

PULASKI COUNTY
Employer's Response to Employee Request for
Family or Medical Leave
and/or Employer Initiated Leave under FMLA

(Family Medical Leave Act - 1993)

MEMORANDUM

TO: _____
(Employee's Name)

FROM: _____
(Name and Signature of the Elected Official or Department Head)

DEPARTMENT: _____

DATE: _____

SUBJECT: Request for Family/Medical Leave

On _____ you notified us of your need to take leave due to:
(date)

- () the birth of your child or the placement of a child with you for adoption or foster care; or
- () a serious health condition that renders you unable to perform the essential functions of your job; or
- () a serious health condition affecting your () spouse, () parent, or other () eligible dependent for which you need to provide care.

You notified us that this leave is to begin this date _____ and that you expect leave to continue through this date _____.

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you 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 you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate box (es):- explain where necessary)

*1. () You have been placed on Family/Medical Leave in accordance with Pulaski County Policy as it applies to the terms and conditions of the Family/Medical Leave Act of 1993.
Note: Pulaski County, as your employer, has initiated this leave due to one or more of the conditions describe above.

- 2. () You are eligible () You are not eligible for leave under the FMLA.
- 3. () The requested leave will be counted against your annual FMLA entitlement. () The requested leave will not be counted against your annual FMLA entitlement.

*Check (✓) number 1, only if the Leave has been initiated by the department.

4. () You will be required to furnish medical certification. You must furnish certification by _____ (insert date) (must be at least 15 days after your notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.
5. () If this leave is employee medical or eligible family medical accrued sick leave will be used. This is not optional! Sick leave will be applicable per County policy.
6. () Accrued vacation leave may be used upon request. () Accrued vacation leave may not be used.
7. () Pulaski County currently pays the premiums for your health insurance and a \$10,000 term life insurance policy. These paid premiums will continue during the period of FMLA leave.
8. () If leave is employee medical you will be required to present a fitness-for-duty statement from the attending physician or certified medical personnel prior to being restored to employment. If certification is not received, your return to work may be delayed until the required certification is provided.
9. You are are not a "key employee" as described in 825.218 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.
- 9(a). We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (See 825.219 of the FMLA regulations.)
10. () While on leave you will be required to furnish your supervisor/department head with periodic reports of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side, you are required to notify your supervisor/department head at least two (2) work days prior to date you intend to report to work.
- 10(a). () You will not be required to furnish periodic reports of your status. You are required to furnish an intent to return to work at least two (2) work days prior to the date you intend to report for work.
- 11 You will be required to furnish re-certification relating to a serious health condition. (FMLA regulation section 825.308)
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11(a). () You will not be required to furnish re-certification relating to a serious health condition.

Signature of the Elected Official/Department Head or/Supervisor
who is authorized to grant or deny this leave request.

Date