assignment: \_\_\_\_\_

Full-Time:\_\_\_ Part-Time:\_\_\_ Date of Hire: \_\_\_\_\_

**DOCTOR'S CERTIFICATION**

If the following information is not about the above employee, state the name of your patient and the relationship to our employee:\_\_\_\_\_

\_\_\_\_\_

Date of serious illness or injury, or the birth of the child: \_\_\_\_\_

Description of Serious Illness or Injury: \_\_\_\_\_

\_\_\_\_\_

Estimated length of hospital stay and homebound convalescence:\_\_\_\_\_

\_\_\_\_\_

Approximate date of return to work:\_\_\_\_\_

Signed: \_\_\_\_\_

Physician

Printed Name

Date: \_\_\_\_\_

**DISTRICT DETERMINATION** (mark all that apply)

\_\_\_ Qualifies for FMLA leave

\_\_\_ Does not qualify for FMLA- Reason:\_\_\_\_\_

\_\_\_ More information is needed- Explanation (continue on back if needed):