



## APPLICATION FOR FAMILY OR MEDICAL LEAVE OF ABSENCE (FMLA)

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Location \_\_\_\_\_ Department/Division \_\_\_\_\_  
Start Date \_\_\_\_\_ Return Date (date of return to work) \_\_\_\_\_  
Date Blaine County became aware of FMLA event \_\_\_\_\_ Date FMLA notice was sent \_\_\_\_\_

I understand I may take up to twelve work weeks of unpaid leave within a twelve month period starting with the beginning date of my leave. Employees must have worked for twelve months and at least 1,250 hours during the prior twelve months.

Reason for Requested Leave: \_\_\_\_\_ For birth of son or daughter, and to care for the newborn child.

(Check those that apply) \_\_\_\_\_ For placement of a child into the employees family by adoption or by a foster care arrangement.

\_\_\_\_\_ To care for the employee's spouse, son, daughter, or parent (or step) with a serious health condition.

(Must provide a Certification of Health Care Provider)

\_\_\_\_\_ Because of a serious health condition that makes the employee unable to perform the functions of his or her job. (Must provide a Certification of Health Care Provider)

\_\_\_\_\_ For intermittent treatment of a serious health condition during which the employee is unable to perform the functions of his or her job. (Must provide a Certification of Health Care Provider)

Sick, Comp, Holiday, and Vacation accrual hours must be used, in this order, during your leave until exhausted.

\_\_\_\_\_ # of Sick Hours Available \_\_\_\_\_ # of Comp Hours Available \_\_\_\_\_ # of Holiday Hours Available \_\_\_\_\_ # of Vacation Hours Available

I understand that the time paid from my sick, comp, holiday and vacation accruals will be included in the calculation of my twelve weeks of FMLA leave. I understand that sick and/or vacation hours will not accrue and that I will not earn Holiday hours during any unpaid portion of my FMLA leave. I have read and understand the Family Leave section in my employee manual.

I understand that I am entitled to receive continued healthcare benefits during my Family and Medical Leave under the same conditions as I currently receive them. In order to continue these benefits, I agree and understand that I will be obligated to pay my portion of the healthcare premiums for myself and my family, if applicable, during my leave. I also understand that my benefits will cease during the leave if my premiums are more than thirty days overdue.

I prefer to pay my healthcare premiums, flexible reimbursement account premiums, and/or my other eligible benefits (may include, but is not limited to, Life, Colonial, AFLAC) premiums on the following schedule: (Please check one)

**Healthcare/Other**      **Flexible Reimbursement**

\_\_\_\_\_      \_\_\_\_\_ During my leave, my premiums will be paid in monthly installments, no later than the 1st day of the applicable month;

\_\_\_\_\_      \_\_\_\_\_ I **do not** want to pay healthcare/benefit premiums and, therefore, understand that I **will not** have healthcare and/or other benefit coverage during my leave period (healthcare and other benefits will be reinstated upon return as they were prior to the leave).

*Please discuss 401(a), 401(k), and 457 contributions with an HR or Payroll representative. The proper 401(a), and 457 forms must be completed if contributions will change during Family or Medical leave.*

I understand that upon return from Family or Medical Leave, I will be restored to my original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment.

**I understand that it is my responsibility to notify a Payroll representative upon my return from FMLA in order to reinstate all benefits (sick and vacation hour accruals, 401(K), healthcare coverage, etc.). This notification MUST take place prior to the specified "Return Date" above and that I am required to provide a "Fit to Return to Work" certification before I will be allowed to return to duty.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head/Elected Official \_\_\_\_\_ Date \_\_\_\_\_