

**Employee Family Medical Elko County School District Leave Request Human Resources Department  
(Family and Medical Leave Act)**

In general, to be eligible an employee must have worked for an employer for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave.

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\_\_\_\_\_  
Date

TO: The Elko County School District

FROM: \_\_\_\_\_  
Employee Name

SUBJECT: Family/Medical Leave Request

I REQUEST FAMILY & MEDICAL LEAVE AS FOLLOWS DUE TO (check appropriate statements)

\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care;

\_\_\_\_ Your own serious health condition

\_\_\_\_ To care for your \_\_\_\_ spouse; \_\_\_\_ child; \_\_\_\_ parent due to his/her serious health condition

\_\_\_\_ Because of a qualifying exigency arising out of the fact your \_\_\_\_ spouse; \_\_\_\_ son or 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.

\_\_\_\_ Because you are the \_\_\_\_ spouse; \_\_\_\_ son or daughter; \_\_\_\_ parent; \_\_\_\_ or next of kin of a covered service member with a serious injury or illness.

This leave will or has begun on \_\_\_\_\_(date) and I expect leave to continue until on or about \_\_\_\_\_(date).

I understand that:

1. I have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
2. I have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member (members of US Military) with a serious injury or illness.
3. I will be required to use any available paid sick leave, personal leave, personal business leave, vacation time, and/or other leave during my FMLA absence. This means that I will receive my paid leave and the leave will also be considered protected FMLA leave and counted against my FMLA leave entitlement.
4. I may be required to furnish medical certification of a serious health condition.

5. While on leave I may be required to furnish the ECSD with periodic reports of my status and intent to return to work.
6. I may be required to furnish sufficient documentation to establish the required relationship between myself and my family member.
7. My health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work.
8. If I normally pay a portion of the premiums for my health insurance, these payments will continue during the period of FMLA leave.
9. I may be required to present a fitness-for-duty certification prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until the certification is provided.
10. If I do not return to work following FMLA leave for a reason other than; 1) the continuation, recurrence, or onset of a serious health condition which would entitle me to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle me to FMLA leave; or 3) other circumstances beyond my control. I may be required to reimburse the ECSD for the share of health insurance premiums paid on my behalf during my FMLA leave.
11. I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on my return from FMLA protected leave.
12. If my leave extends beyond the end of my FMLA entitlement, I do not have return rights under FMLA.
13. If I do not return to work for any reason after using my 12 weeks annual FMLA leave entitlement that may be a ground for termination.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature