

# The Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) requires private sector employers of 50 or more employees, and public agencies, to provide up to 12 workweeks of unpaid, job-protected leave for eligible employees for certain specified family and medical reasons; to maintain eligible employees' group health insurance coverage during periods of FMLA leave; and to restore eligible employees to their same or an equivalent position at the conclusion of their FMLA leave.

This program has been developed to assist in the compliance and implementation of FMLA. The following forms have been developed to implement an effective FMLA program with your district.

## I. FMLA Policy & Acknowledgement Form

This policy is to be distributed to all employees to notify them of the district's FMLA policy and procedures. It is recommended that all employees sign the Acknowledgement & Receipt Form. The completed Acknowledgement & Receipt Form should be retained in the employee's personnel file. (This policy may be included in your employee handbook.)

## II. FMLA Poster

This poster is required to be posted by the district along with all of the other employment law posters for employees to view.

## III. Administrative Guidelines

These guidelines have been developed to assist administration and staff involved in administering the FMLA program.

## IV. Request for Leave of Absence Form

This form is to be completed by the employee requesting the leave of absence and submitted to his/her supervisor/manager for approval/disapproval.

## V. FMLA Letter

If an employee has been absent from work for 3 consecutive days, the FMLA letter may be sent to them along with a copy of the FMLA policy and the Leave of Absence Form to begin the process and their reason for leave.

## VI. Notice of Eligibility and Rights & Responsibilities

An employer is required to provide an eligibility notice **within five business days** of being advised by the employee that he/she needs to take FMLA leave or has been made otherwise aware of the employee's need for such leave.

## VII. Designation Notice

Once an employer has sufficient information to determine whether an employee's leave is FMLA qualifying, an employer has **five business days** to provide the employee with a notice stating that the leave has been designated as FMLA qualifying or that additional information is needed in order to determine whether the leave is FMLA qualifying, and setting forth what additional information is needed.

## VIII. Certification Forms

- A. Certification of Health Care Provider for Employee's Serious Health Condition
- B. Certification of Health Care Provider for Family Member's Serious Health Condition
- C. Certification of Qualifying Exigency for Military Family Leave
- D. Certification for Serious Injury or Illness of Covered Servicemember

The certification forms have been developed for employers to have the employee get completed by the health care provider confirming the reason for leave to determine FMLA eligibility.

## IX. FMLA Expiration Letter

This letter along with any required COBRA information may be sent to any employee upon expiration of their 12 weeks of FMLA leave.