



**Sevier County HR  
FMLA Information/Request Packet**

I hereby certify that I have received the following documents from the HR department. It is my responsibility to read thoroughly and complete all forms. I am responsible for asking questions of my Department Head or the HR office if I do not understand. The forms enclosed are:

1. Packet Request & Notice of Intention to Return from Leave Form (Leave with HR, employee receives a copy)
2. Checklist from Sevier County explaining the FMLA guidelines (For your Info)
3. Certification of Health Care Provider (Return to HR)
4. Copy of Sevier County Policies & Procedures regarding FMLA (For your Info)
5. GINA Notification (For your Info)
6. Fact Sheet on FMLA (For your Info)
7. Job Description (For Doctor)

I understand that I need to completely fill out the information that is requested of me and that my FMLA cannot be processed until all required documents are returned to the HR office.

**FMLA Notice of Intention to Return from Leave**

**Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date Leave Initiated:** \_\_\_\_\_

**Date of Intended Return:** \_\_\_\_\_

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

1. As a condition of restoration, each employee must provide a written certification from his/her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his/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.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of unpaid leave.

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

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