

County Board of Health

FAMILY AND MEDICAL LEAVE PACKET

INSTRUCTIONS

Please complete the appropriate forms in this packet for your request, print, sign, obtain physicians signature and supervisors signature. Then, submit this packet to the Human Resources/District Personnel Department.

For information regarding FML please contact the Human Resources/District Personnel Department.

Family and Medical Leave Acknowledgement

RE: Policy #HR-03431
Family and Medical Leave Policy

I acknowledge receipt and understanding of the Family and Medical Leave Policy and the terms and conditions of my Family and Medical Leave. I agree to abide by the policy guidelines as a condition of my employment and my continuing employment with the County Board of Health.

Employee Signature: _____

Date: _____

Employee Printed Name: