

insurance.

Xenia Community Schools Application for Family Medical Leave

Name:		_ Building:	Job Title:	
Current Address:_				
Anticipated Leave	Period:			
Specific Period	Beginning:	Ending:	or	Intermittent
Reason for Leave	(Explain):			
I, Leave as written in		_, have read the enclos greement.	ed agreement for Fa	mily and Medical
Employee's Signat	ure:		Date:	
Eligible 🛛 Not Eligible 🖓				
by:			Date:	
	Michael Earley	y, Director of Personne	I	
approval.		ays in advance of antici		ersonnel Office for
		reasurer's Office by the tion for leave provision		mployment and

8.10 Family and Medical Leave (Certificated) and 6.11 Family and Medical Leave (Classified)

The parties agree to abide by the provisions of the federal Family and Medical Leave Act of 1993 ("FMLA"). The parties to the Agreement agree that all benefits guaranteed by the FMLA will be provided to eligible employees covered by this Agreement. Each party shall retain all rights accorded to them by the FMLA.

To be eligible for FMLA leave, an employee must have one (1) year of service with the Board and must also have actually worked a total of 1,250 hours for the Board over the twelve (12) months prior to the leave request. Twelve (12) month period is defined as a fixed twelve (12) month period from July 1st through June 30th.

Qualifying Reasons for FMLA and Military Family Leave

- A. Each eligible employee is entitled to up to a combined total of twelve (12) weeks of unpaid FMLA leave per leave year for any one, or more, of the following reasons: (I) The birth of the employee's son or daughter, and to care for the newborn child; (II) The placement with the employee of a son or daughter for adoption or foster care, and to care for the newly placed child; (III) To care for the employee's spouse, son, daughter, or parent with a serious health condition; (IV) Because of a serious health condition that makes the employee unable to perform one or more of the essential functions of his or her job; and (V) Any qualifying exigency arising out of the fact that the staff member's spouse, son, daughter, or parent is a covered military member on active duty (or has been notified of impending call or order to active duty) in support of a contingency operation. An eligible employee is not entitled to a separate 12 weeks of FMLA leave each of these five reasons, but only up to 12 weeks among these five reasons for any given year.
- B. In addition, an eligible staff member who is a spouse, son, daughter, parent or next of kin of a covered service member with a serious injury or illness may take up to a total of twenty-six (26) work weeks of job-protected, unpaid leave, or substitute appropriate paid leave if earned or accrued, to provide physical and/or psychological care for the covered service member.
- C. An eligible employee may choose to substitute certain other types of accrued paid and unpaid leave for FMLA leave, as permitted by the FMLA.
 - Per Xenia Board Policy 3430.01 (Certificated) and 4430.01 (Classified)
 - The Board may count a leave concurrently against an eligible employee's FMLA leave entitlement and against the employee's entitlement, if any, to other appropriate types of leave, and vice versa.
- D. FMLA leave taken for reasons (I) and (II) must be concluded within one year of the birth or placement. The employee must give the Board thirty days' notice of the birth or placement if possible, or as much notice as possible, if less than thirty days.
- E. FMLA leave taken of reasons (III) or (IV) may be taken intermittently, when medically necessary. The employee will attempt to schedule intermittent FMLA leave so as not to unduly disrupt their work.

Protection of employment and insurance

- A. The Board shall return, if possible, the employee taking a leave under this Section to the same position he/she occupied prior to the leave.
- B. The Board shall continue to pay the board contribution to the current group health plan for the employee while they are on FMLA leave.
- C. The taking of FMLA leave shall not result in the loss of any employment benefit accrued prior to the date the leave commenced.

The Board may require medical certification from a licensed physician as to the medical necessity for FMLA leave taken for reasons (III) or (IV). Such certification will include a statement by the physician that the employee is unable to perform one or more of the essential functions of his/her position, or that their presence is required to care for the employee's spouse, parent, son or daughter with a serious health condition. This Section shall be uniformly applied.

Genetic Information Nondisclosure Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to a request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.