

MASSENA CENTRAL SCHOOL DISTRICT

LEAVE REQUEST FORM

UNDER THE

FAMILY AND MEDICAL LEAVE ACT OF 1993

EMPLOYEE'S NAME \_\_\_\_\_

DATE <sup>1</sup> \_\_\_\_\_

DATES OF REQUESTED LEAVE <sup>2</sup> \_\_\_\_\_ BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

PURPOSE OF LEAVE <sup>3</sup> \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF DAYS TO BE: PAID \_\_\_\_\_ UNPAID \_\_\_\_\_

NUMBER OF SICK DAYS ACCRUED: \_\_\_\_\_

FOR EMPLOYEES CONTRIBUTING TO HEALTH INSURANCE COVERAGE

A. I WISH TO CONTINUE MY HEALTH INSURANCE \_\_\_\_\_  
YES NO

IF YES, THE BUSINESS OFFICE WILL PROVIDE THE EMPLOYEE A MONTHLY BILLING.

1. THIRTY (30) DAYS ADVANCE NOTICE REQUIRED, IF LEAVE IF "FORESEEABLE".
2. JULY 1 – JUNE 30 IS THE TWLEVE-MONTH PERIOD ESTABLISHED FOR PURPOSES OF THIS ACT.
3. MEDICAL CERTIFICATION REQUIRED IF REQUEST IS DUE TO SERIOUS HEALTH CONDITION.

# NOTICE TO EMPLOYEES OF RIGHTS UNDER FMLA

## YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

**REASONS FOR TAKING LEAVE:** Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

**ADVANCE NOTICE AND MEDICAL CERTIFICATION:** The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable".
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require a second or third opinion (at the employer's expense) and a fitness for duty report to return to work.

**JOB BENEFITS AND PROTECTION:**

- For the duration of the 12-week FMLA leave, the employer must maintain the employee's coverage under any "group health plan".
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

**UNLAWFUL ACTS BY EMPLOYERS:** FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**ENFORCEMENT:**

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

**FOR ADDITIONAL INFORMATION:** Contact the nearest office of the Wage and Hour Division listed in most telephone directories under U.S. Government, Department of Labor.