

Notice to Designate Authorized Employee Absences As Family Medical Leave Form C

To be completed by Disability and Leaves Section

To be provided to employee in response to Form A prior to the commencement of the leave, or, if after the leave has commenced, within two business days of receiving Form A

DATE: _____

TO: _____
(Employee)

From: _____
(Principal, Program Manager, HR Specialist)

Subject: **Designation of Your Absence as Family Medical Leave**

On _____, you began a period of approved leave. Based on information provided by you or your representative, we understand that this absence is due to one of the following FMLA-qualifying reasons:

- a. Serious personal health condition that makes you unable to perform one or more of the essential functions of your job.
- b. Birth of your child or the placement of a child with you for adoption or foster care.
- c. Serious health condition affecting your spouse, child, or parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____
and that you expect leave to continue until on or about _____

Please note the following:

Under the Family and Medical Leave Act (FMLA), you have a right to up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following family medical leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition that would entitle you to family medical leave or (2) another circumstance beyond your control, you may be required to reimburse the school system for its share of health insurance premiums paid on your behalf during your family medical leave. If you are taking intermittent leave, you may be assigned temporarily to an alternative position.

This is to inform you that:

1. In addition to your entitlement under other school system leave policies, your absence is covered by the FMLA and will be designated as family medical leave. If you are a teacher requesting a reduced-leave schedule or intermittent leave, you should refer to section IV.E. of the current version of Regulation 4835.
2. The number of days you are absent during this leave period will be deducted from your annual 12-week FMLA entitlement
3. Under the current version of Regulation 4835, you must provide this office with a medical certification (Form D, enclosed) within 15 days of beginning your leave, if you have not already done so.
4. (a) If you normally pay a portion of the premiums for your health and dental insurance, these payments will continue during the period of family medical leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows. (dates, e.g., the 10th of each month)

(b) You have a minimum 30-day grace period in which to make premium payments to the Office of Payroll Management, Insurance Accounting Section. If timely payment is not made, your group health and dental insurance may be canceled, provided we notify you in writing at least 15 days before the date that your health and dental coverage will lapse, or, at our option, we may pay your share of the premiums during family medical leave and recover these payments from you upon your return to work.

We will will not pay your share of health and dental insurance premiums while you are on leave.

(c) For any period of paid family medical leave (e.g., family medical leave during which you receive paid annual or sick leave), your benefits other than health and dental insurance, such as disability and life insurance, will continue on the same basis as before. For any period of unpaid family medical leave, the school system will **not** make payments on your behalf during your absence. You may continue these benefits by paying the full premiums (school system share and your share) during your unpaid family medical leave. You should contact the Office of Payroll Management, Insurance Accounting Section, to arrange for such payments.

5. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.
6. While on leave, you will will not be required to furnish us with periodic reports of your status and your intent to return to work. If required, these reports must be received every (interval of periodic reports). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.
7. You will be required to furnish recertification relating to a serious health condition when the circumstances described by the previous certification have changed significantly, when you have requested an extension, or when the school system otherwise requests, in accordance with the FMLA.

If you have any questions regarding your employment status or leave entitlement under FMLA, you may email a question to disabilityandleaves@fcps.edu, or call the Disability and Leaves Section at (571) 423-3200. You may fax forms to (571) 423-5013.

cc: Principal or Program Manager
Personnel Medical File Employee ID # _____