

EXPLANATION OF FORMS LETTER TO EMPLOYEE

Employee Name: _____

From: Chippewa Falls Area Unified School District Human Resource Department

Date: _____

LOA Dates: _____

After reading, please sign and date this letter and return to the Human Resource Department. Please feel free to make copies of any of your documentation.

Enclosed is the following information regarding your request for leave of absence:

- A Family and Medical Leave Request Form.
 - ❖ Please fill out form with requested dates of leave, sign and date form
 - ❖ Be sure to have your building principal or supervisor sign on the front page.

- The following Certification forms (mark which apply). Please have doctor complete and return to Human Resources.
 - Certification of Health Care Provider for Employee’s Serious Health Condition

 - Certification of Health Care Provider for Family Member’s Serious Health Condition

 - Certification of Qualifying Exigency for Military Family Leave

 - Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave

Please sign and return the following forms

- ❖ Explanation of Forms Letter to Employee
- ❖ Family and Medical Leave Request Form
- ❖ Certification of Health Care Provider

A Fitness-For-Duty form (if your leave is due to your own serious illness or injury) is provided to you. This form, from your doctor, will be required before you can resume work.

Please review this information carefully; it provides you details concerning your rights and obligations under the state and federal Family and Medical Leave Acts. If you have any questions regarding this information, please contact Brenda Musser at (715) 726-2417 ext 1901.

Sincerely,

Human Resources Department
Chippewa Falls Area Unified School District

I acknowledge I have received a copy of this letter and all attached documents listed above, on the date indicated below.

Date

Signature of Employee