Adams County/Ohio Valley Local School District Family Medical Leave Act Request Form (FMLA)

Submit this request form to the district Superintendent per Board Policy GBR-R at least 30 days prior to the date when the leave is to begin, unless the leave is unforeseeable, the employee must give notice as early as is practical. An employee shall provide at least verbal notice sufficient to make the District aware that the employee needs FMLA-qualifying leave, and the anticipated timing and during of the leave.

| Employee Name |
|---|
| Requested beginning date of FML |
| Anticipated ending date of FML |
| Purpose of leave |
| The board may require certification from a health care provider containing specific information required under the law if this is for medical leave/family care leave. Attach U.S. Department of Labor Form WH-380-E to this request if this is for employee medical leave. Please use WH 380-F for medical leave to provide care for an immediate family member. These forms are available from the Superintendent, and/or designee, OVSD Web site. |
| The District requires eligible employees to use any accrued and unused paid vacations, personal or sick leave concurrently with unpaid FMLA leave. The Board provides leave to eligible employees consistent with the Family and Medical Leave Act of 1993 (FMLA). Eligible employees are entitled to up to 12 work weeks (or 26 work weeks to care for a covered service member) of unpaid family and medical leave in a 12-month period. The Board continues to pay the District's share of the employee's health benefits during the leave. Employees will be responsible for payment of all applicable employee premium costs while on leave. In addition, the District reinstates the employee to the same or an equivalent position after the employee's return from leave. |
| Check the insurance plan which you are currently enrolled prior to your leave. |
| Medical-Family Dental-Family Life Medical-Single Dental-Single |
| The Board will continue to pay the employee share of your medical (health) premium, but you must make arrangements to pay the employee's share once regular paychecks are no longer being issued. |
| Have you used FML previously while with this employer? Yes No |
| If yes, what were the dates of that leave? Start date End Date |
| Employee Date Signature |
| Signature |
| The Superintendent, or the designee, will respond to this request using the U.S. Department of Labor Form WH-381. The original will go to the employee. A copy will be forwarded to the Treasurer's Office which will later be filed in personnel file. |
| To be completed by Superintendent or designee |
| Date Received Was form WH-380 Attached? Yes No |
| If Form WH-380 was not attached, is form required to respond? Yes No |
| If yes, date Form WH-380 was mailed to employee |
| Superintendent or designee signature Date |