FAMILY AND MEDICAL LEAVE ACT REQUEST (FMLA)

Please note: Request for Family Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin.

Name:	**Employee Number:**
Department:	**Title:**
Reports to:	**Status: ___ Full-Time ___ Part-Time ___ Temporary**
Today's Date:	**Hire Date:**

I request/You are placed on family or medical leave for one or more of the following reasons: (select at least one reason)

_____ Because of the birth of my child and in order to care for him/her. (Attach medical certification form) . . . . . >	Expected date of birth: _____ Actual Date of Birth, if applicable: _____ Leave to start on: _____ Expected Return Date: _____
____ Because of the placement of a child with me for adoption or foster care . . . . . >	Date of Placement: _____ Leave to start on: _____ Expected Return Date: _____
____ In order to care for my spouse, child, or parent, who has a serious health condition. Attach medical certification form . . . . . .>	Leave to start on: _____ Expected Return Date: _____
_____ For a serious health condition that makes me unable to perform my job. Describe below. Attach medical certification form . . . . >	Leave to start on: _____ Expected Return Date: _____
_____ Because of a qualifying exigency arising out of the fact that your _____ spouse;_____son or daughter;____ parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves . . . . . >	Leave to start on: _____ Expected Return Date: _____
_____ In order to care for my family member (spouse, son, daughter, parent, or next of kin) who has an injury/illness received while on active duty that may render the service member medically unfit to perform the member's duties. Attach appropriate certification form . . . . . >	Leave to start on: _____ Expected Return Date: _____
Proposed leave schedule (including type of leave to be taken and the number of hours) . . . . . > **(May be subject to supervisor/employer's approval.)**	Number of hours (May be an estimate): _____ FMLA Sick Leave _____ FMLA Vacation Leave _____ FMLA Personal Leave _____ FMLA Leave Without Pay

Have you utilized family and medical leave in the past 12 months? _____ Yes _____ No If yes, how many days? _____

EMPLOYEE'S SIGNATURE/DATE:	**FOR HUMAN RESOURCES USE ONLY:** **APPROVED _____ DISAPPROVED _____** **HUMAN RESOURCE MANAGER:_____**

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FMLA requires covered employers to provide up to 12 weeks of job-protected leave to "eligible" employees for certain family and medical reasons or up to 26 weeks in a single twelve-month period for a family caregiver of an injured/ill service member. Depending on the individual's circumstance, the leave may be paid or unpaid. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE: Unpaid Leave must be granted for any of the following reasons:

- → to care for the employee's child after birth, or placement for adoption or foster care;
- → to care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
- → for a serious health condition that makes the employee unable to perform the employee's job;
- → because of a qualifying exigency arising out of the fact that your spouse, son or daughter or 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; or,
- → to care for a family member (spouse, son, daughter, parent, or next of kin) who incurred a serious injury/illness as a result of active military service.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave. The State of South Dakota requires that state employees use eligible paid leave during the FMLA period before using unpaid leave.

SALARIED EMPLOYEES: Salaried employees who are eligible for FMLA will have leave deducted in less than 1 day increments. Hours not worked will be charged against an employee's leave balance or will be leave without pay if paid leave is not available.

ADVANCE NOTICE AND MEDICAL CERTIFICATION: The employee may be required to provide advance leave notice and medical certification. Taking leave may be denied if requirements are not met.

- → The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- → If you have requested leave because of a serious health condition, you are required to provide the State with medical certification of this serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.
- → You may be required to provide the State with periodic medical certification, every thirty (30) days from the date you commence your leave, as to your serious health condition or your family member's serious health condition.

JOB BENEFITS AND PROTECTION:

- → During your leave, the State will continue to pay the State's portion of your health insurance premiums and you must also pay your share of the health insurance premiums. If you fail to pay your premiums, your health insurance coverage will cease. If you are on unpaid leave, you must submit your share of the health insurance premiums by check or money order before 5:00 p.m. on Friday of the week in which you would have been paid.
- → Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms if the employee can perform the essential functions of the position.
- → The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.
- → If you do not return to work after your leave ends, you may be expected to reimburse the State for its share of the health insurance premiums paid on your behalf. You will not be required to reimburse the State for the health insurance premiums if you are precluded from returning to work by a serious health condition. You will be required to provide the State with medical certification of the serious health condition. Further, you will not be required to reimburse the State if you did not return to work because of circumstances beyond your control.

UNLAWFUL ACTS BY EMPLOYERS: FMLA makes it unlawful for any employer to:

- → interfere with, restrain, or deny the exercise of any right provided under FMLA;
- → discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT:

- → The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- → An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FOR ADDITIONAL INFORMATION: Contact Human Resources.