

APPLICATION FOR LEAVE

City of Bowling Green

Department			
(Print Last, First)			
NAME		DATE	
TIME	I hereby apply for _____ hours of the following type leave:		
	<input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Leave of Absence w/o Pay <input type="checkbox"/> Funeral <input type="checkbox"/> Personal Business <input type="checkbox"/> Comp. Time <input type="checkbox"/> Military <input type="checkbox"/> Other _____ <input type="checkbox"/> Workers' Comp. Claim # _____ and/or Date of Injury _____		
	Beginning Date _____ a.m. _____ p.m. And Ending Date _____ a.m. _____ p.m.		
REASONS	Complete the following when applying for Sick and/or Funeral/Bereavement Leave. Family and Medical Leave (FML) information will be provided to you, if applicable.	<input type="checkbox"/> Incapacitated by illness or injury. Is injury or illness work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Sick Leave associated with pregnancy or birth of child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Leave is for medical, dental, or other treatment or examination; Time of appointment: _____ <input type="checkbox"/> Sick Leave is required to care for a member of my family who is incapacitated by illness or injury: _____ (Name and relationship of family member) <input type="checkbox"/> Death of member of my family _____ (Name and relationship of family member)	
FML Related Leave	<input type="checkbox"/> Leave is associated with the placement of a child for adoption or foster care. (FML information will be provided to you.)		
PHYSICIAN CERTIFICATION	CERTIFICATION OF PHYSICIAN I hereby certify that I am a duly qualified practitioner of medicine and that the use of sick leave described above is justified, in my opinion, and that the person involved was under my professional care and has been released to return to work on _____ (date). _____ Signature of Attending Physician Date _____ Address & Telephone Number		
EMPLOYEE'S STATEMENT	EMPLOYEE'S STATEMENT I hereby declare that the personal data provided in this application is true, correct, and complete to the best of my knowledge and belief. I fully understand that a false entry shall be grounds for disciplinary action including dismissal. Employee's Signature _____ (Do NOT print or type)		
Signatures	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Supervisor	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Dept. Head	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Personnel Director	Date

Employee Rights Under the Family and Medical Leave Act (FMLA)

The following is a short overview of Family and Medical Leave (FML) requirements. The information contained herein is not meant to fully cover all facets of the Family and Medical Leave Act (FMLA). Information regarding FML will be sent to employees, when and if their leave is eligible. For additional information regarding specific FML requirements you should review Administrative Instruction No. 33, "Family and Medical Leave Act." Employees with questions should contact the City of Bowling Green's Personnel Department.

The Family and Medical Leave Act (FMLA) provides "eligible" City of Bowling Green employees an assurance of up to 12 weeks of unpaid job-protected leave per year for certain family and medical reasons. Employees are "eligible" if they have worked for the City of Bowling Green for a least one year, and for 1,250 hours over the previous twelve months. In some situations, the City of Bowling Green's policies and procedures provide leave privileges which exceed those covered by FMLA. For additional information regarding employee leave rights, privileges, and responsibilities, you should review the City of Bowling Green's Administrative Instructions and Codified Ordinances. Unionized employees should consult their collective bargaining agreements.

The City will grant FML to an eligible employee for any of the following reasons: for the birth and/or care of the employee's son or daughter (includes natural birth or placement for adoption or foster care); for the care of the employee's spouse, son, daughter or parent, who has a "serious health condition"; or for a "serious health condition" that makes the employee unable to perform one or more of the essential functions of his/her position. Whenever an employee has accumulated unused leave time, that time shall be substituted for and counted against the employee's 12-week FML entitlement. Any accrued paid vacation or personal time shall be applied against any FML leave; however, accrued, but unused, Sick Leave shall only be applied against leave taken to care for a seriously ill parent, spouse, son or daughter, or for the employee's own serious health condition. Employees will not be required to substitute compensatory time for unpaid FML; however, they may voluntarily elect to utilize accrued but unused compensatory time in order to remain in a paid status.

Except when FML is not "foreseeable," an employee must provide 30 days advance "notice" to the City. The City may require "medical certification to support an employee's request for FMLA covered leave because of a "serious health condition" of a family member, or if the employee is unable to return from leave because of a "serious health condition." An employee utilizing FML to care for a seriously ill immediate family member, or for such employee's own serious health condition, may take intermittent leave or work a reduced work schedule, if medically necessary. Intermittent leave may also be taken as a result of the birth of a child or for the placement of a child for adoption or foster care. If the need for leave is foreseeable based on planned medical treatment, the City may temporarily transfer the employee to an available alternative position with equivalent pay and benefits that better accommodates recurring periods of leave, provided the employee is qualified for the position.

An employee may be eligible for both workers' compensation benefits and Family Medical Leave, if he/she suffers a serious work-related injury or illness that results in him or her being unable to perform one or more of the essential functions of his/her position. Time absent from work for work-related accidents and/or illnesses shall be counted concurrently towards both Family Medical Leave and Workers' Compensation (Injury Leave), if eligible.

Most employees will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms upon their return to work. During the period of the approved FMLA covered leave, the City will pay its portion of group insurance premiums, and employees must continue to pay their share. The City will maintain the employee's medical and/or dental insurance coverages under the City group plans, under the same condition that coverage would have been provided had the employee continued working. In some cases, the City may recover premiums paid for maintaining an employee's health coverage if the employee fails to return to work from FMLA leave.

You should review Administrative Instruction No. 33 for complete information concerning Family and Medical Leave requirements.