



REQUEST FOR FAMILY AND MEDICAL LEAVE (FMLA)

Family and Medical Leave

Should present circumstances require extended time away from work to attend to family and/or medical needs, please let our Department of Human Resources know how we might help you explore potential leave available under the provisions of the Family and Medical Leave Act (FMLA).

Employees who have been employed by the Logan City School District for at least 12 months, and have worked at least 1250 hours during the immediately preceding 12-month period may be eligible for job-protected, unpaid leave. As you consider the potential need for FMLA, the following information provides needed direction:

- The maximum amount of FMLA allowable leave is 12 workweeks, or 26 workweeks if FMLA is taken to care for a military service member with a serious injury or illness. Employees may refer to Article 7 of the *Negotiated Agreement* for additional FMLA requirements.
- It is the employee’s responsibility to submit this completed *Request for Family and Medical Leave* form to the Department of Human Resources at least 30 days prior to any anticipated FMLA leave, whenever the leave is foreseeable. When 30 days prior notice is not practical, the request is to be provided within a minimum of two (2) business days from when the employee learns of the need for leave.
- After submitting a completed *Request for Family and Medical Leave* form, the employee will receive two certification documents and a letter of approval pending the return of both certification documents. Certification documents must be returned to the Department of Human Resources within 15 days. Please note that FMLA requires timely, complete, and sufficient certification to support a FMLA request, and failure to provide the requested certification may result in a denial or delay of the FMLA request.

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Name: _____ School/Location: _____ Date: _____

Position: _____ How many years have you worked in Logan District? _____

Number of weeks being requested: _____ Anticipated beginning date: _____

Expected return date: _____ Last working date before leave will begin: _____

Please indicate the reason for requesting FMLA leave:

- The birth of a child, or the placement of a child with the employee for adoption or foster care.
- My own serious health condition that makes me unable to perform the essential functions of my job.
- A qualifying exigency arising out of the fact that my spouse, son/daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.
- I am needed to care for a covered military service member with a serious injury or illness incurred in the line of duty on active duty.
- I am needed to care for a spouse, son or daughter, or parent who has a serious health condition.

Full name of family member for whom you will be caring: _____

Relationship: _____ Date of birth (if son/daughter): _____

Describe the care you will be providing: _____

Employee’s Signature: _____

<p><i>For HR Use Only</i></p> <p>Date Received: _____</p> <p>Date Certification Forms Sent: _____</p>
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