**INSERT SCHOOL DISTRICT NAME**

**FAMILY MEDICAL LEAVE**

**SUPERVISOR & PAYROLL NOTICE**

|  |  |
| --- | --- |
| To: | INSERT SUPERVISOR |
| From:  | INSERT NAME & JOB TITLE |
| cc: | INSERT PAYROLL CONTACT |
| Date: | INSERT DATE |
| Re: | Approval of Family Medical Leave for INSERT EMPLOYEE NAME |
|  |  |

Please be advised that the above referenced employee is or will be out on family medical leave under the following conditions:

|  |  |
| --- | --- |
| Start Date: | INSERT START DATE |
| Anticipated End Date: | INSERT END DATE |
| The Employee’s Leave will be: |  |
| Continuous  | INSERT NUMBER OF CONSECUTIVE DAYS |
| Reduced Schedule | INSERT APPROVED SCHEDULE |
| Intermittent Leave | INSERT CONDITIONS OF INTERMITTENT |
| The Employee Will Use the Following Paid Leave Time: |  |
| Sick Hour/Days | INSERT AMOUNT OF LEAVE/INCREMENT |
| Personal Hours/Days | INSERT AMOUNT OF LEAVE/INCREMENT |
| Vacation Hours/Days | INSERT AMOUNT OF LEAVE/INCREMENT |
| Other Paid Leave Time to Used |  |
| The Total Amount of Statutory Leave Used Will Be: | INSERT TOTAL FMLA/VPFL DAYS (60 or less |
| The Employee is out on Worker’s Compensation leave and no leave time will be applied. | YES OR NO |
| **In addition to FMLA/VPFL Leave, these will be provided:** |  |
| Collective Bargaining Agreement and/or Board Policy Sick Leave Rights (beyond FMLA/VPFL) | INSERT ADDITIONAL PAID LEAVE DATES AND CONDITIONS BEYOND FMLA/VPFL |
| Collective Bargaining Agreement and/or Board Policy Unpaid Leave of Absence (beyond FMLA/VPFL) | INSERT UNPAID LEAVE DATES AND CONDITIONS |
| **The following leave runs concurrently with statutory leave:** |  |
| The Employee is out on Worker’s Compensation leave and no leave time will be applied as the Employee is being paid by the Insurance Company. Benefits will continue until the end of the claims. | YES OR NO; Add any other conditions of the Worker’s Comp leave that should be noted |
| The Employee is also using leave as a part of an ADA Reasonable Accommodation. | YES OR NO; Add any other conditions of the ADA leave that should be noted. |
| The Employee will be responsible for 100% of his/her insurance premiums starting: |  |
| Other Information/Considerations: |  |

The supervisor is responsible for working with the Superintendent of Schools or designee to determine if a daily substitute or long-term substitute will be required during this time. Please contact INSERT NAME to begin this process.

The INSERT PAYROLL POSITION is responsible for working with the Employee to collect the Employee’s portion of premiums during the 12 week statutory FMLA/VPFL leave and during any unpaid leave time beyond the statutory leave period, if the Employee will have unpaid time. The INSERT PAYROLL POSITION is also responsible for working with a salaried employee to determine if the Employee’s pay will need to be re-annualized as the result of any unpaid leave.

Please see the attached Family Medical Leave Tracking Calendar for more information.