

LEXINGTON SCHOOL DISTRICT FOUR

FAMILY AND MEDICAL LEAVE ACT (FMLA) REQUEST FORM

The FMLA guarantees eligible employees the right to request up to 12 workweeks of unpaid leave in any 12-month period. **Employees are eligible if they have worked for the district for at least one year and for 1,250 hours over the previous 12 months.** The FMLA leave runs concurrently with accumulated leave.

Employee Name _____ Social Security _____

Address _____ City _____

School/Location _____

_____ To care for the birth, first-year care of a child, adoption or foster placement of a child;

_____ For the serious illness of an employee's spouse, parent or child; or

_____ For the employee's own serious health condition that keeps the employee from performing the essential functions of his/her job.

When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided:

Duration of Leave: Last working day _____ Return date _____

If applicable, the district will maintain the employee's health coverage under the district's group health insurance plans during the period of FMLA leave. The employee must make arrangements with the district to pay the employee's share of insurance premiums prior to the beginning of the FMLA leave. Payment is due by the 10th of each month.

The employee must contact the Personnel Office at least 30 days prior to the requested beginning leave date if foreseeable and submit a FMLA Request Form and medical certification from the attending physician.

Employee's Signature

Date

Supervisor's Signature

Date

Superintendent's Signature or Designee

Date

NOTICE: The State Department of Education grants one year's experience credit for 152 paid days service per school year for 190 day certified employees.