



**APPLICATION FOR FAMILY AND MEDICAL LEAVE**

**NOTE:** Many of the following questions may appear personal, but requested information is necessary to determine your legal rights as to the requested leave. Any medical information will be kept in a confidential file.

<b>Date:</b>		<b>Employee Name:</b>			
<b>I request a leave of absence for the period of:</b>				<b>Full Time</b>	<b>Part Time</b>
<b>I AM REQUESTING:</b>					
<b>Leave due to a serious health condition of</b> (if checked, also check one of the numbers listed below and fill out "Medical Leave Only" box below. Medical certification by the family member's health care provider will also be required.)					
<input type="checkbox"/>	Myself	<input type="checkbox"/>	My Spouse	<input type="checkbox"/>	My Child
<input type="checkbox"/>	<b>Leave to care for a newborn or newly placed adopted or foster child</b> (If check, fill out the "Parental Leave Only" box below.)				
Have you taken Family and Medical Leave this school year (Sept 1 through Aug 31)?					Yes No
Date leave to begin:			Date expected to return:		
<b>Medical Leave Only</b> (answer all items):					
What is the serious health condition?					
When did you learn of the need for the leave?					
If the medical leave is for yourself, are you unable to work or to perform essential functions of your job?					
If the medical leave is due to a child's medical conditions, what is his/her age?					
If the medical leave is due to a medical condition of a spouse, parent, or child, is he/she capable of self-care?					
<ul style="list-style-type: none"> <li>If no, why not?</li> </ul>					
<b>Parental Leave Only</b> (reason for leave):					
To care for a newborn child. Anticipated date of birth:					
Placement of an adopted child.		Date of birth:		Date of Placement:	
Placement of a foster child.		Date of birth:		Date of Placement:	
Do you have a husband or wife employed by this school district who will take leave time to care of the same child?					Yes No
I would like to use my available sick leave (if applicable) for this leave request.					Yes No
I would like to use my personal leave (if applicable) for this leave request.					Yes No
Employee Signature:				Date:	
Administrator Signature:				Date:	



**STEPS TO REQUEST FAMILY AND MEDICAL LEAVE (FMLA):**

1. Employee completes Application for Family and Medical Leave (FMLA-1) and sends to HR.
2. HR reviews FMLA-1.
3. HR completes the Notice of Eligibility and Rights and Responsibilities for Family and Medical Leave Form (FMLA-2).
4. HR sends back FMLA-2 to employee along with Certification of Health Care Provider for Family and Medical Leave (FMLA-3) if requested.
5. Employee sends FMLA-3 to Health Care Provider – 15 calendar days allowed for Health Care Provider and employee to complete and send back FMLA-3 to HR.
6. HR receives FMLA and reviews for approval.
7. HR completes Designation Notice (FMLA-4) and sends to employee stating whether or not FMLA is approved.

**ADDITIONAL INFORMATION REGARDING FMLA:**

- All eligible paid leave must be used concurrently with FMLA leave.
- If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that your premium payments will continue to be deducted from your monthly pay warrant. Should you go on a leave without pay status, payments are due to payroll by the tenth of the month for coverage the following month.
- You have a thirty (30)-day grace period in which to pay premium payments. If payment is not made timely, your group health insurance may be canceled, provided, the District notifies you in writing at least fifteen (15) days before the date that your health coverage will lapse.
- The District will not pay your out-of-pocket share of premiums (e.g. health insurance, life insurance, disability insurance, etc).
- You will be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is not received, your return to work may be delayed until the certification is provided.
- If you are a “key employee” as described in §825.218 of the FMLA regulations, you will be notified in writing. If you are a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the District.
- While on leave, you will be required to furnish the District with periodic reports every thirty (30) days of your status and intent to return to work (see §825.309 of the FMLA regulations.) If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two (2) work days prior to the date you intend to report for work.
- You will be required to furnish re-certification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.*)
- You are aware that if you fail to return to work upon the conclusion of Family and Medical Leave for reasons not due to illness or circumstances beyond your control, you must reimburse the Chimacum School District for all medical premiums paid during the leave. An employee who returns to work for at least thirty (30) calendar days is considered to have “returned” to work.