

335:435:535-AR-2. REQUEST/RESPONSE FOR FMLA LEAVE

REQUEST

An employee requesting FMLA will complete the information on the top half of this form and submit it with supporting documentation to the Superintendent.

Employee requesting FMLA leave: _____
(Employee's Name)

Please be advised that as of _____, I give you notice of my need to take family/medical leave due to: _____
(Date)

- Birth or placement of a child for adoption or foster care.
- Serious health condition for which I need care.
- Serious health condition affecting my spouse, child, parent for which I am needed to provide care.
- Qualifying exigency arising from my spouse, child, parent being on active duty or ordered to active duty in the Armed Forces.
- Need to care for a covered servicemember who is my spouse, child, parent, myself or next-of-kin.

I need this leave beginning on _____, and I expect the leave to continue until on/or about _____.
(Date)

RESPONSE

To: _____ From: _____
(Employee's Name) (Name of District Administrator)

On _____, you notified us of your need to take family/medical leave due to:
(Date)

- Birth or placement of a child for adoption or foster care.
- Serious health condition for which you need care.

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- Serious health condition affecting your spouse, child, parent for which you are needed to provide care.
- Qualifying exigency arising from your spouse, child, parent being on active duty or ordered to active duty in the Armed Forces.
- Need to care for a covered servicemember who is your spouse, child, parent, yourself or next-of-kin.

You notified us that you need this leave beginning on _____, and that you expect the leave to continue until on/or about _____. (Date)

You have a right under the FMLA to receive up to twelve (12) weeks of unpaid leave in a twelve-month period for the reasons listed above; except leave for care of a covered servicemember is up to twenty-six (26) weeks. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work; and 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 leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition that would entitle you to leave; or (2) other circumstances beyond your control, you will be required to reimburse the district for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are eligible not eligible for leave under the FMLA.
2. The requested leave will will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____, (must be at least fifteen (15) days after you are notified of this requirement) or the district may delay the commencement of your leave until the certification is submitted.
4. The district will will not require that you utilize accrued paid leave while on FMLA leave. (Explain which leave will be utilized.)

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5. If you normally pay a portion of the premiums for your health insurance, your payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments by the last business day of the month for coverage for the following month. If payment has not been made in a timely fashion, your group health insurance may be cancelled and the district will notify you in writing fifteen (15) days before the coverage lapses.

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6. You *will* *will not* be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until such certification is provided.
7. You *will* *will not* be required to furnish us with periodic reports of your status and intent to return to work every thirty (30) days while on FMLA leave.
8. You *will* *will not* be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary.*)
9. You *are* *are not* an instructional employee as described in §825.600 of the FMLA regulations.
10. The district has determined that your leave request *will* *will not* be modified, as permitted by law regarding an instructional employee. If modified, the following conditions or alternatives apply: