



Request to Use Family and Medical Leave Act (FMLA)

Instructions: Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take up to 12 or 26 weeks of job-protected leave for certain family and medical reasons. **Submit this form to the Floyd County Public Schools (FCPS) Payroll/Benefits Office** at least 30 days before the leave is to begin, when possible. If leave is unforeseeable, submit the form as soon as possible under the circumstances. **A Certification of Health Care Provider form completed by a physician must also be submitted within 15 days as designated below before the leave request can be considered for approval.**

Routing of Information

Return this Leave Request Form and any supporting documentation by **mail, confidential fax, email or deliver to:** Floyd County Public Schools Payroll/Benefits Office, 140 Harris Hart Road, Floyd, VA 24091; FAX (540) 745-9496; Email: harrisj@floyd.k12.va.us

Employee Data

Employee Name		Date of Request	
Street Address		City/State/Zip	
Phone	Email	Date of Hire	
Position		Worksite	Full-time/Part-time

Reason for Request (check one)

<input type="checkbox"/>	Birth/Care of a Newborn Child, or the Adoption or Foster Placement of a Child **Requires Form WH-380-E - Certification of Health Care Provider for Employee's Serious Health Condition
<input type="checkbox"/>	Personal Serious Health Condition **Requires Form WH-380-E - Certification of Health Care Provider for Employee's Serious Health Condition
<input type="checkbox"/>	Care for a spouse, child, or parent with a serious health condition **Requires Form WH-380-F - Certification of Health Care Provider for Family Member's Serious Health Condition
<input type="checkbox"/>	A qualifying exigency arising from my spouse, Son/daughter, or parent being ordered or called to active duty in the Armed Forces in support of a contingency operation **Requires Form WH-384 - Certification of Qualifying Exigency for Military Family Leave
<input type="checkbox"/>	Care for a spouse, son/daughter, parent, or next of kin of a covered service member with a serious injury or illness. Note: FMLA provides up to 26 work weeks for this type of leave. **Requires Form WH-385 - Certification for Serious Injury or Illness of Covered Service member for Military Family Leave, or **Form WH-385-V - Certification of Serious Injury or Illness of a Veteran for military caregiver Leave)

Period of Leave (check one and provide dates)

<input type="checkbox"/>	Leave for Definite Time Period	<input type="checkbox"/>	Intermittent/Reduced Schedule Leave
	Expected Start Date _____		Indicate dates/schedule and/or anticipated duration of leave:
	Expected Return Date _____		_____



Conditions of Leave (check applicable) - Under school division policies, the employee shall use any paid leave days available (i.e., sick, personal, annual, sick leave bank) concurrently with the unpaid FMLA entitlement. When paid leave is available, the employee must satisfy any procedural requirements of the school division's leave policy. Once paid leave is exhausted, any remaining FMLA leave is unpaid.

	I am a VRS Plan 1, VRS Plan 2 or part-time employee. <--- I request to use sick leave bank days, if eligible.
	I am a VRS Hybrid Employee and understand that I am required to file a Hybrid disability claim to determine eligibility for benefits if my leave request is for personal serious health condition or birth of a child. <--- I request to use sick leave bank days, if eligible. NOTE: Sick leave bank membership is only available to Hybrid employees in the first year of employment.

Eligibility and Conditions of Leave

- a) In order for an employee to be eligible for FMLA, the employee must have been employed with the school division at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the beginning date for leave.
- b) The qualifying 12-month period will be a rolling 12-month period measured backward from the date an employee uses an FMLA leave.
- c) While on approved family medical leave, the school division will pay the employer's share of the employee's healthcare insurance contributions not to exceed 12 weeks. Virginia Retirement System (VRS) group life insurance coverage will be maintained during the 12-week period if the employee is on paid leave. If on unpaid leave, VRS group life insurance may be maintained if the employee pays the full premiums to the school division. Healthcare and group life insurance coverages may continue to be maintained during approved leave for any additional time beyond 12 weeks if full premiums are paid by the employee to the school division.
- d) The employee must make arrangements with the Payroll/Benefits Office to make timely payments on any portion of benefit premiums due to the school division. Failure to make payments by the 20th day of each month will result in termination of the employee's benefit coverage.
- e) The employee must notify the Payroll/Benefits Office if any of the circumstances regarding the employee's leave should change. The employee is required to provide additional certification when circumstances described by the original certification change significantly, when an extension is requested, or at the request of the employer for further information or clarification of information already provided.
- f) The school division requires the employee to present a Return to Work Certification from a health care provider when returning from FMLA for the employee's serious health condition or birth of a child. (Submit Form GCBE-F10 Return to Work Certification.)

****Any changes to the federal Family and Medical Leave Act automatically supersedes this form and Floyd County School Board FMLA policy.***

Employee Signature

With my signature, I certify that the information provided on this form is true and correct to the best of my knowledge. I further acknowledge and certify that I have received a copy of the school division's regulations for the use of family and medical leave and other school division leave benefits, and that I understand and agree to all of the conditions and restrictions contained in the policies/regulations. **I understand that my request for FMLA leave is not automatic and cannot be considered for approval until all required documents have been provided.**

Signature

Date

For Office Use Only

Request Received By:

Date Received: