

SUFFIELD PUBLIC SCHOOLS
FAMILY AND MEDICAL LEAVE OF ABSENCE REQUEST FORM

I request to be placed on family and medical leave of absence based on the attached certification from a health-care provider or the attached documentation related to adoption or foster care placement.

Name: _____

School / Department: _____

Request Leave Start Date: _____ Requested Leave End Date: _____

REASON FOR LEAVE OF ABSENCE:

FAMILY-RELATED REASONS: (Maximum time allowed is 15 work weeks or 26 weeks depending on the family-related reasons)

- Birth of child or to care for the baby. (Attach copy of the birth certificate or certification from a health-care provider.)
- Adoption of a child by the employee.
(Attach a copy of the adoption papers.)
- Placement of a child with the employee for foster care.
(Attach a copy of the foster care placement papers.)
- Care of a child, spouse, or parent (but not in-laws) having a serious health condition. (Attach a copy of certification from a health-care provider. Children 18 years or older are not included unless they are incapable of self care due to mental or physical disabilities.)
- Care of any “qualifying exigency” (as will be defined by the Department of Labor) for the employee’s spouse, child or parent who is a member of the U.S. Armed Forces and is called up to active duty.
- To permit a spouse, son, daughter, parent or next of kin to take up to the 26 work weeks of leave to care for a member of the armed forces who is undergoing medical treatment, recuperation,, or therapy, in otherwise in outpatient status, or is otherwise on the temporary disability retired list, for serious injury or illness.

EMPLOYEE HEALTH CONDITION: (Maximum time allowed is 15 work weeks)

- Medical leave of absence for a serious health condition that makes me unable to work. (Attach a copy of certification from a health-care provider.) Intermittent medical leave for the employee’s own health condition is limited to a maximum of 15 work weeks.

I REQUEST TO TAKE MY FAMILY AND MEDICAL LEAVE OF ABSENCE INTERMITTENTLY
DUE TO:

- Serious health condition of myself, child, spouse, or parent because of medical necessity.
- Birth, adoption, or foster care

I understand that I must first use all of my accrued personal holiday and vacation time (and accrued sick leave in the case of employee health condition or a health condition of child, spouse, or parent if they are living in the same household as the employee) at the beginning of my family and medical leave of absence as a part of my leave of absence and before the unpaid portion begins. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement at Suffield Public Schools.

Employee Signature _____ Date: _____

FOR OFFICE USE ONLY:

- The employee has been employed for at least 12 months in the aggregate and has worked for at least 1,250 actual hours of service during the 12-month period immediately preceding the date on which the employee's leave will commence. (Per 29 CFR 825.500(f) full-time teachers are deemed to have met the 1250 hour test.)
- I have been advised of this employee's intent to take the indicated family and medical leave of absence, and, where appropriate such as for leave taken intermittently, I approve the request.
- The employee indicated above has *not* specifically requested a family and medical leave of absence, but I am designating the employee's leave as a leave that qualifies under the Family and Medical Leave Act. I am notifying the employee of my intent by providing him/her a copy of this form.
- Response to FMLA Leave request sent to employee within 7 days of receipt of this form.

Employer Signature: _____ Date: _____

SUFFIELD PUBLIC SCHOOLS

THIS FORM IS TO BE INCLUDED WITH THE “*FAMILY AND MEDICAL LEAVE OF ABSENCE REQUEST FORM*”.

YOUR RIGHTS under the FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA)

FMLA requires covered employers to provide up to 15 work weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for a Suffield Public Schools for at least one year and for 1,250 hours over the previous 12 months. Suffield Public Schools is exempt from the Connecticut FMLA per Section 31-51kk of the Connecticut General Statutes, under #4, “Employer”, which specifically exempts “...the state, a municipality, a local or regional board of education...”

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, child, or parent, who has a serious health condition.
- For a serious health condition that makes the employee unable to perform the employee’s job.
- For care of any “qualifying exigency” as will be defined by the Department of Labor for the employee’s spouse, child or parent who is a member of the U.S. Armed Forces and is called up to active duty.
- to permit a spouse, son, daughter, parent or next of kin to take up to the 26 work weeks of leave to care for a member of the armed forces who is undergoing medical treatment, recuperation, or therapy, in otherwise in outpatient status, or is otherwise on the temporary disability retired list, for serious injury or illness.

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

ADVANCE NOTICE AND MEDICAL OR MILITARY CERTIFICATION: The employee may be required to provide advance leave notice and medical or military 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.
- Certification is required for an employee’s spouse, child or parent who is a member of the U.S. Armed Forces called to active duty

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 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, unless, for example, that benefit is used during the leave itself, such as application of accrued paid sick days for otherwise unpaid FMLA 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.

US Department of Labor,
Employment Standards Administration
Wage and Hour Division
Washington, D.C. 20210