



**COLLEGE PLACE PUBLIC SCHOOLS**

*Administration Office*

107 S.E. 2<sup>nd</sup> Street, College Place, WA 99324

(509) 525-4827 FAX (509) 525-3741

focusing on kids and their learning....

**Family Medical Leave Request**

Employee: \_\_\_\_\_  
(please print)

School/Department: \_\_\_\_\_

\_\_\_\_\_ I have worked at least 1,250 hours with College Place Public Schools in the last 12 months, so therefore, I'm eligible for Family Medical Leave benefits.

I'm requesting Family Medical Leave for the following reason: (check one)

- 1) \_\_\_\_\_ Birth and care of the employee's child, or placement for adoption or foster care of a child with the employee;
- 2) \_\_\_\_\_ Care of an immediate family member (spouse, child, parent) who has a serious health condition; or
- 3) \_\_\_\_\_ Care of the employee's own serious health condition.

For the following dates: \_\_\_\_\_ (give from and to dates)

I have read the Family Medical Leave Information Summary on the back side of this form and I'm aware that it is a brief summary of my rights as an eligible employee, and that I can seek more information from the U.S. Department of Labor's website at: <http://www.dol.gov/esa/whd/fmla/>

I understand that if I'm requesting leave under option 2 or 3 above that I'm required to furnish medical certification within 15 days of this request. If I fail to furnish this information CPPS may delay commencement of the leave until it is received.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<u>Business Office Use Only</u>	
Date Received in the Business Office _____	
Approval: _____ Yes _____ No (if No, then give reason: _____)	
_____) _____	
Approved by: _____	Date: _____
(Superintendent or Business Manager)	
<b>Attach a copy of the notification of determination to employee.</b>	

## **College Place Public Schools Family Medical Leave Summary**

The FMLA provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period to eligible employees for the following reasons:

- Birth and care of the employee's child, or placement for adoption or foster care of a child with the employee;
- Care of an immediate family member (spouse, child, parent) who has a serious health condition; or
- Care of the employee's own serious health condition.

If an employee was receiving group health benefits when leave began, an employer must maintain them at the same level and in the same manner during periods of FMLA leave as if the employee had continued to work. While on paid leave, out-of-pocket expenses will continue to be paid through payroll deduction. If on unpaid leave, the employee is responsible for reimbursing CPPS for their portion of the group health benefits during the period of FMLA leaves.

An employee must exhaust all other accrued paid leave (vacation, sick, personal, etc.) before unpaid FMLA leave is granted.

When the need for leave is foreseeable, an employee must give the employer at least 30 days notice, or as much notice as is practicable. When the leave is not foreseeable, the employee must provide such notice as soon as possible.

An employer may require medical certification of a serious health condition from the employee's health care provider. An employer may also require periodic reports during the period of leave of the employee's status and intent to return to work, as well as "fitness-for-duty" certification upon return to work in appropriate situations.

An employee who returns from FMLA leave is entitled to be restored to the same or an equivalent job (defined as one with equivalent pay, benefits, responsibilities, etc.). The employee is not entitled to accrue benefits during periods of unpaid FMLA leave, but the employer must return him or her to employment with the same benefits at the same levels as existed when leave began.

### **Employee Rights**

The FMLA provides that eligible employees of covered employers have a right to take up to 12 weeks of job-protected leave in any 12-month period for qualifying events without interference or restraint from their employers. The FMLA also gives employees the right to file a complaint with the Wage and Hour Division of the Department of Labor's Employment Standards Administration, file a private lawsuit under the Act (or cause a complaint or lawsuit to be filed), and testify or cooperate in other ways with an investigation or lawsuit without being fired or discriminated against in any other manner.