

## **Family Medical Leave Act**

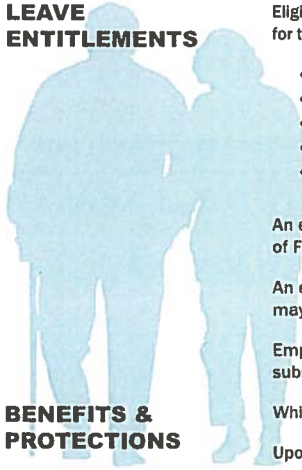
Below is a Notice Regarding Employee Rights Under the Family and Medical Leave Act as well as Instructions on how to Notify your Employer at the Marlborough Public Schools of a request for Leave covered under the Family and Medical Leave Act and a Form to Notify the Employer.

If you have any questions regarding the Family and Medical Leave Act process at the Marlborough Public Schools, please call the Human Resources Office at 508-460-3508 Ext. 10108.

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## 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.

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.

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" requirements apply to airline flight crew employees.

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 that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

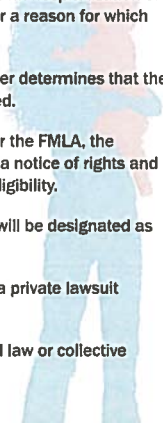
## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



## **Notify of a Your Request for Leave Under the Family Medical Leave Act (FMLA)**

**Step 1:** Complete the Leave Request and Approval Form and check off the FMLA box. [Do not provide any medical information at the time of the completion of this form. Provide your name, the date you are completing the form, your position, your school, the dates requested for the leave and the number of work days you will be out during the dates that you list.]

**Step 2:** Give the form to your principal to acknowledge and send to HR. Please note, the Principal does not approve FMLA leaves, he/she acknowledged that he/she received the form so they can note the dates of your anticipated absence. Approval designation of leaves covered under the Family Medical Leave Act is done at the HR office.

**Step 3:** Submit the form with your Principal's acknowledgement signature to the Human Resources office at DEC, 17 Washington Street in Marlborough or by fax at 508-485-1142.

**Step 4:** After receiving your form, HR may inquire the reason for the request to verify that it is eligible for FMLA and to ensure that you are provided with the correct FMLA forms to complete.

**Step 5:** You will receive FMLA paperwork from the HR office with a cover letter outlining the paperwork enclosed and the steps for you to follow going forward to apply for FMLA time. Complete all the steps in the is application process.



# LEAVE REQUEST AND APPROVAL FORM

Marlborough Public Schools  
17 Washington Street  
Marlborough, MA 01752

Please submit a form for each separate request. Please submit to your principal/director at least 2 weeks in advance, when possible.  
(PLEASE PRINT)

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Dates Requested \_\_\_\_\_ # Days Requested \_\_\_\_\_

PERSONAL DAY  
 1<sup>st</sup> Day     2<sup>nd</sup> Day     3<sup>rd</sup> Day

VACATION

BEREAVEMENT  
Bereaved: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Funeral: \_\_\_\_\_

CONFERENCE/PROFESSIONAL  
Reimbursement Requested  Yes     No

COURT SUBPOENA - Attach summons/subpoena/jury duty notice

PARENTING LEAVE – up to 8 weeks  
[Principal/Director and/or Superintendent will acknowledge rather than approve below. HR will facilitate Parental Leave paperwork.]

CHILD REARING LEAVE

FAMILY MEDICAL LEAVE ACT (FMLA)  
[Do not share medical information on this form. FMLA Paperwork will be sent to the employee from HR for completion by a Medical Provider. For FMLA, Principal/Director and/or Superintendent will acknowledge rather than approve below. HR will facilitate the FMLA paperwork process and generate the final FMLA determination letter as appropriate.]

OTHER \_\_\_\_\_

Staff Signature \_\_\_\_\_

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**PRINCIPAL/DIRECTOR APPROVAL**

Yes  No

Parental Leave or FMLA ONLY, PRINCIPAL/DIRECTOR please check here to acknowledge receipt

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SUPERINTENDENT'S APPROVAL**

Yes  No

Parental Leave or FMLA ONLY, SUPERINTENDENT please check here to acknowledge receipt

Signature \_\_\_\_\_ Date \_\_\_\_\_