



Request for Family and Medical Leave of Absence

Employee's Name

Employee's ID Number

School/Department

Position

Beginning Date of
Requested LeaveExpected Date
of Return

Reason for Request

Unable to perform job functions because of my own serious health condition

Care of (check one) ___ spouse ___ child or ___ parent with serious health condition

Birth of a child

Adoption of a child

Please attach the form *Certification of Health Care Provider for Employee's or Family Member's Serious Health Condition* or *Certification of Qualifying Exigency for Military Family Leave* or *Certification of Serious Injury or Illness of Covered Service Member for Military Family Leave* to this request, which states:

- (1) the date on which the serious health condition commenced;
- (2) the probable duration of the condition; and
- (3) the medical facts within your doctor's knowledge regarding the condition.

If you are requesting leave to care for a child, spouse, or parent with a serious health condition, the certification should provide an estimate of the amount of time that you will be needed to provide such care. If the leave is requested because of your own serious health condition, the certificate must state that you are unable to perform the functions of your job. You may obtain a job description and position supplement form from the Department of Human Resources.

If you are requesting intermittent leave or leave on a reduced schedule for planned medical treatment, you must also provide medical certification stating the dates on which medical treatment is expected to be given and the duration of the treatment.

I certify that I will return to employment with Norfolk Public Schools and that the information provided on this form and the attached certification form are true. I understand that making false statements on this form and the certification form is grounds for disciplinary action, up to and including dismissal, and that if I do not return to employment with Norfolk Public Schools, I must repay Norfolk Public Schools for any health premiums paid on my behalf during my approved Family and Medical Leave.

Signature of Employee

Date

Signature of
Principal/Central
Office Administrator

Notified

Signature of Chief
Human Resources
Officer or Human
Resources Generalist

Eligible

Not Eligible

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 with a covered employer for at least one year and for 1,250 hour over the previous 12 months *and* if there are at least 50 employees within 75 miles.

Reasons for Taking Leave

- 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.

Advance Notice and Medical Certification

The employee may be required to provide advance notice and medical certification. Taking a leave may be denied if the 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 options (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 forms. The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of any 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; and
- 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 and 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, 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.