

NOTICE TO EMPLOYEES REQUESTING FAMILY AND/OR MEDICAL LEAVE OF THEIR SPECIFIC RIGHTS AND OBLIGATIONS

1. In order to qualify for Family Medical Leave Act and/or the California Family Rights Act you must (a) have been employed by the District for at least 12 months and have worked at least 1250 hours of service during the 12-month period immediately preceding the commencement of the leave. **NOTE:** The District has adopted the “rolling 12 month period” for determining eligibility. This means that the District will measure back 12 months from the date of the qualifying event.
2. The leave you requested will be counted against your annual 12-week federal Family Medical Leave Act (“FMLA”) entitlement and your annual California Family Rights Act (“CFRA”) entitlement as well. Hereinafter this notice shall refer to both leaves as FMLA. **EXCEPTION:** Female employees are allowed up to 28 weeks (FMLA/CFRA 12 weeks plus PDL 16 weeks) for reasons of pregnancy, childbirth or related medical conditions.
3. If you are requesting federal FMLA leave due to your own serious health condition or a serious health condition of a family member, you must provide medical certification regarding the nature of the illness with submission of this form.
4. Medical certification need not identify the serious health condition but shall contain: (a) date, if known, on which the serious health condition commenced; b) probable duration of the condition; c) an estimate of the amount of time which the health care provider believes the employee needs to care for a child, parent or spouse; and, d) a statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the child, parent or spouse. If the medical certification of the serious health condition is for the employee, the certification shall also include whether the employee is able to work at all or is unable to perform any one or more of the essential functions of his or her position.
5. You are required to provide re-certification of the serious health condition every 30 days or, under certain circumstances, before 30 days. Failure to provide a medical certification may result in denial of your leave or the continuation of your leave until the certification is provided.
6. You may be required by the SDCCD to substitute accrued vacation or other paid leave in place of your FMLA leave if you are eligible for the paid leave according to your bargaining agreement. Such paid leave will be counted against your FMLA entitlement.
7. If applicable, you will be required to continue paying your share of your regular health insurance premiums to maintain your health benefits during FMLA unpaid leave. The Benefits Office at the inception of your FMLA will bill you. If your health insurance is District paid, you will continue to be covered during FMLA unpaid leave.
8. You may be required to provide a fitness-for-duty certification before you will be restored to employment.
9. You are entitled to restoration after FMLA leave to the same or equivalent job upon return from leave. However, after your FMLA leave has been exhausted for the year, if you continue on some other form of unpaid leave, you may not be entitled to be restored to your position.
10. You may be liable for the payment of health insurance premiums paid by the SDCCD during your FMLA leave if you fail to return to work after taking FMLA leave. If payment is required the Benefits Office will bill you.