



## **FAMILY MEDICAL LEAVE ACT**

Under the Family Medical Leave Act (FMLA), you are entitled to up to 12 weeks of paid and unpaid, job-protected leave for certain family and medical reasons. The District will pay your group single medical insurance premiums during this period. However, if you normally pay a portion of your premiums for health insurance, these payments will continue during the period of FMLA leave. Please contact Nanette DiCianni in the Human Resource Department to make payment arrangements.

## **FMLA PROCEDURE**

1. The employee shall advise the Superintendent, or his/her designee, in writing explaining the need for the family medical leave.
2. The Superintendent, or his/her designee, will forward a copy of the letter to the Human Resource Department along with any special instructions.
3. The Human Resource Specialist will issue a response letter to the employee regarding the leave request. This response will indicate if the leave has been approved and any other special instructions such as a request for a physician's certificate.
4. Once the employee has begun their leave of absence, the Director of Business Operations and the Human Resource Specialist will complete the "Employer Response to the Employee Request for Family or Medical Leave", U.S Department of Labor form WH-381. The completed form will be sent to the employee along with the District's response letter.