

PASQUOTANK COUNTY
STAFF REQUEST/NOTIFICATION FOR FAMILY MEDICAL LEAVE ACT (FMLA)

Instructions: Please complete all applicable sections, sign and date this form.

Section One: Your information

Your Name

Title

Unit/Dept.

Phone: Office

Home

Home Address - Please include Street, City, State, and Zip Code

Section Two: Type of Family and Medical Leave
(Please indicate below which type of leave you are requesting.)

Reason	Purpose	Documents Needed	Complete Sections...
<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Birth of Child or Maternity Leave	None	Four or Five, and Seven
	<input type="checkbox"/> My Serious Health Condition	Medical Certification Form	Four or Five, and Seven
<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Care for Family Member with Serious Health Condition	Medical Certification Form and Certification of Need for Employee's Presence	Four or Five, Six and Seven
	<input type="checkbox"/> Adoption, Foster Care, Placement of a Child* or Care of Newborn Child Born to Spouse	None *Verification of placement of child	Four or Five, and Seven

Section Three: Other Personal Leave

Written request from employee

Four and Seven

Section Four: Period of Your Leave (Other than Intermittent or Reduced Time Leave)
I expect to be away from work for the following dates/work days:

FROM: _____ TO: _____ Total Work Days Away: _____

Section Five: Flexibility on Scheduling of Your Leave Time (Intermittent or Reduced Time Leave)
I am requesting the following intermittent or reduced time schedule for the duration of my leave:

Please refer to reverse of form for explanation.

Section Six: Documents Required for Approval of Your Request
The documents indicated in Section Two:

are included or will be sent within 15 days of the date of this request.

Section Seven: Signatures/Approvals
I have read and understand the information on the reverse side of this form.

Employee Signature/Date

Supervisor's Signature/Date

Other Departmental Signatures

Supervisor's Phone Number

PLEASE READ IMPORTANT INFORMATION ON REVERSE SIDE

Note: Once your leave notification or request has been reviewed, you will receive written confirmation from the Office of Personnel, and the Department Head.

Eligible Employee: An employee is eligible for Family and Medical Leave only if employed for 1250 hours; and for 12 months or more before the leave begins. Eligibility for Family and Medical Leave begins after three continuous days of absence for the following qualified reasons.

Definition: Medical Leave (FMLA) Birth or Employee's Own Serious Health Condition
 A serious health condition means a condition that involves inpatient care or continuing treatment by a health care provider. When a leave is for a serious health condition, an employee will be required to provide medical certification from the employee's health care provider.

The employee may also be required to provide medical certification during the course of the leave and prior to the return from leave.

Care of Family Member with Serious Health Condition
 Entitlement to the leave is subject to medical verification concerning the medical condition of the family member and certification that the employee's presence is necessary or would be beneficial for the family member's care.

Adoption, Care of Newborn Child Born to Spouse, or Foster Care Placement of a Child

Intermittent or Reduced Leave (FMLA) Under FMLA an employee may take intermittent leave or may work on a reduced schedule to reduce the usual number of hours worked per day or days per week. Intermittent or reduced leave schedules are subject to employer approval unless medically necessary.

Employee Notice: When medical leave is foreseeable, an employee must give 30 days advance notice; otherwise, the employee must give as much notice as practicable.

SUMMARY: UP TO 12 WEEKS OF FAMILY AND MEDICAL LEAVE DURING A 12 MONTH PERIOD MAY BE TAKEN FOR ANY ONE OR ANY COMBINATION OF THE FOLLOWING QUALIFYING EVENTS.

QUALIFYING EVENT:

BIRTH OR CARE OF NEWBORN CHILD OR ADOPTION OR FOSTER CARE PLACEMENT OF CHILD				
Female Employee	Male Employee	All Employees	MEDICAL LEAVE FOR EMPLOYEE WITH SERIOUS HEALTH CONDITION	PERSONAL LEAVE TO CARE FOR FAMILY MEMBER WITH SERIOUS HEALTH CONDITION
PREGNANCY, PHYSICALLY GIVING BIRTH AND CARE OF WELL NEWBORN CHILD	CARE OF WELL NEWBORN CHILD BORN TO SPOUSE	ADOPTION OR FOSTER CARE PLACEMENT OF CHILD		
For 1st 8 weeks, accrued sick leave is applied. If sick leave is exhausted before end of 8 week period, accrued vacation leave, personal days and available compensatory time off must be utilized. For remaining 4 weeks available under FMLA, accrued vacation leave, and available compensatory time off must be utilized. With approved medical certification, accrued sick leave will be applied if mother or child is ill. When available paid absences are exhausted, then balance of leave will be taken as unpaid.	For available 12 weeks of leave, employee must utilize accrued vacation leave, and available compensatory time off. Accrued sick leave cannot be applied. When available paid absences are exhausted, then balances of leave will be taken as unpaid.	For available 12 weeks of leave, employee must utilize accrued vacation leave, and available compensatory time off. Accrued sick leave cannot be applied. When available paid absences are exhausted, then balances of leave will be taken as unpaid except if child is ill.	For available 12 weeks of leave, employee must first utilize all available sick leave. When sick leave is exhausted, accrued vacation leave, and compensatory time off must be utilized. When available paid absences are exhausted, then balance of leave will be unpaid. Long term disability is available as described in the Benefit's Handbook.	For available 12 weeks of leave, employee is entitled to utilize all available sick leave if family member resides in the same household. When sick leave is exhausted, or when the employee has chosen not to use sick leave for this purpose, accrued vacation leave, and compensatory time off must be utilized. If family member does not reside in the same household, sick leave cannot be utilized. Employee must utilize accrued vacation leave, and available compensatory time off. When available paid absences are exhausted, then balance of leave will be unpaid.

TYPE OF LEAVE TO BE UTILIZED BY EMPLOYEES