



Salem-Keizer Public Schools FAMILY MEDICAL LEAVE APPLICATION

 Classified

 Licensed

 Administrator/Confidential

To be completed by employee. Please type or print.

 Original Request (first request)

 Change/Extension of original request

1. Name of Employee: _____ SSN or MUNIS ID _____

2. Employee Address: _____ Phone No. _____
street/POB city zip

3. Reason for requested Family Medical Leave:

a. Care for: (Parental Leave)

- Newborn. Date birth is due _____
- Taking custody of an adopted child. Date of birth _____ Physical Custody Date: _____
- Taking custody of a foster child. Date of birth _____ Physical Custody Date: _____
- Will your spouse take leave time for care of the same child? Yes No
- If yes, does your spouse work for District 24J? Yes No
- Spouses name and work location: _____
- Dates of spouses' requested leave: from _____ to _____.

b. Care for spouse, child, parent, parent-in-law or same-sex domestic partner with a serious health condition.

Please check the one that applies to this leave:

Spouse Child Parent Parent-in-Law Same-Sex Domestic Partner Grandparent/Grandchild

State name and address of this relation:

Name: _____
 Address: _____

c. Care for my own serious health condition, which prevents me from performing my job functions.
 (Medical Leave)

d. Care for child with a non-serious illness or injury requiring home care. (Sick Child Leave)

e. Military Leave Exigency Leave Military Caregiver Lv Spouse Son Daughter Parent Next of Kin

4. Date on which you wish to begin your leave: _____ Date of anticipated return to work: _____

5. Are you requesting leave on an intermittent (not continuous) or reduced leave (fewer workdays each workweek) schedule? Yes (please attach schedule so we are aware of when are are unavailable to work)
 No

6. School or department _____

Paid Leave: Use Sick Leave Vacation Family Illness Comp Time Other _____ Unpaid Leave

I have been provided a copy of Salem-Keizer Public Schools Family Medical Leave information sheet and understand that I must complete and return all requested paperwork regarding this request for Family Medical Leave, including the Medical Certification by Physician or Practitioner form within 15 calendar days.

I authorize Salem- Keizer Public Schools to contact my health care provider(s) should any additional information or clarification be required for this leave request.

I understand that I may not be permitted to resume my position at Salem Keizer School District until I provide a completed Medical Release to Return to Work form.

I agree that while I am on leave, I will continue to pay my share of health insurance premiums, if applicable, unless I elect to discontinue coverage. I agree that if I fail to return at the end of the leave period, I will reimburse Salem Keizer School District for the cost of District provided health benefits during my unpaid leave. However, if I am unable to return because of the continuation, recurrence or onset of a serious health condition or because of other circumstances beyond my control, this provision may not apply.

I understand that if I do not return to work at the end of my approved leave time, Salem-Keizer Public Schools may terminate my employment.

Signed _____

Dated _____

Approved _____

Dated _____

<p style="text-align: center;"><u>Parental Leave</u> Birth, Adoption or Placement of Foster Child Cannot be intermittent or reduced schedule.</p>	<p style="text-align: center;"><u>Sick Child</u> (Non-serious health condition) Can be intermittent or reduced schedule.</p>
<ol style="list-style-type: none"> 1. Employee notifies supervisor and HR of need for leave. 2. HR sends employee the FMLA packet 3. Employee returns application for leave and completed Medical Certification to HR within 15 days. 4. HR sends employee the Designation of Leave letter. 5. HR reviews application and notifies supervisor to begin the 10W and substitute coverage processes. 6. HR enters leave information into system. 7. Employee takes the leave. 8. Employee has Dr. complete Return to work form and gives to HR at least 2 days prior to returning to work. HR enters return date into system. 9. Employee Returns to work <p><i>Note: Males or females who use a full 12 weeks of parental leave may use up to 12 additional weeks in the same year for sick child leave. Please be aware that you have a total of 5 days if you are Licensed and 3 days if you are classified, paid leave for a sick family member per fiscal year.</i></p> <p><i>Under limited circumstances, a female employee could potentially qualify for 36 weeks of unpaid leave during one year: 12 weeks OFLA pregnancy disability, 12 weeks OFLA/FMLA parental leave and 12 weeks OFLA sick child leave.</i></p>	<ol style="list-style-type: none"> 1. Employee takes leave, staying home with a sick child. 2. Supervisor inquires regarding illness/injury. 3. If sounds serious, supervisor follows instructions for Serious Health Condition-Spouse, Parent, Child. (FMLA) 4. If sounds non-serious, supervisor notifies HR to send the employee the FMLA/OFLA packet and Designation of Leave designating OFLA only. <i>(Note: Medical certification can only be sought after the third occurrence.)</i> 5. Employee returns completed paperwork to HR. 6. HR enters leave into the system. 7. Employee takes the leave. 8. Employee Returns to work <p><i>Note: Please be aware that you have a total of 5 days if you are Licensed, and 3 days if you are Classified, paid leave for a sick family member per fiscal year.</i></p> <p>Effective January 1, 2008, Employees will use their family illness days first, followed by vacation hours (if applicable) then their sick leave provisions.</p>
<p style="text-align: center;"><u>Serious Health Condition</u> Employee Can be intermittent or reduced schedule.</p>	<p style="text-align: center;"><u>Serious Health Condition</u> Spouse, Parent, Child Can be intermittent or reduced schedule.</p>
<ol style="list-style-type: none"> 1. Employee notifies supervisor and HR of need for leave. 2. HR sends employee the FMLA packet. 3. Employee returns the completed Request and Medical Certification within 15 days. 4. HR reviews application and notifies supervisor to begin the 10W and substitute coverage processes. 5. HR sends employee Designation of Leave letter. 6. HR enters leave dates into system. 7. Employee takes leave. 8. Employee brings HR the Medical Release to return to work at least 2 days prior to return date. HR notifies supervisor and area office of the return date. 9. HR enters return information into system. 10. Employee returns to work. <p><i>Note: If the employee needs to change their leave start or end date, they must contact the HR Leave coordinator to request a change form.</i></p>	<ol style="list-style-type: none"> 1. Employee notifies supervisor and HR of need for leave. 2. HR sends employee the FMLA packet. 3. Employee returns the completed Request and Medical Certification within 15 days. 4. HR reviews application and notifies supervisor to begin the 10W and substitute coverage processes. 5. HR sends employee Designation of Leave letter. 6. HR enters leave dates into system. 7. Employee takes leave. 8. HR enters return information into system. 9. Employee returns to work. <p><i>Note: Please be aware that you have a total of 5 days if you are Licensed, and 3 days if you are classified, paid leave for a sick family member per fiscal year</i></p>

<p align="center"><u>Serious Health Condition</u> Parent-in-Law, Same Sex Domestic Partner Can be intermittent or reduced schedule.</p>	<p align="center"><u>Pregnancy Disability</u> Can be intermittent or reduced schedule. Can be pre- and/or post-birth</p>
<ol style="list-style-type: none"> 1. Employee notifies supervisor and HR of need for leave. 2. HR gives employee the FMLA employee packet. 3. Employee returns Request and Medical Certification within 15 days. 4. HR gives employee Designation of Leave, designating OFLA only. 5. HR enters dates into the system. 6. Employee takes leave. 7. Employee notifies HR they are returning at least 2 days prior to return date. 8. HR enters date into system. 9. Employee returns to work. <p><i>Note: Please be aware that you have a total of 5 days paid leave for a sick family member per fiscal year.</i></p>	<ol style="list-style-type: none"> 1. Employee notifies supervisor and HR of need for leave. 2. HR gives employee the FMLA employee packet. 3. Employee returns Request and Medical Certification within 15 days. 4. HR gives employee Designation of Leave, designating OFLA only. 5. HR enters dates into the system. 6. Employee takes leave. 7. Employee brings HR the Medical Release at least 2 days prior to return date. See note below. 8. HR enters date into system. 9. Employee returns to work. <p><i>(Note: A female who takes leave for a pregnancy-related disability, including routine pre-natal care, may take up to an additional 12 weeks for any other qualifying purpose. Leave switches from pregnancy disability to parental leave upon medical release from the health care provider.)</i></p>

NOTE: For unanticipated situations, Human Resources will give or send the employee packet to the employee immediately upon their knowledge of the situation, along with the Provisional Designation of Leave. Once Human Resources receives the Request and Medical Certification, Human Resources will provide the employee with a Designation of Leave.

As authorized under the federal Family Medical Leave Act, Salem-Keizer Public Schools designates leaves based on qualifying conditions, regardless of whether the employee has leave accruals to cover the absence or whether the employee requests family medical leave.

I realize a change or extension of my leave may result in a change to my insurance benefits. I will contact the Benefits Office at 503-399-5556, with any questions and concerns, as it may be necessary to re-enroll when I return from leave if there has been a break in my benefit coverage.

No procedure can cover every possible situation, especially in the area of Family Medical Leave. If you have questions or need assistance, contact the Human Resource's Leave Coordinator, Carolyn Tiecke at 503-399-3061 ext: 2011.