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 service member’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 service member with a serious injury or illness.

An eligible 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

For additional information or to file a complaint:

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

WH1420 REV 04/16
REQUEST FOR LEAVE OF ABSENCE
UNDER THE
FAMILY AND MEDICAL LEAVE ACT (FMLA)
Cascade School District #228

- For the birth, adoption or placement of a child
- To care for a spouse, minor, or incompetent child, or parent who has a serious health condition; or
- To handle the employee’s own serious health condition that makes him or her unable to work. *see below for definition of serious health condition

The employee requesting FMLA leave must provide a minimum of 30 days advance notice when the leave is foreseeable. “Serious health condition” is defined as an illness, injury, impairment or condition that involves: Hospital care; absence from work, plus continuing treatment; pregnancy; treatment for a chronic condition; permanent long-term supervision; or multiple treatments.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION:</td>
<td>Building/Dept.</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

This form is to provide notice to the Cascade School District that I need to be absent from duty for more than three (3) days for the reason(s) listed below and the estimated time periods noted below:

<table>
<thead>
<tr>
<th>REASON:</th>
<th>From first day</th>
<th>To last day</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption/Foster Care</td>
<td></td>
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<tr>
<td>Childbirth</td>
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<tr>
<td>Personal Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Health Condition of family member</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I expect to return to duty on: ________________________

Day of Week ________________________ Date ________________________

Employee Signature ________________________ Date ________________________

Page 1 of 2
Additional information should be provided below at the earliest possible date.
Verification of the related condition must be completed by a physician or medical care provider.

Adoption: A child (was/will be) adopted or placed on _____________ (date). Submit a copy of the adoption papers. Adoption leave is available during a period of one year following the date of adoption.

Childbirth: The birth of a child is expected on _____________ (date). Submit a physician or medical care provider verification.

Child Care: The employee may begin the leave on the “certified date to resume normal duties” in the event of childbirth or at any time prior to the baby’s achieving the age of one year. Submit a copy of a physician or medical care provider verification if the mother works for Cascade School Dist. Submit a birth certificate if this leave is requested by the father (and the mother does not work for the District).

Personal Disability: Submit a physician or medical care provider verification. This should be completed no later than the fourth day of absence of the employee.

Sick Family: Submit a physician or medical care provider verification. This should be completed no later than the fourth day of absence of the employee. The following information should also be provided.

Relationship of family member to employee (check one):
Child ______ Name of Family Member: __________________________
Parent ______ Address: __________________________
Spouse ______ Telephone: __________________________

Authorization for Anticipated Leave

This request for leave of absence is tentatively approved as per the dates noted above. Final approval is subject to receipt of appropriate medical certification from a health care provider or other required documentation.

Principal (Supervisor) Recommendation __________________________ Date

Superintendent Approval __________________________ Date

Page 2 of 2