

THE FAMILY AND MEDICAL LEAVE ACT OF 1993

Section 301(c) Notice to Employees

1. You will be notified by the District whether your leave will be counted against your annual FMLA leave entitlement which will be based on the calendar year.
2. Your request for leave to care for your seriously-ill spouse, son, daughter or parent, or due to your own serious health condition which makes you unable to perform the functions of your position, must be supported by a certification issued by your health care provider in the case of personal illness or your family member's health care provider in the case of a family member who is ill. You must return the attached medical certification, completed by the health care provider, within 15 days prior to the date your leave will commence or as soon as practical if the leave was unforeseen.
3. If you fail to give 30 days advance notice when the need for the FMLA leave is foreseeable, the District may deny your taking FMLA leave until 30 days after the date you provide notice to the District of the need for FMLA leave.
4. If you fail to provide the requested medical certification to substantiate the need for FMLA leave due to a serious health condition within 15 days prior to the time you will commence the FMLA leave, the District may deny the FMLA leave until you submit the certificate.
5. You may substitute accrued paid leave (e.g. sick or personal leave) to cover some or all of the otherwise unpaid FMLA leave. The District may require you to substitute your paid leave for FMLA leave.
6. Any share of health plan premiums which have been paid by you prior to the FMLA leave must continue to be paid by you during your FMLA leave period. If premiums are raised or lowered, you will be required to pay the new premium rate. If the FMLA leave is substituted for paid leave, your share of premiums will be paid by the method normally used during any paid leave. If the FMLA leave is unpaid, you will be required to make the payment to the insurance carrier at the same time as it would be made if by payroll deduction or through another system voluntarily agreed to between the District and you.

7. You will be required to present a fitness-for-duty certificate to be restored to employment based on the nature of your illness or the duration of your absence. You may also be required periodically, while on FMLA leave, to report on your status and intent to report to work.
8. If you fail to provide the requested fitness-for-duty certification to return to work, the District may deny your restoration until you submit the certificate.
9. On return from FMLA leave, you are entitled to be returned to the same position you held when leave commenced, if the same position remains available; or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.
10. You may be liable for payment of health insurance premiums paid by the employer during your FMLA leave if you fail to return to work after taking FMLA leave.

I have received a copy of this notice after notifying the district of my need for FMLA leave.

Employee's Name (Print): _____

Employee's Signature: _____

Date: _____