

SWEETWATER COUNTY SCHOOL DISTRICT NUMBER ONE
Response to Employee Request for Family or Medical Leave

DATE: _____

TO: _____

FROM: _____

SUBJECT: **Request for Family/Medical Leave**

On _____, you notified us of your need to take family/medical leave due to:

- ☐ the birth of a child, or the placement of a child with you for adoption or foster care; or
- ☐ a serious health condition that makes you unable to perform the essential functions of your job; or
- ☐ a serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.
- ☐ for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation
- ☐ a serious injury or illness affecting your ☐ spouse, ☐ child, ☐ parent, ☐ next-of-kin, who is a member of the Armed Services and for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect
 (date)
 leave to continue until on or about _____.
 (date)

Except as explained below, you have a right under the FMLA for up to 12 workweeks (or 26 workweeks if the leave is to care for a spouse, son, daughter, parent, or next of kin of a current member of the Armed Forces, including a member of the National Guard or Reserves with a serious injury or illness) of unpaid leave in a 12 month period for the reasons listed above. Also, your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. you are ☐ eligible ☐ not eligible for leave under the FMLA.
2. The requested leave ☐ will ☐ will not be counted against your annual FMLA leave entitlement.
3. you ☐ are ☐ are not classified as an instructional employee under the FMLA.
 - a. ☐ You are instructional employee requesting intermittent or reduced leave that ☐ does

☐ does not constitute more than twenty percent of your working days; you ☐ will ☐ will not be required to transfer temporarily to a part-time or an alternative position that better accommodates recurring absences.

- b. ☐ You are an instructional employee requesting leave more than five weeks before the end of a term, where the leave will last at least three weeks and you would return to work during the three week period before the end of the term. You ☐ will ☐ will not be required to continue taking leave until the end of the term.
- c. ☐ You are an instructional employee requesting leave for purposes other than your own serious health condition during the five week period before the end of a term, where the leave will last at least two weeks and you would return to work during the two week period before the end of the term. You ☐ will ☐ will not be required to continue taking leave until the end of the term.
- d. ☐ You are an instructional employee requesting leave for purposes other than your own serious health condition during the three-week period before the end of a term.
You ☐ will ☐ will not be required to continue taking leave until the end of the term.

The leave that the District requires you to take under 3.a., 3.b., or 3.c. will not be charged against your FMLA leave entitlement.

4. You ☐ have ☐ have not provided the District with ten days notice of a foreseeable leave. Your FMLA leave ☐ will ☐ will not be delayed until ten days following the date of your request for FMLA leave.
5. You ☐ have ☐ have not furnished medical certification to support your own serious health condition, or to care for a seriously ill child, spouse or parent.

You must furnish certification by _____(insert date) (must be at least 15 days after you are notified of this requirement) or the District may delay the commencement of your leave until the certification is submitted.

- 6 The District will continue to pay the premiums on benefits such as health, life and disability insurance during your FMLA leave to the same extent as paid before commencement of your leave.
7. Benefit entitlements based on length of service will be calculated as of the last paid workday before the start of the unpaid absence.
8. You ☐ are ☐ are not a “key employee” as defined in § 825.218 of the FMLA regulations. If you are a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the District.

The District ☐ has ☐ has not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to the District. (*Explain below. See § 825.219 of the FMLA regulations.*)

9. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on page one of this form, you ☐ will ☐ will not be required to notify the District at least two work days prior to the date you intend to report for work.