

EAST WINDSOR PUBLIC SCHOOLS

70 South Main Street • East Windsor, CT 06088

REQUEST FOR LEAVE UNDER THE  
FAMILY AND MEDICAL LEAVE ACT

\_\_\_\_\_  
(Name of Employee)

An employee wishing to request leave may make such request by filling out the information contained in this form. Use of this form by the employee is not mandatory.

Employee requesting FMLA leave: \_\_\_\_\_  
(Employee's Name)

Please be advised that as of \_\_\_\_\_, I give you notice of  
(Current Date)

my need to take family/medical leave due to:

- the birth of a child, or the placement of a child for adoption or foster care;
- a serious health condition that I need care for or
- a serious health condition affecting my spouse, child or parent, for which I am needed to provide care.

I need this leave beginning on \_\_\_\_\_ and I expect the  
(Date)

leave to continue until on or about \_\_\_\_\_ .  
(Date)

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### **CONTINUATION OF HEALTH BENEFITS FOR EMPLOYEES ELIGIBLE FOR FAMILY AND MEDICAL LEAVE UNDER THE FEDERAL FAMILY AND MEDICAL LEAVE ACT**

If you are an eligible employee, you are entitled to a total of 12 work weeks of family or medical leave during any 12-month period for one or more of the following:

- the birth of a child and in order to care for this child within the first 12 months of life;
- placement of a child with you for adoption or foster care, and to care for this child within the first 12 months of placement;
- in order to care for your spouse, son, daughter or parent, if this person has a serious health condition; and
- your own serious health condition that makes you unable to perform the functions of your position.

You may elect or the East Windsor Board of Education may require that you substitute paid leave time (accrued vacation, personal days, medical or sick leave) for any part of the 12-week period but the East Windsor Board of Education is not required to pay in situations that would normally not provide paid leave.

When necessity of a leave is foreseeable, you must provide a 30-day notice to the East Windsor Board of Education or as soon as practicable. Certification of a serious health condition by a doctor may be required.

During an approved family or medical leave, your health benefit plan will continue (including coverage for covered dependents) under the same conditions coverage would have been provided had you remained at work.

You will be responsible for any contributions toward the cost of the plan which you would have been responsible for had you not taken the leave. In the event you voluntarily do not return to work when the leave expires, you will be required to reimburse the East Windsor Board of Education for contributions to the plan made on your behalf during the period of leave. Employees will be responsible for the full cost of health insurance benefits for leaves that extend beyond the FMLA limit. Please see attached for employee cost.

#### **YOU ARE AN ELIGIBLE EMPLOYEE IF YOU:**

- have been employed by the East Windsor Board of Education for at least 12 months;
- have at least 1,250 hours of service during the previous 12 months prior to the commencement of leave; and
- work at a work site where there are at least 50 East Windsor Board of Education employees employed within 75 miles of your site of employment.