



SCHOOL DISTRICT OF LODI
FAMILY OR MEDICAL LEAVE ACT (FMLA) FORM OVERVIEW & DIRECTIONS

FMLA FORMS:

FMLA Form A: FAMILY OR MEDICAL LEAVE REQUEST FORM

FMLA Form B: FAMILY AND MEDICAL LEAVE ACT DESIGNATION FORM

FMLA Form C: FMLA NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES

FMLA Form D: EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FEDERAL FAMILY
AND MEDICAL LEAVE ACT

FMLA Form E: PHYSICIAN OR PRACTITIONER CERTIFICATION FOR FAMILY OR MEDICAL
LEAVE

DIRECTIONS:

Step 1: Fill out Form A if the potential of needing FMLA arises. Upon completion of Form A, forward to the Business Manager.

Step 2: The Business Manager will complete Form B and return you the applicant. There may be additional materials needed if FMLA is not needed.

Step 3: The Business Manager will complete Form C. There may be additional information needed.

Step 4: If any changes in the leave are needed, contacted the Business Manager as soon as possible.

Step 5: Before your return to work, you may be needed to provide medical certification. The district has provided the Department of Workforce Development sheet to have your Physician or Practitioner complete.