

Waco Independent School District

Acknowledgement & Receipt of Family Medical Leave Forms

I _____, acknowledge receipt of the following forms:

- Extended Leave Notice**
- Medical Certification From Health Care Provider - FMLA**
- Temporary Disability Request**
- Catastrophic Leave Bank Request**
- Certification of Physician or Practitioner - Catastrophic Leave**

I _____, understand the following:

- It is my responsibility to **return within 15 days of receipt the Medical Certification From Health Care Provider** completed by the physician or practitioner form for Family Medical Leave to Human Resources as checked above.
- It is my responsibility to **return within 5 working days the Certification of Physician or Practitioner, Catastrophic Leave** completed by the physician or practitioner and the Catastrophic Leave Bank Request to Human Resources as checked above.
- It is my responsibility to provide a doctor's statement of release specifying the date to return to work and list any restrictions to Human Resources before reporting to work.

Employee Signature

Date

Employee ID #

Home Phone #

Translated By