

Employee Notice of Requirement for Family Medical Leave Act (DP 322 Family and Medical Leave Act)

This leave entitles eligible employees to take job-protected, unpaid leave, or to substitute appropriate paid leave (if the employee has earned or accrued it) for up to 12 work weeks per school year. This form serves as notice of probable need for FMLA leave. This notice should be filed by the employee. However, under special circumstances this notice can be given by the Principal or Director of the listed employee.

Name: _____ SS#: XXX-XX- _____ Date: _____
 Home Address: _____ Contact Phone #: _____
 City, State, Zip: _____ E-mail Address: _____

Correspondence: Jordan School District will periodically send you time-sensitive correspondence throughout your leave. Please select the preferred method of correspondence.	Mail
	E-Mail

School/Place of Work: _____ Assignment/Job Title: _____
 Immediate Supervisor Name: _____ Supervisor Phone #: _____
 If the employee is in a year-round school, please indicate which track. A B C D Extended

If the employee has a work calendar other than a traditional or track A, B, C, or D calendar, a copy of the calendar must be attached to this form. Half time employees and employees with non-traditional work hours must provide a calendar listing the days and hours they are scheduled to work.

Reason for requesting leave (please provide a detailed explanation):

Last working day before leave will begin: _____ Date leave will begin: _____
 Date leave will end: _____ Number of weeks requested: _____ Expected return date: _____

Please select the reason for requesting leave:

- For the birth of a child, or placement of a child with the employee for adoption or foster care
- Because the employee is needed to care for a spouse, child, parent, due to a serious health condition.
- Because of the employee's own serious health condition which makes the employee unable to perform the functions of his/her job.
- Because of a qualifying exigency arising out of the fact that an employee's spouse, son/daughter, parent, is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.
- Because the employee is needed to care for a covered service member with a serious injury or illness (maximum of 26 weeks allowable).

Important Information Regarding FMLA Leave

1. To be eligible for FMLA leave, the employee must have been employed for at least 12 months (need not be continuous) by the District and worked for a minimum of 1,250 hours during the 12-month period immediately preceding the commencement of leave. The maximum amount of FMLA allowable is 12 work weeks in one school year, (26 work weeks if leave is taken to care for a service member with a serious injury or illness).
2. Jordan School District requires the use of accrued sick, family, personal, and vacation leave days, as applicable (see current leave policies for limitations) prior to FMLA leave without pay. The exact number of paid and unpaid days will be determined by Human Resources according to existing leave day balances at the time of the absence, details provided by the employee. And in accordance with District policies. The employee is responsible to verify paid days with the Human Resources Department.
3. Medical Certification will be required within 15 days from this notice (or within 15 days from the birth of the baby if FMLA is taken due to the birth of a baby). Medical Certification must verify the serious health condition of the employee, spouse, son, daughter, or parent. If Medical Certification is not received within the specified time period, FMLA may be delayed or denied.
4. A 30 day notice is required when the leave is "foreseeable". If a 30 day notice is not given, and the leave is foreseeable, the District can delay or deny the FMLA leave.
5. If an employee remains on leave without pay beyond any accrued leave days allowable, the District will continue to pay its portion of the healthcare premium. During FMLA leave, the employee is responsible to continue to pay their portion of the healthcare premium plus the full premium amount(s) for any additional insurance plans he/she participates in.
6. An employee who fails to return to work for a minimum of 30 calendar days following *unpaid* FMLA leave, must reimburse the District for all healthcare premiums paid by the District while the employee was on unpaid leave.
7. Employees must report periodically to their supervisor regarding the status of the medical condition. Employees are required to adhere to all attendance policies and call-in procedures.
8. At the end of the FMLA leave, the District will restore an employee to their original or equivalent position with equivalent pay, benefits, and other employment terms. The District will make a determination as to whether the position is an equivalent position.

By signing my name below, I verify I have read and understand the above information about the Family and Medical Leave Act, DP322.

Signature

Date

Please submit completed and signed form to the Human Resources Department through District Mail or by fax at (801) 567-8056.

For District Office Use Only

Approved ____ Not Approved ____ Date _____ Signature _____
Classified/Licensed Administrator

Approved ____ Not Approved ____ Date _____ Signature _____
Human Resources Administrator