



FAMILY AND MEDICAL LEAVE REQUEST FORM

EMPLOYEE NAME: _____ TODAY'S DATE: _____
SCHOOL: _____ POSITION: _____

Employees seeking FMLA are required to provide 30-day advance notice of the need to take FMLA when the need is foreseeable and such notice is practicable. An FMLA request is not a guarantee of FMLA approval.

First Day of FMLA: _____ Last Day of FMLA: _____ Returning to Work On: _____
 Actual Estimated Actual Estimated Actual Estimated

I anticipate my absence(s) will be: Continuous Intermittent

REASON FOR LEAVE: (Check all that apply)

- Birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child *Health Care Provider Certification form required
- My own serious health condition *Health Care Provider Certification form required
- I am needed to care for my family member due to a serious health condition. *Health Care Provider Certification form required

My family member is my:

_____ Spouse _____ Parent _____ Child under age 18 _____ Child 18 years or older

- A qualifying exigency arising out of the fact that my family member is on covered active duty or has been notified of an impending call or order to covered active duty status. *Military Exigency Certification form required

My family member on covered active duty is my:

_____ Spouse _____ Parent _____ Child of any age

- I am needed to care for my family member who is a covered servicemember with a serious injury or illness. *Health Care Provider Certification form required

I am the service member's:

_____ Spouse _____ Parent _____ Child _____ Next of kin

SUBSTITUTION OF PAID LEAVE: You have a right under the FMLA to request that your accrued paid leave be used during your FMLA, provided you meet any applicable requirements of our leave policy. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA in the applicable 12-month period.

(Check all that apply)

- I am requesting to use some or all of my available paid leave.
of Sick Days: _____ # of Personal Days: _____ # of Vacation Days: _____
- I am planning to submit a Disability claim through Reliance Standard
- Some or all of my FMLA will not be paid

PROFESSIONAL LEARNING DAYS: Employees who are on FMLA *for purposes of bonding with their child(ren)* may attend the PLD days planned during the period in which they are on leave. This must be pre-planned and elected prior to completing and submitting this request form. **A medical note must be provided, clearing you to return to work.** If you are on Short Term Disability, being cleared to return to work would effectively end your STD benefit.

- I am requesting to attend the following PLDs: (provide exact dates) _____
- I do not intend to participate in PLD days while on leave.

HOLIDAYS: Employees will forfeit holiday pay if personal leave, or unpaid leave of any kind, including FMLA leave, is used preceding or following a paid holiday.

Employee Signature: _____ Date: _____
Building Administrator Signature: _____ Date: _____

Return this form to the Human Resources Department, as soon as possible.

HR USE ONLY - Reviewed by:	
_____	_____
Initial	Date

NOTICE OF RIGHTS AND RESPONSIBILITIES

FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to 12 weeks of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right under the FMLA to take up to 26 weeks of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (Military Caregiver Leave).

The 12-month period for FMLA leave is calculated as: The calendar year (January 1st - December 31st)

Maintain Insurance Benefits

Your benefits may be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. If there aren't enough earnings to deduct your premiums from payroll, we will bill you. You have a grace period of 30 days in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse. You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following unpaid FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.