Three Rivers School District

Code: GCBDA/GDBDA-AR(2)
Revised/Reviewed: 11/17/08; 7/21/15; 11/17/21
Orig. Code: GCBDA/GDBDA-AR(2)

Request for Family and Medical Leave

PLEASE PRINT

Where the need for the leave may be anticipated, written request for family and medical leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in either the leave being postponed or the amount of leave available reduced up to three weeks.

Name _____ Effective date of the leave _____

Department _____ Title _____

Status: ☐ Full-time ☐ Part-time ☐ Temporary

Hire date _____ Length of service _____

Have you taken a family leave in the past 12 months? ☐ Yes ☐ No

If yes, how many work days? _____ Reason for leave _____

I request family or medical leave for one or more of the following reasons:[1]

1. ☐ Because of the birth of my child and to care for him or her. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

   Expected date of birth _____ Actual date of birth _____
   Leave to start _____ Expected return date _____

2. ☐ Because of the placement of a child with me for adoption or foster care. (District: Use GCBDA/GDBDA-AR(3)(A) Certification Form)

   Age of child _____ Date of placement _____
   Leave to start _____ Expected return date _____

3. ☐ To care for a family member[2] with a serious health condition. (District: Use GCBDA/GDBDA-AR(3)(B) Certification Form)

   Leave to start _____ Expected return date _____

[1] A physician's certification may be required to support a request for family and medical leave. In addition, a fitness-for-duty certification may be required before reinstatement following the leave.

[2] "Family member," for purposes of FMLA and OFLA leave, means the spouse, custodial parent, noncustodial parent, adoptive parent, stepparent or foster parent, biological parent, child of the employee (biological, adopted, foster or step child, a legal ward or child of the employee standing in loco parentis) or a person with whom the employee is or was in a relationship of "in loco parentis." Additionally, when defining "family member" under OFLA (but not FMLA leave), the definition includes a grandparent, grandchild, parents-in-law or the parents of the employee's registered domestic partner.

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Please check one: ☐ Spouse[3] ☐ Child ☐ Parent ☐ Individual who was in *loco parentis* when the employee was a child ☐ Parent-in-law or the parent of the employee's registered domestic partner (OFLA leave only) ☐ Custodial parent ☐ Noncustodial parent ☐ Adoptive parent ☐ Stepparent ☐ Foster parent ☐ Grandparent (OFLA leave only) ☐ Grandchild (OFLA leave only).

Please state name and address of relation:
Name _____ Address _____

Does the condition render the family member unable to perform daily activities? _____
_____

4. ☐ Sick child leave due to the closure of a child's school or child care provider.

5. ☐ For a serious health condition which prevents me from performing my job functions. (District: Use GCBDA/ GDBDA-AR(3)(A) Certification Form)

   Describe _____

   Leave to start _____ Expected return date _____

   Regarding 3 or 4 above, request intermittent (reduced workday hours) or reduced leave (fewer workdays each workweek) schedule or alternate duty (if applicable, subject to employer's approval). Please describe schedule of when you anticipate you will be unavailable to work: _____
   _____

6. ☐ To care for a child with a condition requiring home care which does not meet the definition of serious health condition and is not life threatening or terminal (OFLA leave only).

7. ☐ A qualifying exigency arising from an employee's spouse, son, daughter, or parent who is a covered servicemember as defined in GCBDA/GDBDA-AR(1), or leave for the spouse per each deployment of the spouse when the spouse has either been notified of an impending call to active duty, has been ordered to active duty, or has been deployed or on leave from deployment. (District: Use GCBDA/GDBDA-AR(3)(C) Certification Form)

8. ☐ To care for a spouse, son, daughter, parent, or next of kin[4] who is a covered servicemember with a serious illness or injury incurred in the line of duty or active duty in the armed forces. Has leave been taken for the same servicemember and the same injury? ☐ Yes ☐ No (District: Use GCBDA/GDBDA-AR(3)(D) Certification Form) If yes, when was the leave taken and for how many work days? _____

9. ☐ For the death of a family member (OFLA only).

I understand that the district requires me to use any available accrued sick leave, vacation, personal leave days or other available paid time established by Board policy(ies) and/or collective bargaining agreement in the order specified by the district and before taking leave without pay during the leave period.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment. A fitness-for-duty certification may be required.

[3] "Spouse" means individuals in a marriage including "common law" marriage and same-sex marriage. For OFLA, spouse also includes same-sex individuals with a Certificate of Registered Domestic Partnership.

[4] "Next of kin" means the nearest blood relative of the eligible employee.

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I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state and/or federal law.

I have been provided a copy of the district's family and medical leave policy and a copy of my rights and responsibilities under the Family Medical Leave Act leave request form.

Signature of Employee:_____ Date: _____

DELETE