



Faculty Request for FMLA (Family Medical Leave Act) Leave

Employee Name: _____ Date of Request: _____

Job Title: _____ Employee K# : _____

Department: _____ Supervisor Name: _____

In order to be eligible for FMLA leave, the employee must have been employed by the District for at least 12 months prior to the leave. During that period, the employee must have worked at least 1,250 hours.

Faculty can take up to 16 weeks of family leave. This is unpaid leave, however, compensation may be paid through sick leave accrual or banked Teaching Load Units. To remain in paid status, faculty can opt to use up to 15 banked Teaching Load Units for up to 16 weeks (one semester) of family leave. If faculty member is or becomes disabled, he/she can use accrued sick leave for the period of his/her disability (Faculty Association Bargaining Agreement Article 3.9.3).

If you wish to be paid while on FMLA, please specify sick leave or banked TLU's here _____

I request a Family/Medical leave for the following reason (check one):

- ___ A. The birth of a child and/or in order to care for such child.
___ B. The placement of a child for adoption or foster care.
___ C. In order to care for an immediate family member* because such family member has a serious health condition. (check one):

* Immediate family members include:
___ CHILD ___ SPOUSE ___ PARENT ___ DOMESTIC PARTNER

(Must submit "Physician Letter")

- ___ D. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. The definition of a "serious health condition" under FMLA is attached.

(Must submit "Physician Letter")

- ___ Consecutive Leave
___ Intermittent Leave Schedule (Specify schedule): _____

Begin Date: _____ Expected duration of leave: _____

If the employee participates in the District benefits, he/she will be responsible for payment directly to Payroll for the out-of-pocket premium. The district will continue to contribute to the employee's health benefit allocation during this time.

Employee Signature

Date

Human Resources Review/Approval Signature

Date

Cc: Payroll