



JOSHUA INDEPENDENT SCHOOL DISTRICT FMLA Certification Process

1. The HR Benefits office is notified of the need for leave of an employee.
 - Verbally or written by the employee
 - Verbally or written by a Campus Principal or Department Supervisor (the employee does not have to request the leave to be placed on FML)
2. The appropriate request for FML forms are sent to the employee for the following types of leave
 - A. Birth or Adoption of a Child
 - Birth or Adoption of a Child Checklist
 - Request for Family and Medical Leave for Birth or Adoption of a Child
 - Form #1 – Maternity and Childbirth (must be completed and returned 15 days after birth of child)
 - Form #2 – Maternity and Childbirth (must be completed by doctor before employee returns to work)
 - Employee Rights and Responsibilities under the Family and Medical Leave Act
 - Questions and answers regarding Maternity Leave and Leave for Adoption
 - B. Serious Health Condition – Employee
 - Request for Family and Medical Leave
 - Certification of Health Care Provider for Employee's Serious Health Condition
 - Employee Rights and Responsibilities under the Family and Medical Leave Act
 - C. Serious Health Condition – Family Member
 - Request for Family and Medical Leave
 - Certification of Health Care Provider for Family Member's Serious Health Condition
 - Employee Rights and Responsibilities under the Family and Medical Leave Act
 - D. Military Family Leave
 - Request for Family and Medical Leave
 - Certification of Qualifying Exigency for Military Family Leave
 - Employee Rights and Responsibilities under the Family and Medical Leave Act
3. It is then determined by the Benefits Coordinator if the employee meets the leave eligibility criteria
 - Employees are eligible if they have worked for the district at least one year
 - Employee must have worked 1,250 hours over the previous 12 months
4. Within five business days of notification, a certified letter is mailed to the employee with the following information
 - A. If the employee does not meet the eligibility criteria, the letter will explain the reason for the denial of FML along with the Notice of Eligibility and Rights and Responsibilities and the district DEC (local) policy
 - B. If the employee meets the eligibility criteria, the form is given to the Superintendent for approval. When the approved form is returned to the Benefits Coordinator, a letter is generated with the following information
 - Beginning and ending dates of leave
 - Approval for the leave
 - Benefits information
 - Instructions to visit with payroll about paid leave or dock status
 - Requirements to use available leave
 - Update from the doctor on condition if leave goes beyond 30 days (if not previously stated in original certification)
 - Notice of Eligibility and Rights and Responsibilities
 - Copy of the district DEC (local) policy
5. A copy of the approved FML is given to the Payroll Officer and the Human Resources Manager
6. The forms are filed in an FML notebook in the Benefit Coordinator's office
7. The date the employee is expected to return to work is entered on the Benefit Coordinator's calendar
8. The day the employee returns to work, he/she must provide the Benefit Coordinator with the Health Care Provider Certification form completed and signed by the attending physician

Family Medical Leave Act

The Family and Medical Leave Act (FMLA) was passed by Congress to provide workers with protection for their jobs and continued health care benefits in case of a family or medical emergency. The Act provides eligible employees with up to 12 weeks of unpaid job protected leave each year for one or more reasons. (See *detailed reasons in the [Employee Handbook](#)*)

Steps to FMLA:

1. Notify your Campus Principal or Department Supervisor
2. Complete the appropriate forms:
 - [Birth or Adoption of a Child](#)
 - [Serious Health Condition – Employee](#)
 - [Serious Health Condition – Family Member](#)
 - [Military Family Leave](#)
3. Notify the District Insurance & Benefits Coordinator and the Payroll Officer

[Melinda Caldwell](#)

District Insurance & Benefits Coordinator
817-202-2500, ext. 1014

[Beth Meeks](#)

Payroll Officer
817-202-2500, ext. 1003
Helpful Links:

[US Department of Labor](#)



JOSHUA INDEPENDENT SCHOOL DISTRICT
Birth or Adoption of a Child Checklist

Congratulations! With the impending birth or adoption of your child, there are a few job-related items that need your attention before you can take leave to enjoy this wonderful new addition to your family.

The maternity forms in this packet must be completed and returned to Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department, by the date designated on each form. This checklist is provided for your convenience to help keep track of your maternity forms and dates sent.

Forms to be Returned	Date Sent
1. Employee has requested and received the maternity information packet.	
2. Thirty days (30) before the employee begins her maternity leave , return the Request for FMLA for Maternity/Adoption form to Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department. The employee will indicate the date the leave is to begin and the approximate length of leave she is requesting.	
3. Within fifteen (15) days after childbirth , return Form #1 to Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department. The employee will indicate the date of birth and the date she will return to work.	
4. Before the employee returns to work , return Form #2 to Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department. The employee will provide a physician's statement indicating she is physically fit for the resumption of her duties.	

If you have any questions, please contact:

Melinda Caldwell
District Insurance & Benefits Coordinator
Human Resources Department
817-202-2514
Caldwellm@joshuaisd.org



JOSHUA INDEPENDENT SCHOOL DISTRICT
Request for Family and Medical Leave for Birth or Adoption of a Child

Request for Family or Medical Leave (FMLA) should be made at least 30 days (if possible) prior to the date the request leave is to begin. Any leave approved will require the use of all applicable sick leave and vacation time.

Instructions: Complete this form; obtain the signature of your principal/supervisor and submit entire form to the Benefits/Insurance Coordinator.

Printed Employee Name: _____ Date: _____

Social Security Number: _____ Hire Date: _____

Position/Assignment: _____ Campus: _____

Birth or Adoption of a child*

Expected date of birth _____

Date leave to start _____

Expected date to return _____

Number of accumulated sick leave/personal days _____

_____ I request six (6) weeks (eight, if Caesarean) following the birth/adoption of my child

_____ I request eight (8) weeks (due to Caesarean) following the birth/adoption of my child

_____ I request a leave of up to twelve (12) weeks following the birth/adoption of my child. I understand that after using my accumulated sick leave during the first six-week period (eight, if Caesarean), my pay will be docked for additional days as per my daily rate.

Have you taken a family or medical leave in the past 12 months? _____ Yes _____ No

If yes, how many workdays did you miss due to FMLA? _____

Are you currently covered under the Joshua ISD health insurance program? _____ Yes _____ No

If yes, the premium payment will be deducted from your payroll check as usual. If your wages become insufficient to cover the premium, you must submit a personal check to JISD to cover the insurance cost.

I understand and agree to the following provisions:

- I have worked for my employer at least one year and at least 1,250 hours in the previous months
- All days not covered by sick leave or vacation will be unpaid
- After 12 weeks of leave, if I am unable to return to work, I must contact my supervisor and the Insurance/Benefits Coordinator to report my status
- If I do not return to work after the leave, Joshua ISD will recover the cost of any benefits incurred during the time of the leave
- If the requested leave is due to my own serious health condition, I must submit medical certification of my ability to resume work

Employee Signature: _____ Date: _____

Leave Approvals:

Name of Substitute Teacher requested: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Insurance/Benefits Coordinator: _____ Date: _____

HR Office Use Only:

_____ Not-Certified
_____ Certified

_____ NCLB Requirements
_____ Requires Parental Notice

_____ Requires HQ Teacher

The following Substitute meets NCLB requirements: _____

*Attach medical certification from your Health Care Provider for any requested leave



JOSHUA INDEPENDENT SCHOOL DISTRICT
Form #1 – Maternity and Childbirth

Please complete this form 15 days after the birth of your child.

Employee Name: _____

Campus/Department: _____

Position Held: _____

Principal/Supervisor: _____

My baby was born: _____

I plan to return to my duties: _____

Please indicate the type of delivery:

_____ Normal delivery (6 weeks)

_____ Caesarean section (8 weeks)

Employee Signature

Date

Please notify Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department 15 days after the birth of your child at 817-202-2514 or caldwellm@joshuaisd.org.



JOSHUA INDEPENDENT SCHOOL DISTRICT
Form #2 - Maternity and Childbirth

Please complete this form prior to returning to work.

Employee Name: _____

Campus/Department: _____

Position Held: _____

Principal/Supervisor: _____

To be completed by the employee's physician:

_____ has been under my care for her pregnancy.
(Please print Patient's Name)

Delivery was on: _____

Date she will be able to return to work: _____

Physician's Signature

Date

Comments: _____

Please notify Melinda Caldwell, District Insurance & Benefits Coordinator in the Human Resources Department prior to returning to work at 817-202-2514 or caldwellm@joshuaisd.org.



EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

WHD Publication 1420, Revised 2013

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- 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.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter, or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

*Special hours of service eligibility requirements apply to airline flight crew employees.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.





EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced-leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required, as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right protected 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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA-covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300 (a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
www.wagehour.dol.gov



JOSHUA INDEPENDENT SCHOOL DISTRICT
Questions and Answers Regarding Maternity Leave and Leave for Adoption

1. How much time do I get off for maternity leave?

- Maternity leave begins the day after the baby is born.
- Employees may take six weeks of leave for a normal delivery, and eight weeks for a caesarean delivery.
- Employees may take what is medically necessary as determined by their physician.

2. Do holidays count as part of my maternity leave?

Yes. Just like a person who is recovering from surgery, the recovery period does not start or stop because of a holiday break.

3. Are my leave days used during a holiday break when I am on maternity leave?

No. The holidays are not workdays thus no leave days are used or docked.

For example: if the maternity leave falls during the December holiday break, the employee will benefit because no sick leave or personal days will be deducted from the employee leave balance during the scheduled holiday break. This means that essentially, the employee will only need to use approximately 20 leave days instead of 30.

4. Do I use my accumulated sick leave and personal leave days while I am on maternity leave?

Yes. Sick leave days are used first. If all the accumulated sick leave days are used then personal leave will be used. If all leave days are exhausted, then pay will be docked for each day the employee is out during the customary maternity leave.

Pay is not docked if the employee has enough leave days to cover the customary amount of time allowed for the maternity leave:

- a) Normal delivery – Six (6) Weeks
- b) Caesarean delivery – Eight (8) Weeks
- c) Medically necessary – Determined by the physician

5. Can I stay out longer than six weeks, eight weeks for c-section, or what is medically necessary?

Yes. If the employee qualifies for Family Medical Leave (FMLA)

6. Can I continue to use my accumulated leave days if I stay out longer?

No. Once the maternity leave ends, the employee is expected to return to work if there is no documented medical reason for the employee to remain off. However, under FMLA, for the birth or adoption of a child, an employee can stay out for up to 12 weeks of uncompensated leave. FMLA protects the job, not the pay.

For example: An employee is out six (6) weeks for maternity leave. FMLA begins running concurrently with maternity leave. When the six (6) weeks is up, six weeks of FMLA have been used as well. The employee has six (6) weeks remaining of FMLA. The employee may continue to stay off an additional six (6) weeks under FMLA; however, pay will be docked. Any remaining leave days cannot be used. The remaining leave days will not be lost, they just cannot be used to extend maternity leave when there is not medical reason to stay out.

7. What is FMLA?

The **Family Medical Leave Act (FMLA)** covers work days, not holidays, etc. It is job protection that allows for uncompensated leave when an employee is scheduled to be working. Please refer to Board Policy DEC Local for additional information.

8. Who is eligible for FMLA?

FMLA is available to employees who have been with the District for at least 12 months and have worked at least 1,250 hours prior to taking the FMLA. Please refer to Board Policy DEC Local for a full description of the requirements.

Revised 5/2013

Please refer to Board Policy DEC (LOCAL) for additional information.

9. What happens if I do not have enough days to cover my maternity leave?

Employees who do not have enough sick or personal leave to cover the maternity leave will be docked for each day they are out after all leave days are exhausted. If you are unable to return to work on the first day of the new school year because of complications or the birth of the child, except for hourly employees, state personal leave for the current year will be available for use at the beginning of the school year. However and employee must work at least one day before paid local sick leave will be available for the current year. For hourly employees, paid local sick leave for the current year shall become available for use as it is earned. See DEC Local for more information. **It is vital that the employee contact Payroll so that the employee understands what will happen with respect to any pay docks and salary changes.**

10. What do I do if I have health insurance with the district?

Employees who have health insurance with the district and plan to add the baby will need to contact Melinda Caldwell, District Insurance & Benefits Coordinator, at 817-202-2514 or caldwellm@joshuaisd.org.

11. What do I do if I have disability insurance?

Employees who have disability insurance need to contact Melinda Caldwell, District Insurance & Benefits Coordinator, at 817-202-2514 or caldwellm@joshuaisd.org. It is important to contact Melinda Caldwell prior to delivery in order to expedite the paperwork process.

12. What are the short forms in the packet for?

Each of the five (5) forms in the packet serves a purpose. It is important for the forms to be returned to Melinda Caldwell at the appropriate times indicated on the forms.

Form #1: Acknowledgement that the maternity packet has been received and reviewed by the employee.

Form #2: Update on approximately when the employee will begin maternity leave.

Form #3: Documents when the baby was born (for adoption, when the child was placed) and when the employee plans to return to work.

Form #4: Medical release from the attending physician that the employee may return to work.

13. What do I do with the FMLA form?

The FMLA form is to be signed and returned at the same time Form #1 is returned.

On the FMLA form, if the employee is not certain about the amount of time she plans to be off, then the employee can just pick one of the two boxes. The employee can always change it later by sending updated information with the request to change the number of weeks.

14. Can the father, who is a district employee, take six weeks of leave following the birth of a child?

Yes. He can take up to twelve (12) weeks under FMLA rules.

15. Are there parameters for leave for the father?

Yes. Scenarios are described below:

Normal circumstances where everyone is health: baby and mother

- Father can use discretionary leave for up to three consecutive days, (subject to prior approval by the immediate supervisor). Discretionary personal leave may not be taken for more than three consecutive days.
- If the father wants to stay off longer than the three days, then he will be placed on FMLA, which is uncompensated leave (regardless of the number of leave days that are remaining for the employee). He can use up to 12 weeks of FMLA, however pay will be docked.

Circumstances where there are complications with either the child or the mother that make it medically necessary for the father to be the caregiver

- If there is a medical need then the father can use his sick leave. FMLA begins when the employee is out for more than five days and runs concurrently with the sick leave. When sick leave is exhausted, then pay is docked for the remainder of the time the employee is out under FMLA.

Please note that if both the mother and the father are employees of the same district, the total number of FMLA weeks that can be used in one year is 12, not 24. It is a combined total of 12 weeks.

Revised 5/2013

Please refer to Board Policy DEC (LOCAL) for additional information.



JOSHUA INDEPENDENT SCHOOL DISTRICT

Request for Family and Medical Leave

Request for Family or Medical Leave (FMLA) should be made at least 30 days (if possible) prior to the date the request leave is to begin. Any leave approved will require the use of all applicable sick leave and vacation time.

Instructions: Complete this form; obtain the signature of your principal/supervisor and submit entire form to the Benefits/Insurance Coordinator.

Printed Employee Name: _____ Date: _____

Social Security Number: _____ Hire Date: _____

Position/Assignment: _____ Campus: _____

I request Family or Medical Leave for the following reason(s):

_____ **Serious health condition that prevents me from performing my job***

Explain _____

Date leave to start _____

Expected date to return _____

_____ **In order to care for spouse, child or parent who has a serious health condition***

Date leave to start _____

Expected date to return _____

_____ **Military Family Leave***

Date leave to start _____

Expected date to return _____

Have you taken a family or medical leave in the past 12 months? _____ Yes _____ No

If yes, how many workdays did you miss due to FMLA? _____

Are you currently covered under the Joshua ISD health insurance program? _____ Yes _____ No

If yes, the premium payment will be deducted from your payroll check as usual. If your wages become insufficient to cover the premium, you must submit a personal check to JISD to cover the insurance cost.

I understand and agree to the following provisions:

- I have worked for my employer at least one year and at least 1,250 hours in the previous months
- All days not covered by sick leave or vacation will be unpaid
- After 12 weeks of leave, if I am unable to return to work, I must contact my supervisor and the Insurance/Benefits Coordinator to report my status
- If I do not return to work after the leave, Joshua ISD will recover the cost of any benefits incurred during the time of the leave
- If the requested leave is due to my own serious health condition, I must submit medical certification of my ability to resume work

Employee Signature: _____ Date: _____

Leave Approvals:

Name of Substitute Teacher requested: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Insurance/Benefits Coordinator: _____ Date: _____

HR Office Use Only:

_____ Not-Certified

_____ NCLB Requirements

_____ Requires HQ Teacher

_____ Certified

_____ Requires Parental Notice

The following Substitute meets NCLB requirements: _____

**Attach medical certification from your Health Care Provider for any requested leave*



CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION (FAMILY AND MEDICAL LEAVE ACT)

Part A: Medical Facts

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

Yes No If yes, provide dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? Yes No

Was medication, other than over-the-counter medication, prescribed? Yes No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

Yes No If yes, state the nature of such treatments and expected durations of treatment:

2. Is the medical condition pregnancy? Yes No If yes, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? Yes No

If yes, identify the job functions the employee is unable to perform: _____

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Part B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for the period of incapacity: _____



**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S
SERIOUS HEALTH CONDITION (FAMILY AND MEDICAL LEAVE ACT)**

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? Yes No

If yes, are the treatments or the reduced number of hours of work medically necessary? Yes No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? Yes No

Is it medically necessary for the employee to be absent from work during the flare-ups? Yes No

If yes, explain: _____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days).

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: Identify Question Number with Your Additional Answer:

Signature of Health Care Provider

Date



EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

WHD Publication 1420, Revised 2013

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- 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.

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FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

*Special hours of service eligibility requirements apply to airline flight crew employees.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.



EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced-leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

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JOSHUA INDEPENDENT SCHOOL DISTRICT

Request for Family and Medical Leave

Request for Family or Medical Leave (FMLA) should be made at least 30 days (if possible) prior to the date the request leave is to begin. Any leave approved will require the use of all applicable sick leave and vacation time.

Instructions: Complete this form; obtain the signature of your principal/supervisor and submit entire form to the Benefits/Insurance Coordinator.

Printed Employee Name: _____ Date: _____

Social Security Number: _____ Hire Date: _____

Position/Assignment: _____ Campus: _____

I request Family or Medical Leave for the following reason(s):

_____ **Serious health condition that prevents me from performing my job***

Explain _____

Date leave to start _____

Expected date to return _____

_____ **In order to care for spouse, child or parent who has a serious health condition***

Date leave to start _____

Expected date to return _____

_____ **Military Family Leave***

Date leave to start _____

Expected date to return _____

Have you taken a family or medical leave in the past 12 months? _____ Yes _____ No

If yes, how many workdays did you miss due to FMLA? _____

Are you currently covered under the Joshua ISD health insurance program? _____ Yes _____ No

If yes, the premium payment will be deducted from your payroll check as usual. If your wages become insufficient to cover the premium, you must submit a personal check to JISD to cover the insurance cost.

I understand and agree to the following provisions:

- I have worked for my employer at least one year and at least 1,250 hours in the previous months
- All days not covered by sick leave or vacation will be unpaid
- After 12 weeks of leave, if I am unable to return to work, I must contact my supervisor and the Insurance/Benefits Coordinator to report my status
- If I do not return to work after the leave, Joshua ISD will recover the cost of any benefits incurred during the time of the leave
- If the requested leave is due to my own serious health condition, I must submit medical certification of my ability to resume work

Employee Signature: _____ Date: _____

Leave Approvals:

Name of Substitute Teacher requested: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Insurance/Benefits Coordinator: _____ Date: _____

HR Office Use Only:

_____ Not-Certified

_____ NCLB Requirements

_____ Requires HQ Teacher

_____ Certified

_____ Requires Parental Notice

The following Substitute meets NCLB requirements: _____

**Attach medical certification from your Health Care Provider for any requested leave*



**CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY MEMBER'S
SERIOUS HEALTH CONDITION (FAMILY AND MEDICAL LEAVE ACT)**

Provider's Name and Business Address: _____

Type of Practice / Medical Specialty: _____

Telephone: () _____ Fax: () _____

Part A: Medical Facts

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

Yes No If yes, provide dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? Yes No

Will the patient need to have treatment visits at least twice per year due to the condition? Yes No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

Yes No If yes, state the nature of such treatments and expected durations of treatment:

2. Is the medical condition pregnancy? Yes No If yes, expected delivery date: _____

3. Describe other relevant medical facts, if any related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Part B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care.

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care: Yes No

If yes, explain the care needed by the patient and why such care is medically necessary:



**CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY MEMBER'S
SERIOUS HEALTH CONDITION (FAMILY AND MEDICAL LEAVE ACT)**

5. Will the patient require follow-up treatments, including any time for recovery? Yes No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?

Yes No

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hours per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? Yes No

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days).

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare ups? Yes No

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: Identify Question Number with Your Additional Answer:

Signature of Health Care Provider

Date



EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

WHD Publication 1420, Revised 2013

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care, or child birth;
- 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.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter, or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

*Special hours of service eligibility requirements apply to airline flight crew employees.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.





EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced-leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

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FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right protected 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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

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JOSHUA INDEPENDENT SCHOOL DISTRICT

Request for Family and Medical Leave

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Instructions: Complete this form; obtain the signature of your principal/supervisor and submit entire form to the Benefits/Insurance Coordinator.

Printed Employee Name: _____ Date: _____

Social Security Number: _____ Hire Date: _____

Position/Assignment: _____ Campus: _____

I request Family or Medical Leave for the following reason(s):

_____ **Serious health condition that prevents me from performing my job***

Explain _____

Date leave to start _____

Expected date to return _____

_____ **In order to care for spouse, child or parent who has a serious health condition***

Date leave to start _____

Expected date to return _____

_____ **Military Family Leave***

Date leave to start _____

Expected date to return _____

Have you taken a family or medical leave in the past 12 months? _____ Yes _____ No

If yes, how many workdays did you miss due to FMLA? _____

Are you currently covered under the Joshua ISD health insurance program? _____ Yes _____ No

If yes, the premium payment will be deducted from your payroll check as usual. If your wages become insufficient to cover the premium, you must submit a personal check to JISD to cover the insurance cost.

I understand and agree to the following provisions:

- I have worked for my employer at least one year and at least 1,250 hours in the previous months
- All days not covered by sick leave or vacation will be unpaid
- After 12 weeks of leave, if I am unable to return to work, I must contact my supervisor and the Insurance/Benefits Coordinator to report my status
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Employee Signature: _____ Date: _____

Leave Approvals:

Name of Substitute Teacher requested: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Insurance/Benefits Coordinator: _____ Date: _____

HR Office Use Only:

_____ Not-Certified

_____ NCLB Requirements

_____ Requires HQ Teacher

_____ Certified

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The following Substitute meets NCLB requirements: _____

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**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE
(FAMILY AND MEDICAL LEAVE ACT)**

Part B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

2. Probable duration of exigency: _____

3. Will you need to be absent for a single continuous period of time due to the qualifying exigency? Yes No

If yes, estimate the beginning and ending dates for the period of absence:

4. Will you need to be absent from work periodically to address this qualifying exigency? Yes No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per event

Part C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care; to attend counseling; to attend meetings with school, childcare or parental care providers; to make financial or legal arrangements; to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits; or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Describe nature of meeting: _____

Part D:

I certify that the information I provided above is true and correct.

Signature of Employee

Date



EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

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