



## REQUEST FOR FMLA LEAVE

(Family and Medical Leave Act of 1993)

To be eligible to request FMLA leave, an employee must have been employed by this BOCES for at least 12 months and must have worked at least 1,250 hours in the 12 months preceding the request. Please note that Full time teachers/ teacher aides/teacher assistants shall be deemed to meet the 1,250 hour eligibility requirement.

To apply for FMLA leave, please complete this form and submit to the Human Resources Office at least 30 days prior to the beginning of your leave. For unforeseen medical circumstances, this form should be completed and submitted to Human Resources as soon as possible.

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Division: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Date of FMLA Request: \_\_\_\_\_

### Type of Leave Requested:

Medical Leave due to employee's condition (Attach Medical Certification)

Start Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_

Requesting Intermittent Leave or Reduced Schedule effective \_\_\_\_\_

Family Medical Leave due to family member's condition (Attach Medical Certification)

Family Member that requires care:      Spouse      Dependent Child      Parent

Start Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_

Requesting Intermittent Leave or Reduced Schedule effective \_\_\_\_\_

Medical leave to care for newborn or adopted child or child placed (via state procedures) for foster care (Attach Medical Certification)

Start Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_

If the duration of my FMLA leave (total paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my FMLA leave should exceed 12 weeks, I will be returned to my same or similar position only if available, in accordance with applicable laws. If my same or similar position is not available, I understand that I may be terminated.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is recommended that you contact the Human Resources Office and schedule a brief meeting with an HR representative. In this meeting, the HR representative can go over the FMLA process with you as well as help you understand your paid time off accruals so you can decide how, or if you wish to use them during your leave. To schedule this meeting contact Human Resources at 518-862-4908.

**Paid vs Unpaid Leave**

It is the policy of Capital Region BOCES, that an employee may choose to use their accumulated paid leave credit concurrently with their FMLA leave. Please indicate if you wish to use your paid leave credits and if so, in which order you would like to use them:

\_\_\_ I wish to use all of my paid leave credits concurrently with my FMLA leave. I wish to use my paid leave credits in the following manner: \_\_\_\_\_

I understand that if any part of my FMLA leave is unpaid, I will still be responsible for paying my share of any medical/pharmacy/dental/vision plans that I participate in through Capital Region BOCES.

\_\_\_ I wish to use some of my paid leave credits concurrently with my FMLA leave. I wish to use my paid leave credits in the following manner: \_\_\_\_\_ I

understand that if any part of my FMLA leave is unpaid, I will still be responsible for paying my share of any medical/pharmacy/dental/vision plans that I participate in through Capital Region BOCES.

\_\_\_ I do not wish to use my paid leave credits concurrently with my FMLA leave. I understand that by taking my FMLA leave unpaid, I will still be responsible for paying my share of any medical/pharmacy/dental/vision plans that I participate in through Capital Region BOCES.

**Continuation of Group Insurance Benefits while on Leave**

Employees granted FMLA leave will continue their respective coverage under BOCES group Health & Dental insurance plans during their leave period at the same level they were provided while working. During the leave period, the employee will continue to be responsible for their contribution to the premium. The employee contribution will come out through payroll deduction during any portion of paid leave that the employee takes during their FMLA leave. If/when an employee takes all or a portion of their FMLA leave unpaid, they will be required to submit direct payment to the BOCES for their contributions. Upon approval of the FMLA application, the employee will be advised on their contribution amounts and methods of payment. Employee contribution amounts are subject to any changes in rates which occur while the employee is on leave. If direct payment is necessary, it is the employee's responsibility to ensure their contribution is paid on time. If an employee's contribution is more than 30 days late, this BOCES may terminate the employee's insurance coverage.

(Continued on next page)

If the employee fails to return from FMLA leave for reasons other than:

1. The continuation of a serious health condition of the employee or a covered family member,  
or
2. Circumstances beyond the employee's control

the BOCES will seek reimbursement from the employee for the employer's portion of the premiums paid by the BOCES on behalf of the employee during the period of leave. (Certification is required within 30 days of failure to return for either reason).

\_\_\_\_\_ By initialing, I understand how continuation of my health & dental insurance will work while on FMLA leave and I agree to the above policy and procedures.

### **Special Rules for Instructional Employees**

An instructional employee who begins any type of FMLA leave at least five (5) weeks before the end of an academic term, may be required not to return until the new term begins if the leave is at least three (3) weeks long and the employee would return during the last three (3) weeks of the term. An instructional employee who begins leave, for any purpose other than personal illness, less than five (5) weeks prior to the end of an academic term, may be required not to return until the new term begins if the leave is greater than two (2) weeks and the employee would return during the last two (2) weeks of the term.

For instructional employees who request intermittent medical leave and it is foreseeable that the medical treatment shall cause the employee to be on leave more than 20% of the total number of working days in the period of leave, this BOCES may require the employee to take a block of time or to transfer to an equivalent position for which the employee is qualified, but which better accommodates intermittent periods of leave.