

# MEMO

To: Employee

From: Diana Heidelberg  
Human Resource Supervisor

RE: FMLA LEAVE OF ABSENCE

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The law requires that we track all employee leave of absences. In our district, we start the tracking process if you consecutively miss five (5) sick days. Your sick days will coincide with FMLA, so even though you use your sick days you MUST complete the attached application.

Besides the information sheet, there are three pages to this application. You, the employee, are required to complete the first page entitled "application for Family Leave." Your attending physician is required to complete the second and third pages entitled "Certification by Physician or Practitioner."

Once I receive the application and process for Board approval, you will receive a response letter for your records. Please know that this information is held in the strictest of confidence and no one will see your information except for the HR Coordinator and me.

To receive a year's service credit an employee must have 140 or more paid days during a school year.

Also, be sure to record your absence with AESOP [www.aesoponline.com](http://www.aesoponline.com) or call (1-800-942-3767) anytime that you are absent from work. Completing these forms does not satisfy this requirement for you.

Please feel free to contact me if you have any questions regarding this process.

# APPLICATION FOR FAMILY LEAVE

Employee Name \_\_\_\_\_ SS # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

School or Location \_\_\_\_\_ Regular Work Hours/Week \_\_\_\_\_

**Purpose of Family Leave**

A detailed purpose of leave is required. Words "Medical Reason" is *not* acceptable.

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Attach **REQUIRED** supporting documentation from attending physician.

Anticipated dates of leave request from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ workdays.

I understand that I must use all of my sick leave before being eligible for unpaid family and medical leave, except that I may request to reserve ten (10) sick days.

- Use all of my sick days now.                       Reserve ten (10) of my sick days.

In requesting family leave, I certify that all information on this application and certification by physician or practitioner is true and that I will abide by the regulations governing family leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

DO NOT MARK BELOW THIS LINE

.....

Family Leave:  Approved    Denied

\_\_\_\_\_  
Human Resources Rep

\_\_\_\_\_  
Date

# CERTIFICATION BY PHYSICIAN OR PRACTITIONER

(Family and Medical Leave Act of 1993)

PLEASE PRINT CLEARLY OR TYPE.

ITEMS 1 THROUGH 13 TO BE COMPLETED BY ATTENDING PHYSICIAN OR PRACTITIONER.

1. Employee Name: \_\_\_\_\_
2. Patient's Name (if other than employee): \_\_\_\_\_
3. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of Diagnosis: \_\_\_\_\_
5. Probable duration of condition: \_\_\_\_\_
6. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. By Physician or Practitioner: \_\_\_\_\_  
\_\_\_\_\_

b. By another provider of health services, if referred by Physician or Practitioner:  
\_\_\_\_\_  
\_\_\_\_\_

If this certificate relates to care for the employee's seriously ill family member, skip items 7, 8 and 9 then proceed to items 10 through 13 on next page. Otherwise, please continue below.

- |    | Yes                      | No                       |  |
|----|--------------------------|--------------------------|--|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required?   |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind?  |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position?<br>Please discuss with employee the essential functions within their position. |

For certification relating to care for the employee's seriously ill family member, please complete items 10 through 13.

- |     |                          |                          |  |
|-----|--------------------------|--------------------------|--|
|     | Yes                      | No                       |  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization required of the family member (patient)?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) patient require assistance for basic medical, hygiene, nutritional need, safety or transportation?  |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the employee's signed statement (Item 17 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |

13. Estimate the period of time care is needed or the employee's presence would be beneficial.

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_____	_____
Print Name of Physician or Practitioner	Type of Practice or Field of Specialization
_____	_____
Signature of Physician or Practitioner	Date

***This part is to be completed by employee needing Family Leave.***

When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and estimate the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule.

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_____	_____
Employee Signature	Date

YOUR RIGHTS  
Under The  
**FAMILY AND MEDICAL LEAVE ACT OF 1993**

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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.

**REASONS FOR TAKING A 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
  - 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 second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

**JOB BENEFITS AND PROTECTION**

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent position 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.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**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.

*Be sure to return all attached pages to Human Resources ASAP.*