



**Kings Canyon Unified School District**  
1801 I Street, Reedley, CA 93654  
(Mailing: 1502 I St., Reedley, CA 93654)

(559) 305-7010  
Fax (559) 637-1186

### **Family Medical Leave Request Process**

Enclosed please find a copy of "Facts about FMLA", "Fact Sheet for Paid Family Leave", "Mandatory Employee Notice/FMLA Policy", and the "Employee FMLA Leave Request" form. FMLA is unpaid leave. The Fact Sheet for Paid Family Leave gives you the information to contact EDD and SDI to find out what options they have for paying you for the time off, but that is separate from the District.

Please fill out the request form as soon as you are able and return it to the business office so the approval process can begin. Please know that it needs to be pre-approved and cannot be used until it is approved. Dates can be approximate if unknown at this time. We will finalize them as it gets closer.

If you have any other questions please do not hesitate to call the business office.



## FACTS ABOUT FMLA

This Facts Sheet is intended to provide answers to questions about the FMLA. Please read it carefully and keep it in a safe place for future reference.

### What is FMLA?

The Family and Medical Leave Act (FMLA) was enacted in 1993 to allow employees to take reasonable unpaid leave for certain family and medical reasons. The purpose of the act is to help individuals balance the demands of the workplace with the needs of their families, to promote the stability and economic security of families, and to support national interests in preserving family integrity. The FMLA was amended on January 28, 2008 — its first expansion since 1993 — to provide leave to employees with family members serving or injured on military duty. On November 17, 2008, the U.S. Department of Labor (DOL) published final regulations addressing the new military family leave amendments. The new regulations also clarify and modify existing FMLA regulations. On October 28, 2009, the FMLA was amended again to expand the two types of military family leave that first became available under the FMLA in January 2008.

### What does the FMLA cover?

The law spells out which employers are covered, which employees are eligible and entitled to leave, maintenance of health benefits during leave and job restoration after leave. It also covers notice of leave and certification of need, protection of employees who request leave, and employers' recordkeeping requirements.

The DOL's Wage and Hour Division administers and enforces the law, including the investigation of complaints. The law prohibits a covered employer from interfering with, restraining, or denying any right provided by FMLA. It also prohibits an employer from discharging or discriminating against any individual for opposing any practice made unlawful by the act, or because of involvement in any proceeding related to FMLA.

If violations cannot be satisfactorily resolved, the DOL may bring an action in court to compel compliance. Employees also may bring a private civil action against an employer for violations.

The FMLA does not affect any other federal or state law that prohibits discrimination, nor supersede any state or local law that provides greater family or medical leave protection. It does not affect an employer's obligation to provide greater leave rights under a collective-bargaining agreement or employment benefits plan.

### What employers are covered?

Employers who have 50 or more employees on their payroll (including part-time employees and employees on leave) in 20 or more workweeks (not necessarily consecutive) in the current or preceding calendar year and who are engaged in commerce (or an activity affecting commerce). The FMLA also applies to public agencies, including state, local and federal employers, and local education agencies — regardless of the number of employees.

### How am I eligible for FMLA benefits?

To be eligible, you must:

- work for a covered employer for at least 12 months,
- have worked at least 1,250 hours during the past 12 months, and
- work at a location where at least 50 employees of your employer are working within 75 miles.

### When am I entitled to FMLA leave?

A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period. The employer may choose to use a 12-month fiscal or fixed "leave year," or the calendar year, or the 12 months before or after the start of a leave to define the 12-month period. Eligible employees are entitled to leave for the following reasons:

- For the birth and care of the employee's newborn son or daughter, the placement of a son or daughter with the employee for adoption or foster care, or to care for a parent, spouse, son or daughter with a serious health condition ("son or daughter" under the FMLA includes not only a biological or adopted child, but also a foster child, stepchild, a legal ward, or a child of a person standing in loco parentis. Loco parentis means the employee intends to assume the responsibilities of a parent and provides either day-to-day care or financial support for the child. No legal or biological relationship is required);
- For the employee's own serious health condition; or
- For any qualifying exigency because the employee's spouse, child or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces (including the National Guard or Reserves).

Leave for birth or placement of a child must be taken within one year of birth or placement.

Eligible employees also are entitled to 26 workweeks of unpaid leave to care for a spouse, child, parent or next of kin who is a member of the Armed Forces or covered veteran and who is undergoing medical treatment or recuperating from a "serious injury or illness" incurred while on active duty. (Defined as an injury or illness that renders the service member medically unfit to perform the duties of his or her office, grade, rank or rating. "Next of kin" is defined as the nearest blood relative.)

This 26-workweek leave is only available during a single 12-month period, and an employee is entitled only to a combined total of 26 workweeks of leave (even if the employee is entitled to leave for another FMLA-qualifying event). Spouses employed by the same employer are entitled to leave for a combined total of 26 workweeks in a 12-month period.

### What is considered a qualifying exigency?

The new regulations list eight kinds of "qualifying exigencies" that may qualify for FMLA leave:

- Short-notice deployment: leave to address any issue that arises from an impending call or order to covered active duty in the Armed Forces: seven days or less before the date of deployment
- Military events and related activities: leave to attend any military ceremony, program or event related to covered active duty or the call to covered active-duty status or to attend certain family support or assistance programs and informational briefings
- Child care and school activities: leave to arrange or provide for child care or school-related activities
- Financial and legal arrangements: leave to make or update various financial or legal arrangements
- Counseling: leave to attend counseling (by someone other than a healthcare provider) as a result of active duty or call to active duty status
- Rest and recuperation: leave to spend time with a covered military member who is on short-term, temporary, rest-and-recuperation leave during deployment (up to five days)
- Postdeployment activities: leave to attend arrival ceremonies (including funeral or memorial services), reintegration briefings and events, and any other official ceremony

or program sponsored by the military for 90 days after active-duty status

- Additional activities; leave to address other events arising from military duty agreed upon by the employer and employee

Employers may request a copy of the covered military member's covered active-duty orders or other military documentation to support the qualifying exigency. Employers also may require the employee to complete an appropriate certification form outlining the details of such leave.

### What does "serious health condition" mean?

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, and any additional treatment in connection with that inpatient care, or
- continuing treatment by a healthcare provider that includes any period of incapacity (i.e., inability to work, attend school or perform other regular daily activities) due to:
  - A health condition (including treatment or recovery) lasting more than three consecutive days and any later treatment or incapacity (absence from work) relating to the same condition that also includes treatment two or more times by a healthcare provider. The two treatments must occur within 30 days of the period of incapacity, and the first must occur within seven days of the start of the incapacity. Alternatively, the employee may receive treatment one time by a health care provider with a continuing regimen of treatment, so long as the first treatment occurs within seven days of the start of the incapacity.
  - Pregnancy or prenatal care. A visit to the health-care provider is not necessary for each absence.
  - A chronic, serious health condition that continues over time, requires periodic visits to a healthcare provider, and may involve occasional absences from work (i.e., asthma or diabetes). A visit to the healthcare provider is not necessary for each absence.
  - A permanent or long-term condition for which treatment may not be effective (i.e., a severe stroke or cancer). Only supervision by a healthcare provider is required, rather than active treatment; or,

- Any absences to receive treatments for restorative surgery or for a condition that likely would result in a period of incapacity if not treated (i.e., chemotherapy or radiation treatments for cancer).

### What is intermittent leave?

Intermittent leave means taking leave in blocks of time rather than a continuous leave. It also may mean a reduction in an employee's normal daily or weekly work schedule. The employer may choose whether to grant intermittent leave for birth or placement of a child. It may be taken whenever medically necessary for a serious health condition or for military family leave.

When leave is needed for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's workplace.

### Will my health benefits continue while I'm on leave?

The employer is required to maintain group health insurance coverage whenever such insurance was provided before the leave, and on the same terms as if the employee were still working. If applicable, your employer will make arrangements with you for payment of your share of health insurance premiums during leave. In some cases, the employer may recover premiums paid for an employee who doesn't return to work from FMLA leave.

### Will I be able to return to my same job when I return from leave?

Generally, an employee must be restored to his or her original job, or to an equivalent job with equivalent pay, benefits and other terms and conditions of employment.

In addition, taking of FMLA leave may not result in the loss of benefits that the employee earned or was entitled to before using FMLA leave, and the leave may not be counted against the employee under a "no-fault" attendance policy.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, an employer may refuse to reinstate certain highly paid "key" employees after using FMLA leave (during which health coverage was maintained). A "key" employee is a salaried, FMLA-eligible employee who is among the highest-paid 10% of employees within 75 miles of the worksite. To refuse reinstatement, an employer must notify the employee of his or

her status as a key employee in response to the employee's notice of intent to take FMLA leave, notify the employee as soon as the decision is made to deny job restoration and explain the reasons for the decision, then offer the employee a reasonable opportunity to return to work. Also, the employer must make a final determination as to whether reinstatement will be denied at the end of the leave, if the employee then requests restoration.

### What form of notice or certification is necessary?

Employees must provide 30 days' notice of the need to take FMLA leave when it's foreseeable. When 30 days' notice is not possible, employees must provide notice as soon as practicable and generally must comply with the employer's normal call-in procedures. In addition, employers may require employees to provide:

- Certification of the need for leave due to an employee's or family member's serious health condition, or to verify an employee's relationship to and/or need to take military family leave (one time only for family military leave).
- Second or third medical opinions (at the employer's expense) to verify an employee's or family member's serious health condition. Employers also may request periodic recertification.
- Periodic reports during FMLA leave regarding the employee's status and intent to return to work.

Employers also must inform employees of their rights and responsibilities under FMLA, including specific written information on what is required of the employee and what might happen in certain circumstances, such as if the employee does not return to work after FMLA leave.

### What if I need more information?

Contact your company's human resources representative if you have any questions, or if you would like to request leave under FMLA.

# FACT SHEET



## PAID FAMILY LEAVE (PFL)

In 2002, legislation (Senate Bill 1661) extended disability compensation to individuals who take time off work to care for a seriously ill child, spouse, parent, domestic partner, or to bond with a new child or a child in connection with adoption or foster care placement.

In 2013, legislation (Senate Bill 770) expanded eligibility to also include the following family members: parent-in-law, grandparent, grandchild, and sibling.

Paid Family Leave (PFL), is administered by the Employment Development Department's (EDD) Disability Insurance Branch.

Employee contributions (withholdings) for PFL began January 1, 2004, and the EDD began processing PFL claims on July 1, 2004.

### Coverage and Benefits

PFL is a component of the State Disability Insurance (SDI) program and workers covered by SDI are also covered for this benefit. Similarly, workers who are covered by a Voluntary Plan (VP) for SDI are required to be covered for PFL through their VP.

The maximum claim benefit is six times the weekly benefit amount. No more than six weeks of PFL benefits may be paid within any 12-month period.

### State Government Employees

State government employees may be eligible for PFL if they are covered by SDI through a negotiated agreement between the State of California and a recognized employee organization.

### Eligibility Requirements

- An employee may file a claim for PFL benefits for the following reasons:
  - To care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.

- To bond with a new child.
- To bond with a child in connection with the adoption or foster care placement of that child.
- A medical certificate is required when a PFL claim is filed to provide care for a seriously ill family member. The certificate must include a diagnosis and International Classification of Diseases code; the beginning date of the disability; the probable duration; the estimated time care is needed; and state that the serious health condition warrants the participation of the employee to provide care. This includes "providing psychological comfort" and arranging "third party care." An estimate of the amount of time necessary to provide care is also required.
- For bonding, PFL is limited to the first year after the birth, adoption, or foster care placement of a child. Supporting documentation will be required.
- There is a seven-day waiting period before benefits are paid. In addition, the employer may require the employee to use up to two weeks vacation leave or paid time off (PTO) prior to receiving benefits. The first week of vacation or PTO will be applied to the waiting period.
- Individuals cannot receive PFL benefits while receiving Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits that exceed their weekly benefit amount.
- An individual is not eligible for PFL benefits for any day that another family member is able and available for the same period of time that the individual is providing the required care.
- An individual who is entitled to leave under the federal Family Medical Leave Act and the California Family Rights Act must take PFL concurrently with leave taken under those acts. For information on the Family Medical Leave Act and on the California Family Rights Act, visit the U.S. Department of Labor's website at [www.dol.gov](http://www.dol.gov) and the California Department of Fair Employment and Housing's website at [www.dfch.ca.gov](http://www.dfch.ca.gov).

## Appeals

All participants have the right to appeal to an impartial Administrative Law Judge (ALJ) concerning determinations of eligibility or benefit amounts. Further appeal from an ALJ's decision may be filed with the California Unemployment Insurance Appeals Board, or the board may set aside the ALJ's decision on its own motion. Decisions of the board may be reviewed by the courts.

## Funding

PFL is funded through worker contributions to the SDI program. The SDI rate calculation is based on funding needs for both DI and PFL benefits.

## Taxability

PFL benefits are subject to federal income taxes and will be reported to the Internal Revenue Service. Each person receiving PFL benefits will receive a 1099G form to include with his/her federal income tax return. PFL benefits are NOT subject to California income taxes.

## Claim Form and Informational Brochure

The *Claim for Paid Family Leave (PFL) Benefits*, DE 2501F (English) or DE 2501F/S (Spanish), and the *Paid Family Leave informational brochure*, DE 2511 (English) or DE 2511/S (Spanish), may be obtained online at [www.edd.ca.gov](http://www.edd.ca.gov) or by calling 1-877-238-4373. Employers must provide the DE 2511 or DE 2511/S to any employee leaving work to provide care for a sick or injured family member, bond with a new child or a child in connection with the adoption or foster care placement.

## Apply for Benefits

Claimants can apply for benefits online through their SDI Online account at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability) by ordering a claim form online at [www.edd.ca.gov](http://www.edd.ca.gov), or by requesting a claim form by calling 1-877-238-4373.

## For More Information

For additional information about PFL, please visit our website at [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability) or contact the EDD at:

**1-877-238-4373**

- Press 1 for English.
- Press 2 for Spanish.
- Press 3 for Cantonese.
- Press 4 for Vietnamese.
- Press 5 for Armenian.
- Press 6 for Tagalog.
- Press 7 for Punjabi.

TTY 1-800-445-1312

(This number does not accept voice calls.)

The EDD is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.

# Mandatory Employee Notice/ FMLA Policy

Employee Rights and Responsibilities Under the Family and Medical Leave Act

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth
- To care for the employee's child after birth, or placement for adoption or foster care
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition
- For a serious health condition that makes the employee unable to perform the employee's job

"Son or daughter" under the FMLA includes not only a biological or adopted child, but also a foster child, stepchild, a legal ward, or a child of a person standing in loco parentis. Loco parentis means the employee intends to assume the responsibilities of a parent and provides either day-to-day care or financial support for the child. No legal or biological relationship is required.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on covered active duty or called to covered active duty status in the Armed Forces (including the National Guard or Reserves) may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a family member who is a covered service member during a single 12-month period. A covered service member is:

- A member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, or is in outpatient status, or is on the temporary retired list, for a serious injury or illness;
- A veteran who is undergoing medical treatment, recuperation or therapy, for a serious injury or illness and who was a member of the Armed Forces (including the National Guard or Reserves) at any time during the five years preceding the date of medical treatment, recuperation or therapy.

A serious injury or illness is:

- In the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating.
- In the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the five years preceding the date of medical treatment, recuperation or therapy, a qualifying injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) that manifested itself before or after the member became a veteran.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing his or her job functions, or prevents the qualified family member from participating in school or other daily activities.

(Continued)

(Continued)

Subject to certain conditions, the continuing treatment requirement may be met by:

- A period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider
- One visit and a regimen of continuing treatment
- Incapacity due to pregnancy, or incapacity due to a chronic condition

Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave may be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. To use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days' notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees may also be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## 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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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: 1-866-4US-WAGE (1-866-487-9243), TTY: 1-877-889-5627, or [www.wagehour.dol.gov](http://www.wagehour.dol.gov)

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



© 2010 EDI  
Item #A0993

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have. Products printed by ComplyRight are provided on recycled paper.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



# Employee FMLA Leave Request

(Family/Medical Leave Request Form)

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take up to 12 or 26 weeks of job-protected leave for certain family and medical reasons. Submit this request form to your human resources manager at least 30 days before the leave is to begin, when possible. When 30 days' advance submission of the request form is not possible, submit the request as soon as possible. Our Company reserves the right to deny or postpone leave if you do not give adequate notice when permitted under federal and/or state law.

## Employee Information

Please print.

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Status:  Full-Time  Part-Time  Temporary

## Reason for Requesting Leave

I am requesting family/medical leave for the following reasons: (check all that apply)

- Birth of my child; to care for my newborn child
- Placement of a child with me for \_\_\_\_\_ adoption \_\_\_\_\_ foster care
- Leave to care for a family member with a serious health condition  
Relationship of family member to you: \_\_\_\_\_
- My own serious health condition
- Qualifying exigency because a family member is on or has been called to covered active duty in the Armed Forces (including the National Guard or Reserves)  
Relationship of family member to you: \_\_\_\_\_
- Leave to care for a family member who is a member of the Armed Forces or covered veteran and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness  
Relationship of family member to you: \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

## Duration of Leave

Leave expected to begin \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave expected to end \_\_\_\_/\_\_\_\_/\_\_\_\_

If intermittent or reduced-leave schedule is being requested, please explain why it is needed and the proposed leave schedule:

## Employee Certification and Signature

I certify that the above information is true and correct to the best of my knowledge:

Employee signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYER:** This form should be treated as a medical record and must be maintained separately from employee personnel files, in locked cabinets with only designated personnel having access. As an employer, you should retain this original and provide a photocopy of the form to your employee along with the Company Response form within a reasonable period of time.

**COMPLYRIGHT™**

©2009 EDI  
Item #A0995

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have. Unless specifically allowed in the instructions, ComplyRight products may only be photocopied when the user is legally compelled to do so. Any other photocopying or reproducing in any form, whether in whole or in part, is strictly prohibited.

**ATTORNEY  
APPROVED**

Printed on recycled paper