

**CEDAR FALLS COMMUNITY SCHOOLS
APPLICATION FOR CHILD BEARING AND/OR CHILD REARING LEAVE**

This request must be submitted to your building principal or immediate supervisor at least two (2) months before the anticipated date the leave is to begin.

Employee Name _____ Building/Department _____
Principal/Supervisor Name _____

CHILD BEARING LEAVE

This leave is available for the period of time when the employee is certified by a physician to be temporarily incapacitated due to pregnancy (or complications of pregnancy) and is consequently unable to perform the duties of her position.

Please check if applicable:

_____ I request child-bearing leave in accordance with provisions of the applicable collective bargaining agreement or Board of Education policies.

Typically, doctors certify six (6) weeks medical incapacity in the case of natural birth delivery and eight (8) weeks in case of caesarian delivery. This may be extended in cases of pre or post delivery complications.

Request leave to begin on: _____ Anticipated date to end child bearing leave: _____

- I understand that if I am eligible, the District will consider any unpaid leave rights I may have under the provisions of the Family and Medical Leave Act (FMLA) to run simultaneously with that provided under the provisions of Child Bearing Leave. **(See back of form for your rights under FMLA)**
- I will submit a **“Commencement of Absence Due to Illness or Injury Medical Certification”** form to the human resources department within 5 business days of the beginning date of medical incapacity.
- I will submit a **“Certificate of Medical Status”** form to the HR Department a minimum of two working days in advance of returning to work, to determine whether work restrictions, if any, can be temporarily accommodated.

Please sign the form; request the following leave, if applicable.

CHILD REARING LEAVE

This leave is available for the purpose of caring for a newborn infant for whom the employee has legal responsibility. Such leave is to be subsequent to the birth of the employee's child, or in case of adoption when the child is physically handed over to the employee to provide care and support as the legal parent.

Please check if applicable:

_____ I request child-rearing leave in accordance with provisions of the applicable collective bargaining agreement or Board of Education policies.

Request leave to begin on: _____ and end on _____

- I understand that if I am eligible, the District will consider this unpaid leave to run simultaneously with that provided under the provisions of the Family and Medical Leave Act (FMLA), such leave being unpaid. (See back of form for your rights under FMLA).
- I understand that this leave is unpaid.
- I understand that the duration of this leave is at the discretion of the District once my FMLA rights, if any, have been met.

Employee Signature Date

Executive Director of Human Resources Date

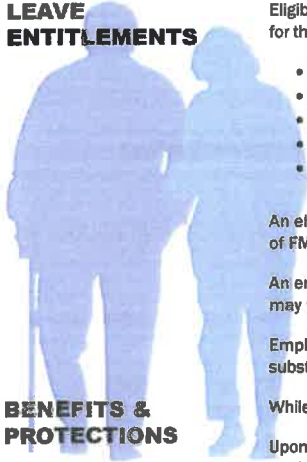
Chief Financial Officer Date

Approved: _____ Not Approved: _____

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

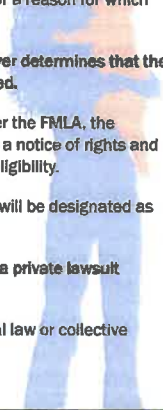
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

