

Leave Request Form Cover Sheet

Human Resources Department
90 Delaware Avenue Paterson, NJ 07503
Phone: (973) 321-0748 Fax: (973) 321-2405

NEW JERSEY STATE FAMILY LEAVE (NJFLA) & FAMILY AND MEDICAL LEAVE ACT (FMLA)

New Jersey Family Leave (NJFLA)

Eligibility Requirements: Have worked for covered employer at least 1000 hours in preceding 12 months and employed for at least 12 months.

Amount of Leave: 12 weeks during a 24 -month period measured forward from the first date of any NJ State Family Leave granted within the last 24 months.

Type of Leave: Birth or adoption; serious health condition of parent, parent of spouse, child or spouse (*This type of leave can be used to care for family not oneself*)

Family & Medical Leave Act (FMLA)

Eligibility Requirements: Have worked for covered employer at least 1250 hours in preceding 12 months and employed for at least 12 months.

Amount of Leave: 12 weeks during a 12- month period measured forward from the first date of any FMLA granted within the last 12 months.

Type of Leave: Birth, adoption, or foster care; to care for parent, child, or spouse with serious health condition or employees' own serious health condition. (*This type of leave can be used to care for family or oneself*)

Health Benefits Coverage

Your health benefits will be maintained under the same conditions as if you continued to work. If you pay a health benefits premium contribution through payroll deduction, you will be advised of any premium contribution that might be due in order to continue your coverage during your leave period. If you do not remit these premium contributions as requested, the District may recover these payments from you upon your return to work.

Reinstatement Rights

You are entitled to be restored to the same position you held before the leave started, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

Medical Certification

Certification from an appropriate health care provider of your own serious health condition or the serious health condition of your family member must be presented to the Office of Human Resources. If the period of illness extends beyond the date originally provided, medical certification will be required to confirm extension of illness. In addition, you will be required to present a fitness-for-duty certificate prior to being restored to employment if your absence was due to your own serious health condition.

Please be advised that if the circumstances of your leave qualify for FMLA and NJFLA, the leave used will count against your entitlement under both laws.

I have read this notice and am applying for Family Leave under the terms and conditions as defined above:

Name: _____ School/Department: _____

Please indicate if this injury is work related YES _____ NO _____

Start Date of Anticipated Leave: _____ Expected Date of Return: _____

Reason of Leave: _____

Number of accumulated sick or personal days to be utilized _____

Paid leave dates from: _____ to: _____

Employee's signature: _____ Date: _____

The Human Resources Office has reviewed your request for Family Leave and advise that you are eligible for the following:

_____ Medical using days	_____ Not eligible for Family Leave for the following reason(s):
_____ FMLA	_____
_____ NJFLA	_____
_____ Both FMLA and NJFLA	_____

Human Resources Representative: _____ Date: _____

This application provides general information only and is not intended to encompass all aspects of leave set forth within the Paterson Public School Board of Education Policy No. 1642, 1642.01, 1643, 3212 & 4212 applicable to Family Medical Leave and the Earned Sick Leave Law.

While out on leave, you are not permitted to participate in any work-related activities. This includes but is not limited to: After school programs, Summer school sessions, Bedside or homebound teaching, Coaching of any sports teams or extracurricular activities or any other work or activities conducted on behalf of the school district.