

REQUEST FOR FAMILY AND MEDICAL LEAVE

DATE: _____

TO: _____

FROM: _____

SUBJECT: Request for Medical/Family Leave

On _____ you notified us of your need to take family and medical leave due to:

- The birth of a child
- The placement of a child for adoption or foster care
- A serious health condition for which you need to receive care
- A serious health condition affecting _____ for which you are needed to provide care

Your leave will begin as of _____, _____, and you stated that you expect the leave to continue until _____.

Except as explained below, you have a maximum of twelve (12) weeks of unpaid leave in a twelve (12) month period for the reasons listed above. Also your health benefits will be maintained during the period of unpaid leave under the same conditions as if you continued to work. If you do not return to work following leave, under certain circumstances you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your family and medical leave.

This is to inform you:

1. You are eligible, not eligible for family and medical leave.
2. Your requested leave will, will not be counted against your annual total leave entitlement.
3. You will, will not be required to furnish medical certification of a continuous health condition. You must furnish certification by _____ or we may delay the commencement of your leave until the certification is submitted.
4. You will, will not be required to substitute accrued paid leave for unpaid leave.
5. You will, will not be required to furnish us with periodic reports of your status and intent to return to work every thirty (30) days when on FML. The status report should be provided to the Town Manager.
6. (a) If you normally pay a portion of the premiums of your benefits, these payments will continue during the period of leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows:

If payment is not timely made, your group health insurance may be cancelled or at our option, we may pay your share of the premiums during leave and recover those payments from you.

- (b) You will continue to receive the following benefits while on leave:

- (c) You will, will not be required to present a fitness for duty certificate prior to being restored to employment. If such certification is required but not received, your return to work will be delayed until such certification is provided.

LEAVE REQUEST FORM

Employee Name: _____

Employee Position: _____

Dates of Requested Leave: _____ to _____

Reason for Leave Request: _____

I understand that all leave requests must be approved by the Town Manager and that I may be required to provide additional documentation, including medical certification, relating to the leave request. I further understand that failure to return to work at the scheduled time, without a pre-approved leave extension, will be considered a voluntary termination of employment.

(Employee Signature)

(Date)