

Montgomery County Public Schools
Family and Medical Leave Act (FMLA)
INTERMITTENT LEAVE APPLICATION

To apply for Family and Medical Leave Act (FMLA) intermittent leave, please complete this application, and submit it to the Employee and Retiree Service Center (ERSC) with the following supporting documents: MCPS Form 430-1, *Leave Request (Requiring ERSC Authorization)* and MCPS Form 440-35, *Certification of Physician or Health Care Provider*.

Date: _____

Employee Name: _____

Employee ID number: _____

School Name/Location Name: _____

Job Title: _____

Telephone numbers(s): _____

Have you applied and been approved for any of the following types of leave in the past 12 months?

___ Yes ___ No

If yes, what type? ___ Personal Illness ___ Illness in Family ___ Service Member

If yes, what leave dates were approved? _____

Which of the following describes your reason for applying? *(Check one.)*

- ___ A serious personal health condition
- ___ An immediate family member's serious health condition
Relationship: _____
- ___ To care for a servicemember with a serious health condition incurred in the line of duty while on active duty
Relationship: _____

Which of the following best describes the type of leave you are requesting?

- ___ Scheduled leave
Dates and/or number of days of scheduled leave: _____
(e.g., for recurring appointments)
- ___ As needed during a specific date range (limited to one year)
Requested dates of leave: ___ / ___ / ___ to ___ / ___ / ___