

335-AR. THE FAMILY AND MEDICAL LEAVE ACT

LEAVE OF ABSENCE REQUEST

In order to ensure your eligibility for a leave of absence and the District's compliance with applicable law, collective bargaining agreements and policy, you are required to complete this form. Failure to provide any required information may result in a denial of your leave request or other important benefits.

Name: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Why are you seeking a leave of absence?

For what period of time are you seeking leave?

What kind of leave are you seeking?

When do you anticipate returning to work?

Please answer the following:

- a. Are you seeking the leave for the birth of a son or daughter or to care for a newborn child?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.
- b. Are you seeking the leave due to the placement of a son or daughter for adoption or foster care? \_\_\_\_\_ Yes \_\_\_\_\_ No.
- c. Will you be caring for your spouse, son, daughter or parent with a serious health condition?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.
- d. Do you have a serious health condition which makes you unable to perform the functions of your job? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Note: A serious health condition is defined as an illness, injury, impairment or physical or mental condition that involves: (1) any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical facility; (2) any period of incapacity requiring absence from work, school or other regular daily activities, of more than three (3) calendar days, that also involves continuing treatment by or under the supervision of a health care provider; or (3) continuing treatment by or under the supervision of a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three (3) calendar days; or for prenatal care.

Notice

**Expectations and Obligations of Employees On FMLA Leave**

This notice is being provided to you in accordance with 29 CFR §825.301(c), requiring employers to provide employees with "notice detailing the specific expectations and obligations of the employee and explaining any consequences of a failure to meet these obligations." In that regard, please be advised of the following:

1. **Designation of FMLA Leave.** Your leave will be counted against your annual FMLA leave entitlement.

2. **Medical Certification.** If your leave request is due to a serious health condition, you must furnish medical certification of the serious health condition:

a. as soon as possible, but in no event more than fifteen calendar days after the employee's request for such leave; unless the facts illustrate that it was not practicable under the particular circumstances to do so despite the employee's diligent, good faith efforts;

b. Whenever intermittent leave or leave on a reduced schedule is requested;

c. Whenever the District finds a certification incomplete, the employee shall be notified and be given reasonable opportunity to cure any such deficiency.

3. **Certification Form.** The required medical certification shall be on the form attached hereto. The information required by the form must be provided. You and your health care provider are not required to provide additional information for purposes of the FMLA. Failure of your health care provider to provide the required information can extinguish your right to an FMLA leave.

4. **Second and Third Opinions.** If the District doubts the validity of a medical certification, it may require you to obtain a second opinion at the District's expense by a health care provider designated by the District. This health care provider will not be employed on a regular basis by the District. If the opinions of your health care provider and the District's provider differ, the District may require you to obtain certification from a third health care provider at the District's expense. This third health care provider shall be designated or approved jointly by you and the District and you must act in good faith to attempt to reach agreement on whom to select. If you do not attempt in good faith to reach agreement, you will be bound by the second certification. Where a third opinion is obtained, it shall be final and binding on you and the District.

5. **Updated Certification.** The District may request updated certification at reasonable intervals: if you

request an extension of any leave; if circumstances change significantly; if the District receives information casting doubt on the validity of the certification; or if you are unable to return to work because of the continuation, recurrence or onset of a serious health condition.

6. **Failure to Provide Certification.** Your failure to provide adequate certification can have the following consequences:

a. You will be ineligible for (i) a leave of absence under the FMLA or (ii) sick leave under District policy and practice in the case of the employee's own serious health condition;

b. Loss of health care coverage in the event you stop working without qualifying for any leave during which such coverage would continue; and/or

c. Loss of seniority or employment should you take an unapproved leave for which you are ineligible.

7. **Utilization of Paid Leaves.** You have the right, but are not required, during your FMLA leave to utilize any paid leaves to which you may be otherwise eligible by virtue of law, District policy, collective bargaining agreement, compensation agreement or contract. The District requires you to utilize and exhaust such leaves to the fullest extent possible during any FMLA leave. You are not required and may not utilize sick leave, however, unless you meet the criteria for paid sick leave in accordance with law and District practice. FMLA leave during which you are utilizing available paid leaves to which you are eligible shall be referred to herein as "paid FMLA leaves." When no such paid leaves are available for use by you, the leave shall be referred to herein as an "unpaid FMLA leave."

8. **Optional Use of FMLA Leave.** You are not required to take FMLA leave until you have exhausted all accumulated full-day leaves to which you are entitled and for which you are qualified.

9. **Continuation of Health Care Benefits.** During your paid or unpaid FMLA leave, health insurance coverage will be provided if it had been provided before the leave was taken and will be provided on the same terms as if you had continued to work. Therefore, if you pay premiums to the