



Leave Administration

PUTTING PEOPLE FIRST

FAMILY MEDICAL LEAVE (FML) APPLICATION FORM

Section A - TO BE COMPLETED BY EMPLOYEE			
Employee Name (First, MI, Last): _____		Employee ID: _____	
Employee Phone Number: Home: () _____		Work: () _____	
Employee's Personal Email Address (Non-HISD): _____			
Patient's Relationship To Employee:			
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Same-Gender Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child - Child's Birth Date: _____			
<input type="checkbox"/> Domestic or Civil Union Partner <input type="checkbox"/> Other: _____			
Employee's Home Street Address		City	State
			Zip
Leave Request Dates (e.g. 01/01/2023 to 01/31/2023):		Last Day Worked:	Intermittent Leave:
From / / to / /		/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reason for Employee Leave: (If leave is for a family member, explain the care you will provide. If "in loco parentis" status applies, please explain your relationship to the person needing care. "In loco parentis" refers to someone with day-to-day responsibilities to care for and financially support a child, or a person who had such responsibility for the employee when the employee was a child.)			
<ul style="list-style-type: none"> • I have received and read the Family and Medical Leave Act Notice included in this packet of information. • I have read the Houston ISD policies specific to my leave. • I understand I have 15 calendar days to submit the required supporting documentation for my FMLA request. • I understand my failure to complete any of the required forms within the specified time frames above may result in the denial of my leave and discontinuation of pay. • I understand a Fitness for Duty Certification form, if applicable, that includes job restrictions and requests for accommodations must be completed and submitted to the Houston ISD Leave Administration department prior to my return to active work. • I understand failure to return to work or to keep my Manager, HR Representative, and the Houston ISD Leave Administration department informed of my return to work may constitute job abandonment and lead to termination of my employment with Houston ISD. • I hereby authorize our District's healthcare provider representative to contact me or my family member's treating healthcare provider for purposes of clarification and authenticity of the medical certification, if applicable. • I understand that the Supplemental Sick Leave Bank (SSLB) and FMLA are separate programs. Employees may qualify for one, both, or neither program. Only SSLB members may submit SSLB claims. The members or their chosen representative may initiate a request for SSLB benefits by submitting the SSLB claim forms to LeaveAdministration@houstonisd.org. The properly completed forms must be received within 30 days of the date the employee is placed in an unpaid status. Failure to submit a timely request will constitute a waiver of benefits from the SSLB. SSLB claim forms can be found on the HISD Leave Administration website: www.HoustonISD.org/leaveadmin. 			
EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)			DATE (e.g. MM/DD/YYYY)

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