

To: _____
(name of employee)

From: _____
(name of authorized HR representative)

Date: _____

Subject: Request for Family/Medical Leave

On _____, you notified the Town of your need to take family/medical leave due to:

- The birth of a child, or the placement of a child with you for adoption or foster care:
- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect this leave to continue on or about _____.

Except as explained below, you have the 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.

This is to inform you that you are eligible not eligible for leave under the FMLA. You are required to use your accumulated paid sick, vacation and personal leave during your FMLA leave prior to going on unpaid FMLA leave.

You will will not be required to furnish a medical certification of a serious health condition. If required, you must furnish the certification by _____ or we may delay the commencement of your leave until the certification is submitted. The Town may require additional certifications during your FMLA leave. (FMLA Certification of health Care Provider)

Pursuant to applicable collective bargaining agreements and Town policy you are required to pay a portion of your health insurance premium. While on paid FMLA leave, the Town will continue to make payroll deductions to collect your share of the premium. While on unpaid FMLA leave, you must continue to make this payment, either in person or by mail. The payment must be received in the Department of Human Resources by the 15th day of each month for the following month's coverage. If the

payment is more than 30 days late, your health insurance coverage may be dropped for the duration of the leave. The Town will provide 15 days' notification prior to loss of coverage. If the you have purchased supplemental life insurance through payroll deduction the Town will continue making such payroll deductions during paid FMLA leave. While you are on unpaid FMLA leave, you may request continuation of such supplemental life insurance and pay directly to the Town the monthly premium. If you do not continue these payments, the Town may discontinue coverage during the FMLA leave.

You may be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

You will will not be required to present a fitness-for-duty certificate prior to being restored to work.

Additional conditions:

Authorized HR Representative

Title

Date

cc: Employee HR File
Department Head
HR Employee Benefits
Payroll