



Academy for Math, Engineering & Science

5715 South 1300 East
Salt Lake City, UT 84121

(801) 278-9460
FAX (801) 277-3527
www.ames-slc.org

LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 work weeks of unpaid leave for certain family and medical reasons during a 12 month period. During this leave, an eligible employee is entitled to continued group health plan coverage as if the employee had continued to work. At the conclusion of the leave, subject to some exceptions, an employee generally has a right to return to the same or to an equivalent position.

Employee Eligibility Criteria

To be eligible for FMLA leave, an employee must have been employed by the school for at least 12 months and for at least 1,200 hours during the 12 month period immediately preceding the commencement of the leave.

Events Which May Entitle an Employee to FMLA Leave

FMLA leave may be taken for anyone, or for a combination of the following reasons:

- a) The birth of the employee's child or to care for the newborn child;
- b) The placement of a child with the employee for adoption or foster care or to care for the newly placed child;
- c) To care for the employee's spouse, child or parent (but not in-law) with a serious health condition; and/or
- d) The employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of his or her job.
- e) 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.
- f) Caretaker leave – you are the (spouse, child parent, or next of kin of a covered service member with a serious injury or illness. (up to 26 weeks for Caretaker Leave)

A “serious health condition” is an injury, illness, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

How Much FMLA Leave May Be Taken

The 12 Month Period

An eligible employee is entitled to up to 12 work weeks of unpaid leave during a 12 month period for any FMLA qualifying reason(s). The 12 month period is initiated on the employee's contract start date each school year and concludes at the end of that school year on July 1.

Limitations on FMLA Leave

Leave to care for a newborn or for a newly placed child must conclude within 12 months after the birth or placement of the child.

When both spouses are employed by the school, they are together entitled to a combined total of 12 work weeks of FMLA leave within the designated 12 month period for the birth, adoption or foster care placement of a child with the employees, for aftercare of the newborn or newly placed child, and to care for a parent (but not in-law) with a serious health condition. Each spouse may be entitled to additional FMLA leave for other FMLA qualifying reasons (i.e., the difference between the leave taken individually for any of the above reasons and 12 workweeks, but not more than a total of 12 work weeks per person).

For example, if each spouse took 6 weeks of leave to care for a newborn child, each could later use an additional 6 weeks due to his/her own serious health condition or to care for a child with a serious health condition.

Requests for FMLA Leave

An employee should request FMLA leave by completing the Employer's Request for Leave form and submitting it to the Principal.

When leave is foreseeable for childbirth, placement of a child or planned medical treatment for the employee's or family member's serious health condition, the employee must provide the school with at least 30 days advance notice, or such shorter notice as is practicable (i.e., within 1 or 2 business days of learning of the need for the leave). When the timing of the leave is not foreseeable, the employee must provide the school with notice of the need for leave as soon as practicable (i.e., within 1 or 2 business days of learning of the need for leave).

FMLA Application

Employee ID/SSN: _____

Employee Name: _____

Current Position: _____

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 Leave _____

Requested Date of FMLA Leave to Begin: _____

Requested Leave Under FMLA: _____

Date of Expected 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 an 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 attached definition 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.
- (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.

- 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.
- 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 unpaid, AMES 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 AMES for any/all insurance premiums paid by AMES (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. AMES may also require me to provide periodic medical re-certification while on FMLA leave and/or second or third medical opinion of a “serious health condition*.”
- If I return to work at the end of leave under FMLA AMES 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.

Employee/FMLA Applicant Signature

Date

Human Resource Review and Approval

Date