

FACTS YOU SHOULD KNOW

Employees are required to exhaust the appropriate paid leave before taking unpaid leave. Such paid leave will be counted against their annual FMLA leave entitlements.

2. Employees must provide acceptable certification by a physician or other health care provider of their own serious health condition or the serious health condition of a covered family member within 15 calendar days of this request for leave, where practicable. Leave may be denied if such documentation is not provided. Certification of fitness to return to work may be required. Employees requesting intermittent leave or leave on a reduced leave schedule which is medically necessary must advise the agency, upon request, of the reasons the intermittent/reduced leave schedule is necessary and of the schedule for treatment, if applicable. The employee and the agency must attempt to work out a schedule which meets the employee's needs without unduly disrupting the operations of the agency.
3. Employees requesting child care leave must provide proof of the fact and date of birth, placement for adoption, or placement for foster care of the child within 15 calendar days of this request for leave, where practicable. Leave may be denied if such documentation is not provided.
4. Employees are entitled to restoration to the same or an equivalent position upon return from FMLA leave, except as set forth in number 5 below.
5. Employees who are designated as "key" employees may be denied restoration following FMLA leave if restoration would cause grievous economic injury to the operations of the agency. "Key" employees will be notified that they have been so designated within 5 business days of receipt of this form.
6. Employees' group health insurance coverage will be maintained for the duration of approved FMLA leave; however, employees must pay the premiums for any optional riders. Health plan premiums paid by the City during the period of unpaid leave may be recovered if the employee fails to return to work.

FOR AGENCY USE ONLY

_____ Approved

_____ Denied

Signature of Agency FMLA Coordinator

_____ "Key" Employee

_____ Not "Key" Employee

Date