

Family and Medical Leave Act

NOTICE TO EMPLOYEES REQUESTING LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

The following is important information regarding Salt Lake City School District procedures for leave under the Family and Medical Leave Act of 1993 effective August 5, 1993, and the National Defense Authorization Act for FY 2008 ("FMLA"), and your rights and responsibilities. It is important that you are aware of your obligations and the consequences if you fail to meet these obligations.

Please read this notice carefully and contact the Human Resources Department (801-578-8340) for more information.

FMLA INFORMATION

1. To apply for leave under the FMLA, employees should apply in writing to the Human Resources Department. For reasons 3. a – c and 3.e listed below, you are required to give the district 30 days notice or as much notice as is practicable if leave is not foreseeable. For reason 3.d, you are required to give the district as much notice as is reasonable and practicable. Failure to provide timely notice as required may result in your request for leave being denied or delayed.
2. You are eligible for leave under the FMLA if you are a district employee and:
 - a. you have been employed by the district for at least 12 months prior to the commencement of leave; and
 - b. you have worked no less than 1,250 hours in the 12 months immediately preceding the commencement of leave.
3. If you are eligible as indicated above, you are entitled to use leave under the FMLA when taken:
 - a. for your own serious health condition that prohibits you from performing the functions of your position;
 - b. for the birth of your child or placement of a child in your home for adoption of foster care, and to care for the child upon birth or placement in your home (must be taken within 12 months following birth or placement);
 - c. to care for your "spouse", "son", "daughter", or "parent" (as defined by 29 Code of Federal Regulations 825) with a serious health condition;
 - d. for any qualifying exigency arising out of the fact that the spouse, or a son, or daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation; or
 - e. to care for a spouse, son, daughter, or parent on active duty in the Armed Forces in support of a contingency operation.
4. For reasons 3. a – d. listed above, you are entitled to use up to 12 workweeks of leave for FMLA purposes during a rolling 12-month period, measured backward from the date the employee uses any FMLA leave. Leave used, with or without pay, that is FMLA-qualifying will be counted against your 12-month FMLA entitlement.
5. For reason 3.e. listed above (caring for a spouse, son, daughter, or parent on active duty in the Armed Forces in support of a contingency operation), you are entitled to use up to 26 workweeks of leave. If using leave for any combination of reasons listed in paragraph 3 above that includes reason 3.e, you are limited to a total of 26 workweeks of leave in the rolling 12-month period.
6. If you work less than full-time, the amount of leave to which you are entitled is determined on a pro rata basis.

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7. The district requires you to substitute all accrued vacation, sick and personal leave, as part of your approved FMLA leave as is appropriate for the FMLA reason, except that sick leave cannot be used for an Armed Forces exigency or for adoption and foster care placement.
 8. Group health insurance at the same level of contributions and benefits provided prior to the FMLA leave will continue for the duration of the FMLA leave period. You must continue to pay any share of health plan premiums, which were paid by you prior to FMLA leave. Failure to pay your portion of the premium when due may result in termination of health insurance coverage.
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INTERMITTENT OR REDUCED SCHEDULE LEAVE

1. You may request intermittent or reduce schedule leave under the FMLA. The request must be approved by the Human Resources Department in consultation with the employee's supervisor and/or department head. Intermittent or reduced schedule leave is not granted when taken for the birth of your child or placement of a child for adoption or foster care.
 2. When FMLA leave is taken on an intermittent or reduced schedule basis, the leave may be measured in increments of not less than one hour.
 3. If you are granted intermittent or reduced schedule leave, you may be required to accept a temporary transfer to an available alternative position for which you are qualified and which better accommodates recurring periods of leave than your regular position does.
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MEDICAL CERTIFICATION

1. When requesting FMLA leave due to your own serious health condition or the serious health condition of your spouse, son, daughter, or parent, we will require you to provide medical certification by a health care provider.
 2. We may require periodic medical certification during any FMLA leave and may designate health care providers to furnish second and third opinions at the district's expense.
 3. We will require you to submit medical certification that you are able to return to work before you return from leave from your own serious health condition.
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RETURN TO WORK

You must notify Human Resources before you return to work. Upon timely return to work from FMLA leave, you shall be returned to the same or equivalent position.
