

THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA
1201 Atlantic Avenue, Fernandina Beach, FL 32034
FAMILY & MEDICAL LEAVE ACT REQUEST

SECTION I: EMPLOYEE

(1) SICK LEAVE BANK

Are you a member of the Sick Leave Bank? Yes No

If you answered "Yes" to the above question, please file for time under the Sick Leave Bank in addition to filing for Family & Medical Leave ("FMLA"). Sick Leave Bank time only applies to claims for you and does not afford time to care for a spouse, child, mother, father or other immediate family member. If approved, FMLA will begin after all approved leave time has been exhausted.

(2) FAMILY AND MEDICAL LEAVE

- I would like to apply for the Family & Medical Leave Act for myself.
- I would like to apply for the Family & Medical Leave Act to care for a family member.

Please list the family member's relation to you: _____

Family and Medical Leave coverage is afforded to care for your spouse, your child, your stepchild, your mother, your father and does not include coverage for in-laws or grandchildren. When Family Medical Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule.

(3) REQUEST SCHEDULE

- I would like to take Family & Medical Leave on a continuous basis.
- I would like to take Family & Medical Leave on an intermittent basis.

(4) EMPLOYEE CERTIFICATION

Employee Name: _____ Employee ID #: _____

Signature: _____ Date: _____



This page needs to be submitted to the Personnel Department along with your request letter. The PHYSICIAN'S STATEMENT on page two (2) needs to be provided to your attending physician and returned to the Personnel Department within a timely manner.

SECTION II: PERSONNEL DEPARTMENT

Date of Hire: _____ Pay Type: _____

Employee Position: _____

Please list any Board approved leaves in the past twelve (12) months:

Last Day Worked: _____

Elimination Days:

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Sick Bank Start: _____

Sick Bank End: _____

FMLA Start: _____

FMLA End: _____

Director of Personnel Services Signature: _____ Date: _____

An Equal Opportunity Employer

SECTION IV: Your Rights Under The Family & Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. 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: or
- For a serious health condition that makes the employee unable to perform the employee’s job.

At the employee’s or employer’s option, certain kinds of paid leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking a leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable.”
- An employer may require medical certification to support a request for leave because of a 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.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan”
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

- 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.

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 effect 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 the nearest office of the Wage & Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

Nassau County School District Equity Statement

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to:

Equity Coordinator
Nassau County School District
1201 Atlantic Ave.
Fernandina Beach, FL 32034
(904) 491-9888
Fax: (904) 277-9044