



Family and Medical Leave Application

Nebo School District
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This leave entitles eligible employees to take job-protected, unpaid leave, for up to a total of 12-work weeks per school year for qualified medical events. Approved FMLA leave will run concurrently with paid sick leave. This application should be filed by the employee.

Name of employee: _____ Employee # _____ Date: _____
Home address: _____ Home Phone # _____ Cell Phone # _____
City, State, Zip: _____ Email Address: _____
School/Place of Work: _____ Certified _____ Classified _____ FTE _____

Purpose of leave:

- For the birth and care of the newborn child of the employee. **(File this form with Human Resources after the birth of the baby)**
- For placement with the employee of a son or daughter for adoption or foster care.
- For incapacity or treatment due to a chronic or serious health condition.
- To care for an immediate family member with a serious health condition (Spouse, Child, or Parent)
- A qualifying exigency arising out of the fact that an immediate family member (Spouse, Child, or 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.
- Caretaker leave of a covered service member (Spouse, Child, Parent, or Next of kin) with a serious injury or illness.

Date leave will begin: _____ Expected date of return: _____

My Signature indicates that I have read and understand the terms and conditions of Family Medical Leave.

Employees Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

If any of your Leave is Leave without Pay, please choose one of the following options:

- Please spread the deduction in pay over the remainder of the school year.
- Please take the deduction in pay in same period which leave without pay occurs.
- I would like to use personal leave toward my leave total.

Employees Signature: _____ Date: _____

For District office use

FMLA Eligibility:

- District employee for a minimum of 12 months
- Worked a minimum of 1250 hours in the 12 months previous to application for leave
- Not Eligible

Number of paid sick leave hours available: _____ Number of paid sick leave hours requested: _____

Number of unpaid sick leave hours requested: _____ Number of unpaid sick leave hours granted: _____

Personal leave available: _____ Personal leave requested: _____

Approved _____ Disapproved _____ Date _____ Director of Human Resources _____

Approved _____ Disapproved _____ Date _____ Superintendent _____



Family and Medical Leave Terms & Conditions

1. To be eligible for FMLA leave, the employee must have been employed for at least 12 months (not continuous) by the District and worked for a minimum of 1,250 hours during the 12-month period immediately preceding the commencement of leave. The maximum amount of FMLA allowable is 12 work weeks in one school year, (26 work weeks if leave is taken to care for a service member with a serious injury or illness)
2. Nebo School District requires the use of accrued sick leave to run concurrently with the approved FMLA. The exact number of paid and unpaid days will be determined by Human Resources according to existing leave day balances at the time of the absence, details provided by the employee, and in accordance with District policies. The employee is responsible to verify paid days with the Human Resource Department.
3. Medical Certification will be required within 15 days from this notice verifying the serious health condition of the employee, spouse, son, daughter, or parent. If medical certification is not received within the 15 days, FMLA may be delayed or denied.
4. A 30 day notice is required when the leave is “foreseeable”. If a 30 day notice is not given, and the leave is foreseeable, the District can delay or deny the FMLA leave.
5. If an employee is on approved FMLA the District will continue to pay its portion of the healthcare premium. During FMLA leave, the employee is responsible to continue to pay their portion of the healthcare premium plus the full premium amount(s) for any additional insurance plans they participate in.
6. Employees must report periodically to their supervisor regarding the status of medical condition. Employees are required to adhere to all attendance policies and call-in procedures.
7. At the end of the FMLA leave, the District will restore an employee to their original or an equivalent position with equivalent pay, benefits, and other employment terms. The District will make a determination as to whether the position is an equivalent position.
8. All correspondence will be sent to the employee’s email address.
9. Employees are responsible to enter their own time off into the Employee Service Portal system.
10. Leave is calculated on a prorated basis.
11. This request will be reviewed by the Payroll Department and amendments will be made if any of the above sick and personal leave are used before the date of medical leave.