

# Leave of Absence Request Form

**TO: HUMAN RESOURCES**

**FROM:** \_\_\_\_\_  
(Employee name & number – please print or type)

**LOCATION:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**I NEED TO BE ABSENT FOR THE REASON(S) CHECKED BELOW:**

*(The district shall designate a qualifying absence as Family and Medical Leave)*

- Medical** *(certification from health care provider/physician required)*
  - Myself due to pregnancy/childbirth. Estimated due date \_\_\_\_\_  
*(Maternity leave is typically six to eight weeks from the birth of the baby)*
  - Myself for a condition that renders me unable to perform my job
  - My spouse, child or parent with a “serious/terminal health condition”
  - My child under 18 with a “terminal health condition”
- Child rearing/newly adopted child under 18/new foster child placement**
- Leave of Absence for personal reasons as per CVEA/PSE bargaining agreement**
- Military leave** *(attach copy of orders)*

**REASON FOR REQUEST:** \_\_\_\_\_  
\_\_\_\_\_

**First day of absence:** \_\_\_\_\_ **Expected date of return:** \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**PLEASE BE AWARE THAT ANY TIME TAKEN WITHOUT PAY MAY AFFECT YOUR RETIREMENT SERVICE CREDIT AND/OR YOUR YEARS OF EXPERIENCE FOR SALARY PLACEMENT.**

**HR Comments**

Qualifies for FMLA	YES	NO
Board Action Required	YES	NO
If so, date submitted to board:		

\_\_\_\_\_  
Assistant Superintendent or Director of Human Resources  
Distribution of Copies: Human Resources Business Manager  
Revised 08/09

\_\_\_\_\_  
Date  
Employee Supervisor

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

### What is FMLA?

FMLA is a form of leave for serious health conditions, childbirth/adoption, and care of a newborn or newly adopted child. It is governed by District Policy and Procedure 5404 as well as state and federal law. FMLA is unpaid, but may run concurrently with other forms of paid leave (see below).

### Who is eligible and how much leave can employees receive?

Every district employee who has worked for the district at least twelve (12) months, and for at least 1250 hours during the twelve (12) months immediately preceding the commencement of the family leave is entitled to twelve (12) work weeks of leave. Specific eligibility is determined by H.R.

### Is FMLA paid leave?

FMLA is unpaid leave. However, the employee may choose or the District may require the substitution of various forms of accrued paid leave for FMLA, assuming the conditions for the use of paid leave are satisfied. If paid leave is substituted, FMLA runs concurrent with, not in addition to, the paid leave. Examples include:

- **Leave for an employee's own serious health condition:**  
FMLA runs concurrent with accrued sick leave, personal Leave and/or vacation.
- **Leave to care for a new child:** FMLA runs concurrent With accrued personal leave and/or vacation.
- **Leave to care for an employee's spouse, dependent Child or parent with a serious health condition:** FMLA Runs concurrent with emergency leave, accrued personal Leave and/or vacation.

#### Examples of serious health conditions:

- Heart attacks
- Cancer
- Spinal injuries
- Back conditions requiring surgery
- Pneumonia
- Complications related to pregnancy
- Childbirth & recovery from childbirth

### In general, what benefit does FMLA provide an employee?

FMLA gives eligible employees a right to a leave of absence in qualifying circumstances, along with certain return-to-work rights at the conclusion of the leave, including restoration to their original position or one that is equivalent. If the absence is covered by an already existing paid leave, such as sick leave, then FMLA may not add any benefit. If, on the other hand, the employee has already exhausted paid leave (or exhausts it during the FMLA leave period), FMLA ensures continuation of health plan contributions for the full twelve (12) weeks.

### Is the employee required to provide advance notice to employer?

An advance notice of at least 30 days is required unless the family leave is not foreseeable, in which case the employee is required to provide notification within five (5) days of becoming aware of the need. If the employee is unable to provide notification due to a serious health condition, the employee's spokesperson (spouse, doctor, family member, etc.) may do so.

Disclaimer: This sheet contains general information and guidance on district policy/procedures and federal and state laws governing FMLA. The laws, policies, and procedures that govern FMLA are complex and subject to change. The District reserves the right to modify, withdraw, or make exceptions to the information provided below at any time without prior notice.