

LINCOLN COUNTY EMPLOYEE NOTICE/REQUEST FOR FAMILY MEDICAL LEAVE

Employee's Name: _____ Employee #: _____

FMLA Coordinator: Nikki Darnell Date: _____ Department: _____

Reason for Leave: _____ **Check One**

- | | |
|--|--------------------------|
| Personal serious health condition | <input type="checkbox"/> |
| Serious health condition of your: | |
| Child | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> |
| Birth and care of a newborn child | <input type="checkbox"/> |
| Adoption of child or placement of child in foster care | <input type="checkbox"/> |
| Qualifying exigency for families of covered members | <input type="checkbox"/> |
| Military caregiver (Covered Service Member Leave) | <input type="checkbox"/> |

Anticipated Start Date of Leave: _____

Anticipated Date of Return: _____

Type of Leave Requested: (Check One) Intermittent Non-Intermittent Unknown

Certification

If your need for leave is due to your serious health condition, birth and care of a newborn child, the need for qualifying exigency leave, military caregiver leave or the need to care for a seriously ill child, spouse, or parent, you must provide medical certification by a Health Care Provider before or at the commencement of your leave. If you do not provide medical certification, your leave will not be protected by FMLA. You will be given the corresponding Certification of Health Care Provider Form (WH-380E/WH-380F/WH-384/WH-385). You must return the certification form to your FMLA Coordinator no later than 15 calendar days from the date of receipt. If the need for leave does not allow for time to present prior medical certification, certification should be provided as soon as possible after the commencement of the leave. Failure to provide the required certification or re-certification may result in disciplinary action up to and including dismissal.

Certification shall be sufficient if it states the date on which the serious health condition commenced; the probable duration of the condition; the appropriate medical facts within the knowledge of the health care provider regarding the condition; when caring for a child, spouse or parent, a statement that the employee is needed and an estimate of the amount of time that such employee is needed; when for the employee's illness, a statement that the employee is unable to perform the functions of the position; when for intermittent leave, or leave on a reduced work schedule, for planned medical treatment, the dates on which treatment is expected and the duration; when for intermittent leave, or leave on a reduced work schedule for the employee's illness, a statement of the medical necessity for the arrangement and the expected duration; and when for intermittent leave, or leave on a reduced work schedule, to care for a child, parent or spouse, a statement that the arrangement is necessary or will assist in their recovery and the expected duration. Lincoln County may require periodic (no more than every 30 days) recertification during the leave.

Return to Work

If your need for leave is due to your serious health condition, you will be given a copy of your current job description to take to your Health Care Provider. The Health Care Provider must specify that he or she has reviewed the duties associated with the job description and indicate that you are capable of performing those duties including any restrictions. Lincoln County allows employees to return to work from FMLA if they do not have any medical restrictions that prevent them from performing the essential functions of their job.

Employee's Signature _____ Date _____