

**FAMILY MEDICAL LEAVE ACT (FMLA)
APPLICATION
CONCRETE SCHOOL DISTRICT NO. 11**

An eligible employee is anyone who has been employed by the District for at least twelve (12) months and for at least 1,250 hours of service during the twelve (12) months immediately preceding the start of leave.

Date Application Received
By District Office

_____ Employee Name	_____ Application Date
_____ Position of Employee	_____ Hours per Day

FMLA = 60 DAYS FMLA Days converted to Hours: _____

Specific Dates to Be Covered: _____

Total number of Leave Days to be taken: _____

Please indicate dates covered by FMLA within the immediate preceding twelve months

ELIGIBILITY REQUIREMENTS (Check one only)

- | | |
|---|-------|
| A. Birth of Child or Care for Newborn Child | _____ |
| B. Placement of a Child with Employee for Adoption or Foster Care | _____ |
| C. Care for Employee's Spouse, Parent or Child
(Under age of 18 or Age 18 or older and incapable of self-care
because of Mental or Physical Disability) with a Serious Health Condition | _____ |
| D. Employee's own Serious Health Condition that make the employee
unable to perform his or her job | _____ |

If eligibility requirement (A) is indicated above, is spouse also an employee of the District and included with this request for FMLA

_____ YES _____ NO

If spouse is included in this request, please complete the following:

_____ Name of Spouse	_____ Position	_____ Hours per day
FMLA = 60 DAYS	FMLA Days Converted to Hours	_____

Specific Dates to be covered: _____

Please indicate dates spouse covered by FMLA within the immediate preceding twelve months _____

**CONCRETE SCHOOL DISTRICT NO. 11
FAMILY MEDICAL LEAVE ACT (FMLA)
PROCEDURES**

1. Copy of District Policy provided to Applicant _____
Date Sent
2. Applicant to submit application for use of FMLA to Building Principal
with a copy forwarded to the District Office _____
Date Received
3. Applicant to provide District Office with certification from Health Care
Provider of the serious health condition within fifteen (15) calendar _____
days of the Request for Leave (Failure to submit certification will invalidate
request for leave under FMLA) Date Received
4. The District will maintain Group Health Plan Benefits during this period
covered by FMLA, paying the same portion of the premium as it did while
the applicant was at work. The Applicant will be responsible for timely
payment of his or her portion of the premium. Applicant portion of benefit
coverage to be submitted to District Office no later than the 25th of each month.
Failure of the applicant to do so will relieve the District of the employer's obligation
to continue it's contribution for these benefits.
5. Should the employee fail to return from leave, the employee will be required
to reimburse the district within 45 calendar days following the date in which the
employee was scheduled to return to work for all district-paid premiums during the leave.
6. Employee will be required to substitute all accrued Sick Leave, Personal Leave,
applicable Vacation Leave and applicable Family Leave for otherwise
unpaid FMLA Leave.

**CONCRETE SCHOOL DISTRICT NO. 11
FAMILY MEDICAL LEAVE ACT (FMLA)
District Office Use Only**

Date Certification from Health Care Provider Received _____

Available Sick Leave Hours As Of _____

Applicable Available Vacation Leave Hours as Of _____

Available Personal Leave Hours as of _____

Applicable Available Family Leave Hours as of _____

TOTAL LEAVE HOURS AVAILABLE _____

Available FMLA Hours _____

Total Paid Leave Available _____

Remaining Unpaid Days covered by FMLA _____

Number of Days not covered by above Leaves _____

FMLA Start Date _____

FMLA End Date _____

Anticipated Date of Employee's Return to Work _____

Periodic certification from Health Care Provider Dated: _____

Periodic certification from Health Care Provider Dated: _____

Physicians release for employee to return to work Dated: _____

GROUP HEALTH PLAN BENEFITS

	EMPLOYER CONTRIBUTION	EMPLOYEE CONTRIBUTION
MEDICAL	_____	_____
DENTAL	_____	_____
VISION	_____	_____
LTD	_____	_____
LIFE	_____	_____
TOTALS	_____	_____