

Leave Request Form

Employee Name: _____

Employee Home Phone: _____ Employee Cell Phone: _____

Site: _____

Supervisor/Principal Name: _____

Leave start date* _____ Anticipated End Date* _____

*Please enter these dates to the best of your knowledge. It is understood that some leaves may take more or less time than originally stated. Leave request forms submitted without an anticipated start and/or end date may cause delays in processing the requested leave. For intermittent leave, please indicate the date range you are applying for leave protections to be effective, up to one year

I would like to request a leave of absence for the following reason:

- ☐ Health and Hardship/FMLA (Family and Medical Leave Act)
- ☐ INTERMITTENT Leave time
 - ☐ Serious medical condition for myself
 - ☐ Provide care for a serious health condition for my spouse, child, or parent
 - ☐ Birth, adoption, or placement for foster care
 - ☐ Other (please list purpose for this leave) _____

☐ Study/Travel – list the exact purpose for this leave _____

☐ Military Leave – a copy of your orders is required

☐ Political - list the exact purpose for this leave _____

I wish to use the following paid time (based on the type of leave and leave policy):

- sick leave may only be used if the leave is for health issues or bereavement
- **If approved for FMLA, you will be required to use all available paid leave**
- If you are approved for short-term disability, your paid leave will stop once short-term disability benefits begin

- ☐ No paid leave time
- ☐ All available paid leave time
- ☐ Only my Sick Leave
 - ☐ Only my Personal Leave
 - ☐ Only my Vacation time

By signing below, I confirm I have received "Employee Rights and Responsibilities under FMLA" and Amphitheater's "Leave of Absence Overview" documents.

Employee Signature: _____ Date: _____

Administrator approval required all leave of absence requests

☐ Approved by: _____ Name/Title: _____

Supervisor/Principal

Date Approved: _____

LEAVE OF ABSENCE OVERVIEW

Overview

With Governing Board approval, employees are allowed to take leaves from District employment for up to one year, every three years. Leave may be granted for reasons related to health and hardship, study/travel, FMLA (Family Medical and Leave Act), military or political office. **An employee's supervisor must approve all leaves.** Proof of the need for leave (such as a medical certification) may be required. Certain conditions and restrictions apply to each form of leave. **Among these restrictions is the stipulation that an employee on leave cannot hold other employment during the leave without Governing Board approval.** Leaves of absence may not exceed one year.

Benefit Continuation and District Contributions

The District's contributions toward group insurance benefits of an employee on unpaid leave stop on the last day of the month in which the employee's unpaid leave begins, unless any of the leave time is qualified under the Family and Medical Leave Act. The determination as to whether an employee's leave qualifies under the Family and Medical Leave Act is made by the Benefits Department.

When the District's contributions toward insurance premium costs stop, an employee on unpaid leave has the right under federal COBRA laws to continue medical, dental and/or vision insurance coverage by assuming all premium costs. Continuation under COBRA, up to 18 months, will be mailed to your from our COBRA provider.

The District also allows an employee on unpaid leave the right to continue his/her District life insurance coverage by assuming all premium costs. Continued life insurance coverage is available during the leave period only. If the employee terminates District employment at the end of the leave, continuation of group term life insurance is not available, but the employee does retain the right to purchase life insurance directly from the insurance provider by converting the group coverage to an individual policy, if done with 30 days of termination.

If the employee elects NOT to continue one or more group insurance benefits when the District contribution toward premium costs stops, the coverage is terminated on the last day of the month in which District contributions stop.

The Employee Benefits Department will provide you with information concerning payment procedures if a balance is owed for the insurance you have had in place.

Return To Work

In order to return from a medical leave, clearance from your doctor is required. Upon returning from leave status to active employee status, the employee may re-enroll in group insurance benefits, with the District's contribution toward premium costs resuming at that time. Benefits will be effective on the first day of the month following the date of return, provided the election is completed within 30 days of return.

When an employee is granted a leave of absence, all rights provided under law and by the District's policies and regulations (such as retirement rights, accrued leave with pay, and previously earned salary increments) are preserved and are available to the employee after the leave is terminated and upon reinstatement to District employment, subject to the provisions of District policy.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

