

Your Rights Under The Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if

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

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, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

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

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical 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.

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.

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.

OFFICE OF HUMAN RESOURCES
White Plains Public Schools
White Plains, New York 10605

Dear _____:

On _____, you notified us of your need to take family/medical leave due to:

- ☐ the birth or placement of a child in your home; or
- ☐ a serious health condition that you need care for; or
- ☐ a serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.
- ☐ Other _____

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12 month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave. Instructional employees leave may have to be extended, by the decision of the school district, if the return to work is scheduled to occur near the end of a semester.

FOR EMPLOYEES QUALIFYING FOR FMLA LEAVE, the following conditions apply:

1a. Leave is granted for the following schedule:

Commence:_____ Return to work:_____

(please note that the Family Medical Leave would begin on the first day you are out for the leave). The requested leave will be counted against your annual FMLA leave entitlement.

1b. You have requested reduced schedule or intermittent leave. The school district can accommodate your request subject to the following terms:_____

2a. If you are taking a leave for your own serious health condition, you are required to furnish medical certification of your condition. If it has not already been submitted, you must furnish certification by _____ (a date that is within 15 days of the request for leave) or the school district may delay the commencement of your leave until the certification is submitted. A *Certification by Physician* form is available for this purpose. Your condition must be recertified every 30 days thereafter.

2b. If you are requesting leave to care for a seriously ill child, spouse or parent, you must provide medical certification that you are needed to care for the individual. (see 2a above)

The FMLA leave entitlement will run concurrent with your paid leave. You currently have accrued/available paid leave for:

<u>CATEGORY</u>	<u>NO. OF DAYS</u>	
<input type="checkbox"/> Illness	_____	
<input type="checkbox"/> Personal	_____	
<input type="checkbox"/> Other	_____	As of _____

You may take _____ weeks/days of paid leave if you have enough accumulated sick time, beginning _____ and ending approximately _____. Please remember, this paid leave time is part of your FMLA leave.

3. If you normally pay a portion of the premiums for your health insurance, these payments must continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows:

<u>PREMIUM TYPE</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>METHOD OF PAYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____

If your payment has not been made timely, your group health insurance may be canceled.

4. You are directly responsible for the premium payments for other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave, and you must arrange for and continue to make those payments on the regular schedule. (Any premium payments made by the school district to keep your coverage in place must be repaid upon your return to work.)
5. If you have been on FMLA leave due to your own serious health condition, 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 such certification is provided.
6. While on FMLA leave, you may be required every 30 days to furnish the school district with periodic reports of your status and intent to return to work, in accordance with the following reporting schedule: Date, _____ Date, _____ Date, _____. Requests should be directed to _____.
7. You ☐ are ☐ are not considered a "key" employee within the statutory definition of the law. If you are a "key" employee, you are to discuss reinstatement rights with _____.

Name

FOR THE SCHOOL DISTRICT

RECEIVED BY:

Name

Date

Name

Date

PART A**REQUEST FOR FAMILY MEDICAL LEAVE**

Employee Name: _____ Date of request: _____

School/Building: _____ Position/Title: _____

Hire date: _____

I request a Family Medical Leave for the following reason (check one):

- _____ A. The birth of a child and in order to care for such child or the placement of a child for adoption or foster care.
- _____ B. In order to care for an immediate family member if such family member has a serious health condition.
Circle which family member: CHILD - SPOUSE – PARENT
(Must submit "Physician or Practitioner Certification" within 15 days)
- _____ C. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. (Must submit "Physician or Practitioner Certification" within 15 days)

Methods of Leave Requested

- _____ A. Consecutive Leave
- _____ B. Intermittent or Reduced Leave Schedules (Specify Schedule Below)

Date leave is to begin: _____ Expected duration of leave: _____

12 weeks of FMLA ends: _____

If the duration of my FLMA (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my FMLA should exceed 12 weeks, I will be returned to my same or similar position, only if available, in accordance with applicable laws.

Employee Signature_____
Date

**PHYSICIAN OR PRACTITIONER CERTIFICATION
EMPLOYEE – SERIOUS HEALTH CONDITION
(Family Medical Leave Act of 1993)**

1. Employee Name: _____
2. Diagnosis: _____

3. Date Condition commenced: _____
4. Probable duration of condition: _____
5. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):
 - A. By Physician or Practitioner: _____

 - B. By other provider of health services, if referred by Physician or Practitioner: _____

Check Yes or No in the space below, as appropriate.

6. Yes ____ No ____ Is inpatient hospitalization of the employee required?
7. Yes ____ No ____ Is employee able to perform work of any kind? (If "No" skip Item 9).
8. Yes ____ No ____ Is employee able to perform the functions of employee's position? (Answer after reviewing job description from employer describing essential functions of employee's position, or, if none provided, after discussing with employee).
9. Signature of Physician or Practitioner: _____
10. Date: _____
11. Type of Practice (Field of Specialization, if any): _____