

**Employee Notice of Requirement for
Family Medical Leave Act
400.26 Family and Medical Leave Act**



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This leave entitles eligible employees to take job-protected, unpaid leave, or to substitute appropriate paid leave, (if the employee has earned or accrued it) for up to a total of 12-work weeks per school year for qualified medical events. This form serves as notice of probable need for a FMLA leave. This notice should be filed by the employee. However, under special circumstances this notice can be given by the Principal or Director of the listed employee.

Name: _____ Date: _____
Home Address: _____ Home Phone #:(____) _____ Cell Phone#:(____) _____
City, State, Zip: _____ E-mail Address : _____
School/Place of Work: _____ Assignment/Job Title: _____

(1/2 time employees and employees with non-traditional work hours must provide a calendar listing the days and hours they are scheduled to work).

Reason for requesting leave: _____

Date leave will begin: _____ Last working date before leave will begin: _____
Date leave will end: _____ Number of weeks requested: _____ Expected Return Date: _____

Please select the reason for requesting FMLA leave:

- ___ For the birth of a child, or placement of a child with the employee for adoption or foster care;
- ___ Because the employee is needed to care for a spouse ___, child ___, parent ___ due to a serious health condition;
- ___ Because of the employee's own serious health condition which makes the employee unable to perform the functions of his or her job;
- ___ Because of any qualifying exigency arising out of the fact that the employees spouse ___, son/daughter ___, parent ___ is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support t of a contingency operation.
- ___ Because the employee is needed to care for a covered service member with a serious injury or illness. (maximum of 26 combined weeks of FMLA leave allowable).

Important information regarding FMLA leave

- 1. To be eligible for FMLA leave, the employee must have been employed for at least 12 months (not continuous) by the District and worked for a minimum of 1,250 hours during the 12-month period immediately preceding the commencement of leave. The maximum amount of FMLA allowable is 12 workweeks in one school year, (26 work weeks if leave is taken to care for a service member with a serious injury or illness)**
- 2. Canyons School District requires the use of accrued sick, family, personal and vacation leave days, as applicable (see current leave policies for limitations) prior to FMLA leave without pay. The exact number of paid and unpaid days will be determined by Human Resources according to existing leave day balances at the time of the absence, details provided by the employee, and in accordance with District policies. The employee is responsible to verify paid days with the Human Resource Department.**
- 3. Medical Certification will be required within 15 days from this notice verifying the serious health condition of the employee, spouse, son, daughter, or parent. If medical certification is not received within the 15 days, FMLA may be delayed or denied.**
- 4. A 30 day notice is required when the leave is “foreseeable”. If a 30 day notice is not given, and the leave is foreseeable, the District can delay or deny the FMLA leave.**
- 5. If an employee remains on leave without pay beyond any accrued leave days allowable, the District will continue to pay its portion of the healthcare premium. During FMLA leave, the employee is responsible to continue to pay their portion of the healthcare premium plus the full premium amount(s) for any additional insurance plans they participate in.**
- 6. Employees must report periodically to their supervisor regarding the status of medical condition. Employees are required to adhere to all attendance policies and call-in procedures.**
- 7. At the end of the FMLA leave, the District will restore an employee to their original or an equivalent position with equivalent pay, benefits, and other employment terms. The District will make a determination as to whether the position is an equivalent position.**
- 8. All correspondence will be sent to the employee’s email address listed above. If you do not have an email address, please indicate that you will need a copy mailed to you by initialing here ____.**
- 9. Employees are responsible to enter their own time off into the Skyward system.**

By typing my name below I verify I have read and understand the above information about the Family and Medical Leave Act, 400.26.

Electronic signature

Date