



Lake Hamilton School District
Employee Request for Family or Medical Leave

Employee Name: _____
Location: _____ Date: _____
Email Address: _____ Position: _____

I am requesting leave under the Family and Medical Leave Act (FMLA) for the following reason(s):

1. ☐ For the birth and care of my newborn child; or
2. ☐ For the placement of a son or daughter with me for adoption or foster care; or
3. ☐ Because of a serious medical condition that leaves me unable to work; or
4. ☐ To care for my spouse, son, daughter, or parent with a serious medical condition; or
5. ☐ A qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty or has been called to active duty status in support of a contingency operation as a member of the National Guard or Reserves; or
6. ☐ I am the spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness.

Date Requested for leave to begin: ____/____/____ Anticipated return to work date: ____/____/____

Have you taken leave under FMLA in the past 12 months? ☐ Yes ☐ No If yes, when was the leave and how many days involved? _____

Please note: Employees seeking to use FMLA are required to provide 3- days in advance notice of the need to take FMLA leave, when the need is foreseeable and such notice is practicable. Submission of this form constitutes the appropriate notice. If the need for leave is not foreseeable, the employee must provide notice as soon as practicable under the applicable circumstances. Failure to provide notice may be the basis for denial of leave under FMLA.

Notice should be submitted to Kelli Golden in Human Resources, at the Lake Hamilton School District Administration Office

I understand that I have a right under the FMLA for up to 12 weeks of unpaid leave in a 12 month period for reason 1-4 above and up to 26 weeks for reasons 5-6 above. Furthermore, I understand that my health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and that I must be reinstated to the same or an equivalent position with the same pay, benefits and terms of conditions of employment upon my return from leave. If I do not return to work following the FMLA leave for a reason other than continuation, recurrence, or onset of a serious health condition which would entitle me to FMLA leave, or for reasons or circumstances beyond my control, I may be required to reimburse my employer, Lake Hamilton School District, for their share of health insurance premiums paid on my behalf during my FMLA leave.

I also understand that:

1. The requested leave will be counted against my annual FMLA leave entitlement.
2. I may be required to furnish medical certification of a serious health condition no sooner than 15 days after I am notified of this requirement. Failure to provide the requested certification may delay the commencement of my leave until the certification is submitted.
3. I will be required by my employer to substitute accrued paid leave (sick, personal, and vacation) for unpaid FMLA leave to the extent that paid leave has been accumulated or granted under the district policy and shall run concurrently with leave under FMLA.
4. If I normally pay a portion of the premiums for my health insurance, arrangements will need to be made to continue these payments while I am on FMLA. (Please contact Kelli Golden in the Human Resources Office to discuss this in detail. kelli.golden@lhwolves.net or Ext. 711)
5. I may be required to present a Fitness for Duty (fit to return to work) certification form my physician prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until such certification is provided.
6. I may be required to furnish my employer with periodic reports of my status and intent to return to work at specified intervals while on FMLA leave.
7. I may be required to furnish recertification every 30 working days relating to a serious health condition.

Please refer to Lake Hamilton School District policy on FMLA, which can be found on our website at www.lhwolves.net

Employee Signature_____

Date:_____