

**NATICK PUBLIC SCHOOLS**  
**13 East Central St**  
**Natick, MA 01760**

**APPLICATION FOR FAMILY & MEDICAL LEAVE**

Name \_\_\_\_\_

School/Department \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Start Date of Anticipated Leave \_\_\_\_\_

Expected Date of Return to Work \_\_\_\_\_

Reason for Leave (*explain*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

- A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.
- I hereby authorize the Natick Public Schools to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.
- I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Natick Public Schools.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal/ Supervisor Signature*

\_\_\_\_\_  
*Date*

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**NOTICE OF INTENTION TO RETURN FROM LEAVE**

Name \_\_\_\_\_

School/Department \_\_\_\_\_

Date leave Commenced \_\_\_\_\_

Date of Planned Return to Work \_\_\_\_\_

**I understand that my restoration to employment is subject to the following conditions:**

- As a condition of restoration, each employee must provide a written certification from his or her health care provider that he/she is able to resume working and
- \*Prior to your return to work, please make an appointment with our occupational health nurse:

*Mary Saunders, RN*  
*Town of Natick*  
*Occupational Health Nurse*  
*@ Town Hall 508-647-6402*

\*NOTE: This item is required if the leave of absence is for your own serious health condition.

- Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
- An employee returning from family & medical leave may not be entitled to the accrual of any seniority or employment benefits during the period of leave.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

I have examined [ \_\_\_\_\_ ] and can certify that he/she is  
*Employee*  
fully able to resume working.

\_\_\_\_\_  
*Health Care Provider's Signature*

\_\_\_\_\_  
*Date*