

FAMILY AND MEDICAL LEAVE APPLICATION

Employee's Name _____ Date _____

Employee # _____ Job Title _____

Immediate Supervisor _____ Location _____

TYPE OF LEAVE: (check one)	
<input type="checkbox"/> Family	<input type="checkbox"/> Medical
Leave Start Date _____	End Date _____

Have you taken a Family/Medical Leave within the last 12 months?

- Yes No

This Family/Medical Leave is for:

- Birth/Adoption/Foster Care of a Child
- Serious Health Condition of Employee
- Serious Health Condition of Family Member
 - Child Spouse Parent

Will you be using any accrued basic leave allowance during this leave? Yes No

Will you be using any accrued vacation time during this leave? Yes No

Will this leave be taken in an intermittent/reduced schedule? Yes No

I understand that my insurance benefits will be continued during my leave provided I continue paying the employee portion of the premium. If insurance premium is not deducted from my paycheck, it is due by the first of each month. If payment is not made within 30 days of the first of the month, I understand that my benefits may be discontinued.

I understand that when my 12 weeks of family medical leave ends I will be responsible for the entire premium for all months until such time that I return to work. (This includes the summer months for school term employees when their 12 weeks of leave expires prior to the end of the school term.)

I understand ISD 273 will return me to the same or an equivalent position on return from leave. However, I will not be eligible for reinstatement if a workforce reduction or layoff occurs while I am on leave and I would have been affected had I been working full-time or part-time.

Leave for the serious health condition of the employee or the covered family member requires medical certification, completed by medically disabled individual's physician, (1) before the leave begins, or as soon as practical, (2) while on leave to recertify medical need, as necessary, and (3) authorizing return to work for employee's own illness to determine fitness for duty.

Employee's Signature _____

Human Resources Approval _____ Date _____

FAMILY MEDICAL LEAVE ACT

Edina Public Schools

Definition. **Family leave** is for birth of employee's child; or for placement of a child with employee for adoption or foster care. **Medical leave** is available when employee is needed to care for a child, spouse, or parent who has a serious health condition or when employee is unable to perform the functions of his or her position because of a serious health condition.

Length of Leave. Eligible employees are entitled up to a total of 12 work weeks per year of Family and/or Medical leave. Any Family or Medical leave taken is counted against this total. The 12-month period is measured forward from the date that an employee's first Federal Leave begins. An employee is entitled to 12 weeks of leave during the year beginning on the first date Federal Leave is taken; the next 12-month period begins the first time leave is taken after completion of any previous 12-month period.

Relationship to paid leave.

- a. Accrued vacation or personal business leave may be used during any part of Family or Medical leave.
- b. Accrued basic leave may be used in accordance with existing contracts and policies during any part of Medical leave for employee's own serious health needs.
- c. If eligible, paid disability leave because of employee's illness or disability may be used during any portion of Medical leave.
- d. If ill or disabled before leave commences, accrued sick leave may be used to the extent it is available

Health Care Coverage. During Family or Medical leave the District will pay its share of the health care coverage it provides as defined under Terms and Conditions of Employment. Employees are required to pay their portion to maintain coverage. Checks payable to ISD 273 are due to the District's employee insurance specialist the first of each month.

If employee fails to return to work after leave ends, he/she may be required to reimburse the portion of the health care premium which District paid during the leave. This repayment applies unless employee is unable to return to work for reason beyond their control or because of employee's own serious health condition or a serious health condition of a spouse, parent, or child.

Medical Certification. If Medical leave is taken for employee's own serious health condition or to care for a serious health condition of a child, spouse, or parent, the district requires certification from a health care provider. The initial certification will be due 15 calendar days after the request for Medical leave. If certification is not provided as required, leave may be denied until it is provided.

In its discretion, District may require a second medical opinion. This will be at District's expense. If the medical opinion sought by District differs from the certification from employee's physician, the District may, at its own expense, require the opinion of a third health care provider chosen by employee and the District. The third opinion will be binding.

Fitness for duty certificate. If Medical leave is taken because of an employee's own serious health condition, the District may require certification from employee's health care provider stating that he/she may return to duty, before actually returning to work. If certification is required, employees will not be reinstated to their position until certification is submitted.

Restoration for key employees. The highest paid 10% of employees of the District are considered "key employees." Key employees may be denied restoration if District determines that it would cause substantial and grievous economic injury to the operations of the district. Employees will be notified in writing if this is the case and advised of their rights concerning health care coverage and any related issues.

Additional information. Further questions about employee rights and responsibilities may be addressed by contacting the Human Resources Department.