

Zionsville Community Schools

900 Mulberry Street • Zionsville, Indiana 46077
317.873.2858 • www.zcs.k12.in.us



REQUEST FOR LEAVE OF ABSENCE UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

I, _____, hereby request a leave in accordance with the Family and Medical Leave Act (FMLA) of 1993. My leave of absence will begin on ____/____/____ and end on ____/____/____ for the following reason(s):

I intend to return to work on ____/____/____. (First worked day immediately following leave end date)

I understand and agree to the following:

- All requests will be subject to approval based on FMLA eligibility. A determination regarding FMLA eligibility will be made by Human Resources and notification of such will be provided in accordance with federal law.
- My physician may be asked to complete a medical certification form verifying my request for leave.
- I may be required to use my accrued sick leave, personal leave and/or vacation time as part of my leave of absence. Once these benefits are exhausted, the remainder of my leave will be unpaid and subject to the guidelines of FMLA.
- If a leave exceeding an employee's coverage under FMLA or other leave type is approved, the full cost of the insurance premium will be the responsibility of the employee. The full cost takes into consideration the employer subsidy in addition to the employee premium.
- While on leave, I am responsible for the continuation of payment for the employee portion of the health insurance premium if I am a covered member. Failure to pay this premium in a timely manner may result in:
 - Discontinuation of coverage at the option of ZCS OR
 - At the discretion of ZCS, payment will be made on your behalf with the expectation that any such monies will be reimbursed to the employer by the employee except under certain limited circumstances.
- Certified Staff Members Only:
 - I understand it is my responsibility to discuss and plan for any necessary adjustments to my certified evaluation with my primary evaluator. This agreement will be placed in writing, signed by both parties and uploaded to SFS as an artifact.
 - I understand it is my responsibility to familiarize myself with the language in the collective bargaining agreement and the adopted salary agreement between the ZEA and Board of School Trustees as it relates to my leave of absence.
 - It is my responsibility to contact TRF with any questions I may have regarding how an unpaid leave may affect my retirement account. ZCS does not advise on TRF related matters.
(<http://www.in.gov/inprs/files/SF24315.pdf>)
- The option to have a meeting with Human Resources to discuss details of my leave is available and strongly encouraged. (Check one answer below.)

____ Yes, I would like to request a meeting. ____ No, I would not like to request a meeting. ____ I have already attended a meeting.

Position Title and Work Location _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Primary Evaluator Signature (if applicable) _____ Date: _____