LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORKSHEET

Complete this worksheet upon receiving a request for family and medical leave that may qualify under the Family Medial Leave Act. Be sure to note the requirements relating to family and medical leave in the school district's policy/collective bargaining agreement prior to relying on this worksheet as the sole source of the school district's obligations. Also be sure to note the definitions in Regulation 409.3R2.

Section I: Eligible Employee. (Please check all that apply.)

- ____ Covered by a policy/collective bargaining agreement. (*If checked, please move to Section II.*)
- ____ The employee must meet all criteria below to move to Section II.
 - ____ 50 or more employees are on the payroll of or under contract to the school district.
 - ____ Worked 52 weeks in the school district (consecutive or nonconsecutive).
 OR
 - ____ Worked 12 months in the school district (consecutive or nonconsecutive).
 - Worked 1250 hours for the school district in 12 months prior to the request. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hours required.

Section II: Family and Medical Leave Purpose. (One must be checked to move to Section III.)

- ____ Birth and care of newborn prior to first anniversary of child's birth.
- ____ Care of adopted child or foster care child prior to first anniversary of placement.
- Care for serious health condition of spouse, child, child for which employee is "in loco parentis" and for any of these if they are over eighteen and have a disability which prevents the child from caring for himself or herself.
 - ____ Requested medical certification for family and medical leave due to a serious health condition of the spouse, parent or child on <u>(date)</u>.
 - ____ Received medical certification within 15 days of the request on _____(date) ____.
 - ____ Serious health condition of the employee.
 - ____ Requested medical certification for family and medical leave due to a serious health condition of the employee on <u>(date</u>.

____ Received medical certification within 15 days of the request on _____(date) ____.

Other purposes contained in a policy/collective bargaining agreement.

Section III: Timing of Family and Medical Leave Request.

____ Date of family and medical leave request _____ (date) ____

____ Date family and medical leave to begin _____ (date) ____.

____ Provide FMLA leave information to employee at time of request _____(date) ____.

(If one is checked, please move to Section IV.)

- ____ Leave request for foreseeable family and medical leave is 30 days prior to date family and medical leave begins.
- ____ Leave request for foreseeable family and medical leave is in compliance with policy/collective bargaining agreement.
- Leave request for foreseeable family and medical leave was made as soon as practicable, and no later than one business day, prior to date family and medical leave begins.
- ____ Leave request for unforeseeable family and medical leave was made in accordance with the policy/collective bargaining agreement timelines.

Section IV: Calculation of Available Family and Medical Leave.

Beginning date for 12-month entitlement period: (Check the method adopted by the school district.)

- ____ July 1 (fiscal year)
- ____ January 1 (calendar year)
- ____ September 1 (school year)
- ____ First day of rolling forward 12-month entitlement period
- ____ First day of rolling backward 12-month entitlement period
- ____ Collective bargaining agreement year
- ____ Other

Total family and medical leave for the 12-month entitlement period	12 weeks
Leave taken to date in the entitlement period	<u>-</u>
Leave available for the entitlement period	

Section V: Types of Family and Medical Leave. (Please check all that apply.)

- ____ Continuous leave for purposes listed in Section II.
- ____ Intermittent leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.
- ____ Reduced work schedule leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.
- ____ Intermittent leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- ____ Reduced work schedule leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- ____ Others contained in a policy/collective bargaining agreement. (Please specify.)

Section VI: Instructional Employee Intermittent or Reduced Schedule Leave.

- ____ A policy/collective bargaining agreement extends this rule to non-instructional employees.
- ____ A policy/collective bargaining agreement eliminates this rule for instructional employees.
- ____ Instructional employees' intermittent or reduced schedule leave for greater than 20 percent of the workdays in the family and medical leave period.

Total number of days during leave period

X .20

20 percent of leave days Days of leave requested

Section VII: Instructional Employees Family and Medical Leave Special Rules.

- ____ Instructional employee.
- ____ A policy/collective bargaining agreement extends one or all of these rules to non-instructional employees.
- ____ A policy/collective bargaining agreement eliminates one or all of these rules for instructional employees.

The school district can require the employee to remain on family and medical leave until end of the semester if each of the following apply:

- ____ Leave begins prior to five weeks before end of semester;
- ____ Leave is for three weeks or more; **and**
- ____ Employee will return during last three weeks of semester.

Last workday of the semester Date of fifth week before end of the semester Date of third week before end of the semester	
Date of requested leave Length of requested leave Date of return from leave	

- The school district can require the employee to remain on family and medical leave for purpose other than an employee's serious health condition until the end of the semester if each of the following apply:
 - Leave begins during last three weeks before end of the semester; and
 Leave is greater than five working days.

Last work day of the semester Date of third week before end of the semester

Date of requested leave Length of requested leave

Section VIII: Paid or Unpaid Family and Medical Leave.

- Provide employee notice whether the family and medical leave is paid or unpaid leave after completing the work sheet in accordance with the policy/collective bargaining agreement.
- Policy/collective bargaining agreement allows substitution of paid leave for family and medical leave.
- ____ Family and medical leave is unpaid leave.

Section IX: Employee Progress Report.

- Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave (*Please specify*).
- ____ Requested medical recertification for family nad medical leave due to a serious health condition of the spouse, parent or child on <u>(date)</u>.

____ Received medical recertification within 15 days of the request on ____(date) ___.

Section X: Employee Benefits During Family and Medical Leave.

The employee's health insurance coverage must be continued during the period of family and medical leave. The school district may choose to continue other employee benefits to ensure their restoration along with the health insurance upon the employee's return to work. The employee will pay the employee's share of health insurance and other benefits during the leave period.

- Arrangements have been made with the employee to continue the employee's share of health insurance premiums while on family and medical leave:
 - ____ From monies due to the employee
 - ____ By the first of each month from the employee
 - ____ Other (please specify) _____
- Arrangements have been made with the employee to continue the employee's share of the employee's other benefits while on family and medical leave:
 - ____ From monies due to the employee
 - ____ By the first of each month from the employee
 - ____ Other (please specify) _____
- ____ The employee has chosen to discontinue all employee benefits while on family and medical leave.
- Employees who fail to provide payment of the employee's share of benefits premium during the period of family and medical leave have 15 days following notice to pay the employee's share.
- ____ Employees who fail to pay within 15 days after receiving notice of payment due may have employee benefits discontinued.
- The school district will deduct unpaid employee portion of benefits from monies due to the employee upon return to work, and the employee has signed a written statement authorizing the deduction.
- ____ The school district will seek recovery of unpaid employee portion of benefits through small claims court or other appropriate recovery process.
- ____ The school district may discontinue the employee's benefits upon receipt of written notice of the employee's intent not to return to work.

Section XI: Key Employees.

Salaried employees among the highest paid ten percent of a school district's employees are considered key employees of the school district.

Year-to-date earnings for employee Total weeks of work and paid leave Highest pay for employee



- Provide notice to key employees stating they are a key employee and they may not be reinstated at end of the family and medical leave period if substantial and grievous economic injury exists.
- Compile data to justify substantial and grievous economic injury. Substantial and grievous economic injury does not include minor inconvenience and costs typical to the normal operation of the school district.
- ____ The key employee is entitled to benefits during the family and medical leave in the same manner as other employees.

Section XII: Employee's Return to Work.

- ____ Employee is fully restored the same or an equivalent positions with:
 - ____ Pay and benefits
 - ____ Health insurance
 - ____ Life insurance
 - ____ Other benefits or requirements in a policy/collective bargaining agreement