

**DELAWARE CITY SCHOOLS**

**BOARD'S NOTICE TO EMPLOYEE CONCERNING FMLA LEAVE**

Date \_\_\_\_\_ Employee's Name \_\_\_\_\_ Building/Position \_\_\_\_\_

On \_\_\_\_\_, you notified us/we became aware of your need to take an FMLA-qualifying leave.

\_\_\_\_\_ Your FMLA leave request has been approved. All leave taken for this reason will be designated as FMLA leave.

\_\_\_\_\_ Your FMLA leave request is not approved.

\_\_\_\_\_ The FMLA does not apply to your leave request.

\_\_\_\_\_ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

The leave you are taking is circled below and is a  paid  unpaid leave.

- A. The birth of a child, or placement of a child with you for adoption or foster care
- B. Your own serious health condition
- C. Because you are needed to care for your \_\_\_spouse; \_\_\_child; \_\_\_parent due to his/her serious health condition
- D. Because of a qualifying exigency arising out of the fact that your \_\_\_spouse; \_\_\_son/daughter; \_\_\_parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- E. Because you are the \_\_\_spouse; \_\_\_son/daughter; \_\_\_parent; \_\_\_next of kin of a covered service member with a serious injury or illness

FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement.

You notified us/we became aware that you needed this leave beginning on \_\_\_\_\_ and the leave is expected to continue until approximately \_\_\_\_\_.

If this is your first FMLA leave-qualifying event in the last 12-month period, your anniversary date for purposes of your immediate FMLA entitlement shall be: \_\_\_\_\_ (that is, you have twelve (12) weeks of leave available in the next 12-month period or up to twenty-six (26) weeks for military illness/injury in the line of duty).

If this is not your first FMLA leave-qualifying event in the last 12-month period, this notice shall serve as a reminder that your anniversary date is \_\_\_\_\_; and you are entitled to \_\_\_\_\_ days of FMLA leave between now and your anniversary date.

**Since your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):**

- You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position  is  is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.
- Due to your status, you are considered a "key employee" as defined in the FMLA. As a "key employee", restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We  have  have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_ (Indicate interval of periodic reports as appropriate for the particular leave situation)

**Additional information is needed to determine if your FMLA leave request can be approved and must be returned within fifteen (15) days from the above date:**

- A certification to support your request for FMLA is enclosed.
- Sufficient documentation to establish the required relationship between you and your family member.
- We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.
- Other information needed: \_\_\_\_\_
- No additional information requested.

**Any questions concerning this notice or your rights to FMLA should be addressed to the FMLA Administrator.**

6/03  
6/05  
2/3/09