

Orange East Supervisory Union

Serving the towns of Bradford, Corinth, Groton, Newbury, Ryegate,
Thetford, Topsham, and Wells River

64 Main Street

P O Box 396

Bradford, VT 05033

Phone: 802.222.5216 Fax: 802.222.4451

Web: www.oesu.org

Family Medical Leave Act Request

Please choose your school:

Name:

Requested Leave Start Date:

Estimated End Date:

The reason for this FMLA leave request is (*Please select the most appropriate box*):

Birth of a child and to care for the newborn child

Placement of a child for adoption or foster care

To care for a spouse, child, or parent with a serious health condition [Certification Form](#)

My own serious health condition that makes it so I am unable to perform my job duties
[Certification Form](#)

A qualifying exigency arising out of the fact that my spouse, child, or parent is a military member on covered active duty (or has been notified of an impending call or order to cover active duty status). [Certification Form](#)

To care for a covered service member with a serious injury or illness if I am the spouse, child, parent, or next of kin of the covered service member. [Certification Form](#) (Active Duty)
[Certification Form](#) (Veteran)

To care for my child and I am unable to work (or telework) due to the closing of my child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.

Short-Term Family Leave (under VT PFLA)

To participate in my child's, stepchild's, foster child's, or dependent's preschool or school activities

To attend or accompany my child, stepchild, foster child or dependent to routine medical or dental appointments

To accompany my parent, spouse, or parent-in-law to other appointments for professional services related to their care and well-being

To respond to a medical emergency involving my child, stepchild, foster child or dependent

My time off from work is expected to be (Please select the most appropriate box):

For a continuous block of time (several continuous days, weeks or months off work)

For a reduced work schedule (change in work schedule needed, fewer hours per day, or fewer hours per week)

On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week)

You are not required to use paid time off during FMLA. However, FMLA is unpaid unless you choose to use your paid time off balances. Please select if you would like to use any of these balances to be compensated during your FMLA.

I would like to use the following paid time off balances during my FMLA:

Sick

Personal

Vacation

I would not like to use paid time off balances during my FMLA.

I understand that when I return to work, I will be restored to my current position or a substantially equivalent position.

I also understand that while I am on FMLA, I will be responsible for paying my portion of the premiums for my benefits coverage for myself and my dependents. Failure to do so may result in loss of coverage. Beyond twelve (12) weeks of FMLA, I will be responsible for paying the full portion of these premiums in order to continue my coverage, unless otherwise documented in a Collective Bargaining Agreement.

No other representations or promises regarding continued employment or job security have been made to me as I am an at will employee, free to resign at any time, and capable of being terminated at any time with or without cause. I acknowledge that if I breach any of the representations contained hereinabove, or, if my leave request is granted, but the purpose or nature of the leave was misstated, my Employer has the right to discipline me, up to and including, immediate discharge.

FMLA leave for Orange East Supervisory Union’s employees is calculated on a 12-month period. If you have questions about the amount of time you have available as a result of a prior leave request, please contact Human Resources.

Additional information about your FMLA rights and responsibilities will be provided to you in writing within five (5) business days after receipt of this notice (unless already provided).

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request.

Please contact Human Resources with any questions.

Signature:

Date:

.....
Internal Use Only:

Eligible: Yes No

Qualifying Reason: Yes No

Date Received/Notified:

Date Notices Need to be Sent (5 business days):

Date Notice Sent:

Notice Sent via (and attached)

Email

US Mail

Need Certification by:

Certification Received: