

4021
FAMILY MILITARY LEAVE

An administrator, at his or her discretion, may require an employee who requests leave under the Nebraska Family Military Leave Act to provide certification from the proper military authority to verify the employee's eligibility for the leave requested.

Military Leave under the Federal Family and Medical Leave Act (FMLA) will be governed by the FMLA and the board's policy regarding the FMLA.

Adopted on: December 9, 2013

Revised on: _____

Reviewed on: _____

**APPLICATION FOR LEAVE UNDER THE
FAMILY MILITARY LEAVE ACT**

EMPLOYEE _____ **POSITION** _____

LEAVE REQUESTED: I request to take a family military leave.

Start Date: _____ End Date: _____

SPOUSE OR CHILD DEPLOYED: _____ [Insert Full Name]

is: ___ My Spouse ___ My Child (*Check One*) and has been called to military service lasting 179 days or longer with the state or United States pursuant to the orders of the ___ Governor or the ___ President of the United States. The dates the deployment orders are in effect are: _____ (*Start Date*) _____ (*End Date*).

CERTIFICATION: I certify that the above information is correct. I understand that the family military leave is unpaid. I understand that my benefits will be continued. I will be responsible for my share of health or other insurance premiums. I will on request submit certification from the proper military authority to verify eligibility for the family medical leave.

DATED this ___ day of _____, 20___.

SIGNED BY: _____

(Employee)

ACTION ON FAMILY MILITARY LEAVE REQUEST

Your leave request is:

___ Granted ___ Pending. Will be acted on after you submit certification from the proper military

authority to verify the deployment orders. ___ Denied for the reason(s) that:

___ You failed to give the required advance notice. ___ The requested leave schedule would unduly disrupt operations of the

school. Please contact me to consult about alternative scheduling. ___ You are not eligible for family military leave.

Comments: _____.

DATED this ___ day of _____, 20___.

BY: _____

(Superintendent)

