



Department of Human Resources
Family Medical Leave Act (FMLA)
Application/Designation Notice

You have requested a leave of absence and you may be eligible for the benefits under the Family Medical Leave Act (FMLA). In general, to be eligible for FMLA leave, you must have worked for ACPS at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave. To apply for FMLA leave, complete Section I of this form and return it to the Human Resources Department with applicable medical certification or military documentation.

SECTION I: FMLA Application (To be completed by employee)

Employee Name: _____ Phone Number: _____
 School/Department: _____ Position Title: _____

This Leave Request Is For The Following Days and Dates:

<u>Number of Days</u>	<u>Start Date</u>	<u>Ending Date</u>
_____ Paid Days Used	_____	_____
_____ Unpaid Days Used	_____	_____
_____ Total Days	_____	_____

Return to Work Date: _____ (Date should be the first workday following medical release date)

This Family and Medical Leave of Absence is for the following qualifying reason:

- The birth of a child or placement of a child with you for adoption or foster care.
- Your own serious health condition.
- You are needed to care for your spouse child parent due to a serious health condition.
- A qualifying exigency arising out of the fact that your spouse son or daughter 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.
- You are the spouse son or daughter parent next of kin of a covered service member with a serious injury or illness.

If your FMLA leave application is approved, you will be responsible for payment of your share of optional insurance premiums and optional benefits that are currently deducted from your check. If your application for FMLA leave is denied and you wish to maintain your health and life insurance premiums and optional benefits, you will be responsible for the full cost. Contact the Benefits Office at 955-7577, ext. 1224, to make necessary payment arrangements.

Employee Signature: _____ Date: _____

SECTION II: Designation Notice (To be completed by Personnel Services Department)

- APPROVED: FMLA leave begins (date) _____ and ends (date) _____
- PENDING: FMLA pending receipt of medical certification.
- DENIED: FMLA leave of absence denied because:
 - Employee has not met the FMLA 12-month length of service requirement.
 - Employee has not met the FMLA 1250 hours worked in the 12 months prior to this leave requirement.
 - Employee did not provide sufficient certification to support request for FMLA leave.
 - Employee's allotment of FMLA leave has been exhausted.

Copies of the Employee Rights and Responsibilities from the U.S. Department of Labor and the applicable School Board Policy (3430.01 Instructional Staff, 4430.01 Support Staff, or 1430.01 Administrative Staff) are enclosed.

Asst. Superintendent for Operations/Designee: _____ Date: _____