

HR Department Date Stamp Received

For Official Office Use Only



# FMLA Application

Granite School District

Employee ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Current Position and Location: \_\_\_\_\_

Date of This FMLA Application: \_\_\_\_\_  
(30 days advance notice required if leave is foreseeable)

Last Day I Will Actually Work: \_\_\_\_\_

Amount of Accrued Leave Available As of My Last Day Worked: \_\_\_\_\_ Sick Leave  
\_\_\_\_\_ Personal/Vacation Leave

Requested Date of FMLA Leave to Begin: \_\_\_\_\_

Requested Leave Under FMLA:  1 week  2 weeks  3 weeks  4 weeks  5 weeks  6 weeks  
 7 weeks  8 weeks  9 weeks  10 weeks  11 weeks  12 weeks  
 Other \_\_\_\_\_

Date of Expected of Return From FMLA Leave: \_\_\_\_\_

## I am requesting leave under the Family and Medical Leave Act (FMLA) for the following reason:

- For the birth and care of the newborn child of the employee
- For placement with the employee of a son or daughter for adoption or foster care
- To take medical leave when the employee is unable to work because of own serious health condition\*
- To care for an immediate family member ( spouse,  child, or  parent) with a serious health condition \*
- A qualifying exigency arising out of the fact that ( spouse,  child, or  parent) is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Caretaker leave – you are the ( spouse,  child  parent, or  next of kin of a covered service member with a serious injury or illness.

\*See the definition (attached) of a serious health condition as defined by the FMLA to be eligible.

- I must provide *30 days advance notice* of intent to take leave under FMLA when the leave is foreseeable.
- To be eligible for leave under FMLA, at the time I apply for leave under FMLA, I must have worked at least 1,200 hours over the previous 12 months and have been employed by Granite School District for at least one year. A maximum of 12 weeks of leave under FMLA may be taken in each 12-month roll back period (up to 26 weeks for Caretaker Leave).

- (If not submitted with this application) Within 15 calendar days of leave commencing under FMLA for a serious health condition\*, I must provide written medical verification from the attending physician on the FMLA "Certification of Health Care Provider" form verifying the serious health condition\* of the employee, spouse, child or parent.
- If leave is for *my own* serious health condition\* or for the birth and care of a newborn, I am required to use – on a concurrent basis – any accrued paid leave (sick and/or personal/vacation leave) as part of the total unpaid 12-week FMLA leave for the portion of FMLA leave deemed medically necessary.
- For the birth of a newborn, accrued sick leave can be used up to 6 weeks (*8 weeks for c-section*) from the date of the birth. Remaining leave taken after the 6 weeks (*8 weeks for c-section*) will go unpaid.
- If I have no accrued paid leave available to me to apply to *my own* serious health condition\* or my accrued paid leave exhausts during the period of leave granted under FMLA, (remaining) leave under FMLA will be unpaid.
- For my own serious health condition\*, any portion of leave that is not deemed medically necessary will be unpaid.
- If leave under FMLA is for *an immediate family member's* serious health condition\*, I am eligible to use up to 10 days of accrued paid sick leave (deemed sick family), as part of the total 12-week FMLA leave. The remainder of leave granted under FMLA for an immediate family member's serious health condition\* will be unpaid.
- For leave taken for the placement of a child for adoption or foster care, I am eligible to use up to 10 days of accrued paid sick leave as part of the total 12-week FMLA leave. The remainder of leave under FMLA will be unpaid.
- For periods of leave under FMLA that are run concurrently with accrued paid leave, my share of insurance premiums for continued insurance coverage will be deducted by payroll deduction.
- For periods of leave under FMLA that are unpaid, Granite School District will maintain my insurance benefits and, upon my return to work, assess my share of monthly insurance premiums for coverage maintained via payroll deduction.
- Should I fail to return to work for at least 30 contract working days, to the extent that recovery is allowed, I will be required to reimburse Granite School District for any/all insurance premiums paid by the District (both employer and employee costs) for my coverage while I was on leave under FMLA.
- Tax-sheltered annuities, 401(k) deductions, credit union deductions, etc. cannot be continued during unpaid leave.
- Absences exceeding ten or more unpaid days of leave (under FMLA or otherwise) are exempt from earning employment service credit toward future retirement.
- During FMLA leave, I agree to report periodically to my immediate supervisor regarding the status of my leave under FMLA and my intent to return to work. Granite may also require me to provide periodic medical re-certification while on FMLA leave and/or a second or third medical opinion of a "serious health condition\*."
- If I return to work at the end of leave under FMLA, Granite will restore me to either my original position or to an equivalent job with equivalent pay, benefits and other terms and conditions of employment.
- If there is a chance that my "serious health condition\*" may become a permanently disabling medical condition, subject to eligibility, I may have the option to make application with the long-term disability insurance carrier for consideration of long-term disability benefits.
- If I am requesting intermittent FMLA leave, I have attached a detailed intermittent leave schedule that has been acknowledged and approved by my supervisor and the Associate Director of Elementary, Secondary or Classified Human Resources.
- Additional special FMLA rules apply to employees of education agencies. Generally, these rules provide for FMLA leave to be taken in blocks of time when intermittent leave is required near the end of a school term. If you are applying for leave near the end of a school term, contact Elementary, Secondary or Classified Human Resources for further details and advisement.

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Employee/FMLA Applicant Signature

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Date

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Human Resource Review and Approval

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Date

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# \* “SERIOUS HEALTH CONDITION”

As defined by the FMLA

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

- **HOSPITAL CARE:** Any period of incapacity or treatment connected with inpatient care (*i.e., an overnight stay*) in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care.
- **ABSENCE PLUS TREATMENT:** Continuing treatment by a health care provider which includes any period of incapacity (*i.e., inability to work, attend school or perform other regular daily activities*) due to a health condition (including treatment therefor, or recovery therefrom) lasting more than **three consecutive calendar days**, and any subsequent treatment or period of incapacity relating to the same condition, *that also includes*:
  - **Treatment two or more times** within 30 days of the first day of incapacity by or under the supervision of a health care provider.
  - **Treatment** by a health care provider on **at least one occasion** that results in a **regimen of continuing treatment** under the supervision of the health care provider.
- **PREGNANCY:** Any period of incapacity due to **pregnancy**, or for **prenatal care**.
- **CHRONIC CONDITIONS REQUIRING TREATMENT:** A chronic health condition which:
  - Requires **periodic visits** (at least twice a year) for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
  - Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
  - May cause **episodic** incapacity rather than a continuing period of incapacity (e.g., asthma, diabetes).
- **PERMANENT / LONG-TERM CONDITIONS REQUIRING SUPERVISION:** A period of incapacity that is permanent or long-term due to condition for which treatment may not be effective. The employee or family member must be **under continuing supervision of, but need not be receiving active treatment by a health care provider**. (e.g., Alzheimer's, a severe stroke, terminal stages of a disease).
- **MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS):** A period of absence to receive multiple treatments (including any period of recovery therefrom) for restorative surgery or for a condition that would likely result in a period of incapacity of more than three calendar days if not treated (e.g., chemotherapy or radiation treatments for cancer).