



Town of Chino Valley, AZ
Family Medical and Military Leave
Employee Request and Employer Response Form

This form contains medical related information and must be maintained in files separate from employee personnel files, in locked cabinets with only designated persons having access. The Town of Chino Valley will retain the original and provide a photocopy of the form with the response to the employee completed within two (2) days of receipt of the request.

FMLA Request - to be completed by the employee

Name:

Title:

Department:

Supervisor:

I am requesting Family/Medical Intermittent (partial days) Family/Medical leave due to...

- The birth of my child or the placement of my adopted or foster child in my home
- A serious health condition that I need care for
- A serious health condition affecting my spouse child parent, for which I am needed to provide care
- Assist ill or seriously injured military service immediate family member
- Any "qualifying" exigency, arising from immediate family member on active duty (called to or notified of impending order)
- Other (explain): in conjunction with Workers Compensation

Request for leave to begin on _____ thru _____
 Number of FMLA days I have taken in the last 12 months are _____

Under the FMLA, if you have worked at least one year and at least 1,250 hours in the past 12 months, you are eligible for up to 12 weeks unpaid leave under specific circumstances. You are entitled to receive health benefits as if you were still working. When returning to work, you must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment. If you do not return to work following FMLA leave (for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA leave or other circumstances beyond your control), you may be required to reimburse the Town for our share of health insurance premiums paid on your behalf during your FMLA leave.

Employee Signature: _____ Date: ____/____/____

Response to request – to be completed by Human Resources, Town of Chino Valley

This is to inform you that. . .

- You are eligible for leave under the FMLA.
- You are not eligible for leave under the FMLA for the following reasons:

Under the uniformly applied Town policy. . .

1. The requested leave will will not be counted against your FMLA leave entitlement.
2. You will not be required to furnish medical certification.
 You will be required to furnish medical certification of a serious health condition by (at least 15 days after you are notified of this requirement) or, if the leave is not foreseeable, as soon as reasonably possible under the particular facts and circumstances. We may delay the start of your leave until certification is submitted. If certification is not provided, leave may be denied.
3. You are required to substitute accrued paid leave for unpaid FMLA leave.

- We will require that you substitute accrued paid leave for unpaid leave according to these terms:
 - Employees must exhaust available leave balances such as sick, vacation and compensatory time before going unpaid.

We will pay your share of the health insurance premiums and recover those payments from you when you return to work if applicable.

We will not pay your share of health insurance premiums. As stated below, you will be required to make payments according to these dates and terms.

- Deductions will continue from payroll deduction while the employee is utilizing sick/vacation/comp time accruals.
- Once the employee goes on unpaid FMLA leave, payment arrangements need to be made with Payroll. Note: you have a 30 day grace period in which to make payments for your health insurance premium. Additionally, if payment for your FSA deduction is more than 30 days late, your FSA election may be postponed or cancelled.

4. Regarding payment of premiums for other benefits such as voluntary life insurance etc.

We will pay your share of premiums while you are on leave, you are not expected to reimburse the Town.

We will pay your share of premiums and recover those payments from you when you return to work.

We will not pay your share of premiums. (if applicable) We have discussed this with you and agree that you will make payments according to these dates and terms:

- Deductions will continue from payroll deduction while the employee is utilizing sick/vacation/comp time accruals.
- Once the employee goes on unpaid FMLA leave, payment arrangements need to be made with the Payroll Department.

5. Pursuant to our uniformly applied policy, you will be required to present a "fitness for duty" certificate before returning to work. Your return may be delayed until the certification is provided. The certification need only be a simple statement of your ability to return to work, and should only apply to the condition for which you took leave (not applicable to intermittent leave).

Pursuant to our uniformly applied policy, you will not be required to present a fitness for duty certificate before returning to work.

6. You are not considered a "key" employee as described * in the FMLA regulations 825.217 and 825.218 (see below)

You are considered a "key" employee as described * in the FMLA regulations 825.217 and 825.218 Therefore...

If it is determined that the reinstatement of your position and benefits upon completion of the FMLA time may be denied on the grounds that such reinstatement would cause substantial and grievous injury to the Town, we will furnish written notice of such, as determined by 825.219 of the FMLA regulations.

We have determined that restoration of your employment would not cause substantial and grievous injury to the Town.

7. You will be required.

You will not be required. . .

to provide reports of your status and intent to return to work every (**check w/your department on this requirement**) _____ days while on FMLA leave. If the circumstances of your leave change, enabling you to return to work earlier than the date specified in the first section of this form, you will or will not be required to notify the Town at least two (2) working days before your intent to return to work.

8. You will be required (explanation below) . . .

You will not be required. . .

to furnish the Town re-certification of a serious health condition every 30 days, if applicable. Your completed Certification of Health Care provider form will serve this purpose.

Employer Signature: _____

Date: _____

| Correspondence during leave | | |
|-----------------------------|--|--|
| Date | Contact Type (phone, letter, walk-in) | Comment (brief description of exchange) |
| | | |
| | | |
| | | |
| | | |

* A salaried FMLA eligible employee who is among the highest paid 10% of all the employees employed by the town.