

Carrizo Springs Consolidated Independent School District

300 N. 7th Street Carrizo Springs, Texas 78834



For Human Resources use only:

Leave Type: _____ FMLA Ends: _____

Medical Certification: Yes No N/A

LEAVE OF ABSENCE REQUEST

Directions: Type or print the required information

THE MEDICAL CERTIFICATION MUST ACCOMPANY THIS FORM

1. EMPLOYEE NAME (First Name, Middle Initial, Last Name)		2. EMPLOYEE JOB TITLE	
3. EMPLOYEE ID NUMBER	4. CAMPUS/DEPARTMENT	5. WORK SCHEDULE <p style="text-align: right;">F s</p>	
6. REASON FOR REQUESTED LEAVE: a. <input type="checkbox"/> Birth of a son or daughter of the employee and in order to care for such son or daughter after birth. (Attach birth certificate if requesting parental leave) <input type="checkbox"/> Placement of a son or daughter with employee for adoption or foster care. (Attach a copy of legal documentation) c. <input type="checkbox"/> In order to care for spouse, child, or parent with a serious health condition. d. <input type="checkbox"/> Because of employee's own serious health condition that makes him/her unable to perform job function. e. <input type="checkbox"/> Military Leave (Attach a copy of military orders)			
IF "C", 7. PLEASE CHECK ONE: <input type="checkbox"/> Spouse <input type="checkbox"/> child <input type="checkbox"/> Parent		8. IF STATE NAME AND ATTACH MEDICAL CERTIFICATION.	
9. REQUEST START DATE: ____/____/____	LAST DAY TO WORK: ____/____/____	10. ANTICIPATED RETURN DATE: ____/____/____ OR UNKNOWN (select one only)	
11. ARE YOU REQUESTING LEAVE ON A FULL-TIME OR INTERMITTENT BASIS? _____ Full-Time _____ Intermittent		12. IF "INTERMITTENT", PLEASE GIVE SCHEDULE OF WHEN you ANTICIPATE YOU WILL BE UNAVAILABLE FOR WORK. (APPLIES ONLY IF ELIGIBLE FOR FML) _____	
Employees seeking leave because of reason 6(a), 6(c), or 6(d) above, <u>must provide medical certification within 15 days</u> or as soon as practicable. Employees seeking to return to work after a leave because of birth of a son or daughter or their own serious illness must also provide the Human Resources Department a fitness for duty certification of an ability to perform essential functions before they are authorized by the Human Resources Department to return to work.			
I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse the District for the cost of health benefits provided during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition or because of other circumstances beyond my control. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired or that I am needed to care for my spouse if he/she has a serious health condition on the date that my leave expired. I understand that I may not be permitted to resume my position with the District until I provide medical certification, as appropriate. <p style="text-align: center;">THE MEDICAL CERTIFICATION MUST ACCOMPANY THIS FORM</p>			

EMPLOYEE AND SUPERVISOR SIGNATURES

Employee Signature

Date

Principal/Supervisor Signature

Date

CARRIZO SPRINGS CISD

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

WHD 1420 REV 04/16

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits and Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" eligibility requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer