

CITY OF SALEM SCHOOLS  
510 SOUTH COLLEGE AVENUE  
SALEM, VA 24153

APPLICATION FOR FAMILY & MEDICAL LEAVE  
(Reference File GCBE—Copy provided)

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION I**

1. I wish to make application for Family & Medical Leave for the period

BEGINNING DATE: \_\_\_\_\_, 20\_\_\_\_  
month-day

RETURN TO WORK DATE: \_\_\_\_\_, 20\_\_\_\_  
month-day

If intermittent leave is requested, please include a letter documenting the reason intermittent leave is needed. Also include a completed Certification of Physician or Practitioner with your application if reason for request is due to personal or family illness (form provided).

2. Reason for Family & Medical Leave: (check one)

Eligible employees are entitled to up to a combined total of twelve weeks of leave in a year. A year is a rolling 12-month period measured backward from the date an employee uses an FMLA leave.

\_\_\_\_\_ The birth and care of a newborn child

Date of birth: \_\_\_\_\_ (month-day-year)

\_\_\_\_\_ The adoption or foster placement of a child

Date of placement: \_\_\_\_\_ (month-day-year)

\_\_\_\_\_ To care for an employee's spouse, parent, or child with a serious health condition

\_\_\_\_\_ Because of a serious health condition that makes the employee unable to perform the essential functions of the employee's job

\_\_\_\_\_ Because of any qualifying exigency as defined in Department of Labor regulations, arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces.

Eligible employees are entitled to the continuation of all employment benefits provided or made available to employees by City of Salem Schools. Beginning when the employee is absent for thirty (30) consecutive unpaid days approved as family and medical leave, dependent health and dental insurance and optional group life insurance coverage may be continued at employee expense when paid in advance by the 15<sup>th</sup> of the preceding month.

Signature Of Employee \_\_\_\_\_

**SECTION II:**

The above application for Family & Medical Leave is:

APPROVED \_\_\_\_\_ UNAPPROVED \_\_\_\_\_

Signature of Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

*THE EMPLOYEE SHALL COMPLETE SECTION I AND SUBMIT THE FORM TO THE PERSONNEL OFFICE FOR PROCESSING. THE FORM SHOULD BE SUBMITTED 30 DAYS IN ADVANCE OF THE DATE LEAVE IS TO BEGIN EXCEPT IN AN EMERGENCY SITUATION.*

**FAMILY AND MEDICAL LEAVE**  
**(excerpts from Policy GCBE)**

Eligible employee: To be eligible for leave under this policy the employee must have at least twelve (12) months of service with the Salem City school division and have worked at least 1250 hours according to the Fair Labor Standards Act, 29 U.S.C. § 201 et seq., in the twelve (12) months preceding the commencement of the leave. Full-time teachers are deemed to meet the 1250 hour test.

**Leave**

Any eligible employee is entitled to leave for a combined total of twelve (12) weeks per year for the situations listed below. A year is a rolling 12-month period measured backward from the date an employee uses an FMLA leave.

1. The birth and care of a newborn child;
2. The adoption or foster placement of a child;
3. To care for an employee's spouse, parent, or child with a serious health condition;
4. Because of a serious health condition that makes the employee unable to perform the essential functions of the employee's job; and
5. Because of any qualifying exigency as defined in Department of Labor regulations, arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

However, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member is entitled to a total of 26 workweeks of leave per year to care for the service member. Leave under this paragraph is available only during a single year. During that year the employee is entitled to a combined total of 26 workweeks of leave under this policy.

To the extent that an employee is entitled to compensated leave under other Salem City school division policies, such paid leave shall be substituted for unpaid FMLA leave. Otherwise, family and medical leave is unpaid. When paid leave is available, the employee must satisfy any procedural requirements of the division's paid leave policy.

Employees on FMLA leave must report their status and intention regarding returning to work to the school division at least every four weeks.

**Leave Because of a Serious Health Condition of Employee**

If the necessity for leave is foreseeable based on planned medical treatment, the employee shall

1. make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the division; and
2. provide the division with at least 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave. If the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practicable.

The School Board may require that a request for leave because of the employee's own serious health condition be supported by a certification issued by a health care provider of the employee.

Certification will be sufficient if it states

1. the name, address, telephone number and fax number of the health care provider and the type of medical practice/specialization;
2. the approximate date on which the serious health condition commenced and its probable duration;
3. a statement or description of appropriate medical facts regarding the employee's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for leave; and
4. information sufficient to establish that the employee is unable to perform the essential functions of his or her position, the nature of any other work restrictions, and the likely duration of such inability.

**Rules for Intermittent and Reduced Schedule Leave**

When permitted by the FMLA, intermittent and reduced schedule leave may be used until the aggregate amount of such leave equals twelve weeks or 26 weeks if the leave is taken to care for a covered service member in the employee's rolling year. However, when the employee requests intermittent or reduced schedule leave that is foreseeable based on planned medical treatment the school division may temporarily transfer the employee to an available alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced schedule leave.

**Rules for Husband and Wife Employed by Salem City School Division**

A husband and wife who are both eligible for family and medical leave and are employed by Salem City school division shall be granted family and medical leave only for a combined total of twelve weeks per year when the leave is taken for the birth, foster placement, or adoption of a child or to care for the child after birth, adoption, or foster placement or to care for a parent with a serious health condition.

**Benefits During Family and Medical Leave**

Employees on family and medical leave shall receive the group health insurance plan coverage on the same conditions as coverage would have been provided if the employee had been working during the period of leave. Other benefits shall be provided according to Salem City Schools policy for paid or unpaid leave, whichever applies.

If the employee fails to return to work when the period of leave to which he or she is entitled expires for any reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to leave, or other circumstances beyond the employee's control, the school division may recover the premium it paid for maintaining the employee's coverage during the period of unpaid leave in accordance with federal law.