



EMPLOYEE REQUEST FOR FAMILY AND MEDICAL LEAVE

This application is to be completed and returned to Human Resources at least 30 days before the leave is to commence if the need for the leave is foreseeable. In circumstances when the leave is not foreseeable 30 days in advance, an employee must request the leave as soon as practicable. The City of Winchester may designate leave as FMLA leave without a request from an employee.

Employee Information

Employee Name: _____ Employee Number: _____
 Date of Request: _____ Department: _____ Job Title: _____

Type of Leave

I hereby request the following type of leave:

- Family leave for the:
 Birth of my son or daughter Placement of a child with me for adoption foster care
 Anticipated date of birth or placement: _____
- Family leave to care for a spouse, son, daughter or parent with a serious health condition
 Family member's full name: _____
- Relationship to you: spouse parent son or daughter other (if applicable)
- Medical leave for my own serious health condition (Specify): _____

Amount of Leave

I request that the leave be granted for the following period of time:

Beginning on (date): _____ Ending on (date): _____

I further request that the leave be granted for the following reduced or intermittent leave schedule: _____

If you are approved for FMLA, you will be responsible for ensuring your benefits are paid for and payments are up to date. As per CEMS Policy 5.4 section C, employees are mandated to use their accrual balances. If you run out of accruals and can no longer make your usual benefit deductions, you will have to pay the City.

- Check here if you are participating in the City's Medical Health Insurance and/or Dependent Care Flexible Spending Account(s).
- Check here if you are enrolled in VRS (Virginia Retirement System) and or any other additional elected benefits (Short Term Disability, Critical Accident Coverage).

APPENDIX J

If you are participating in any of the above benefits, please indicate how you choose to continue to pay for these benefits while on Family and Medical Leave.

- I have enough paid time off accruals to cover my benefit deductions while I am out on leave.
- Pre-pay the contribution on a pre-tax basis.
- When returning to my position, I authorize deductions be taken from my paycheck.

Employee Certification and Signature

I understand that while on leave and using accrued leave I will continue to earn paid time off accruals. I also understand that while I am on unpaid leave I will not earn paid time off accruals.

I also understand that during my leave, the City of Winchester will not pay my portion of my health and dental insurance premiums. I am required to pay my share of all health and dental coverage. If I fail to make my share of the monthly premium, I will be provided written notice of this failure and be given an additional 15 days to make payment in full. If payment is not made after this notice, I understand that my health and dental benefit coverage will cease.

In addition to health and dental, if I am taking a full or partial unpaid leave, I am responsible for the payment of all other benefits I have elected. This includes but is not limited to Virginia Retirement System, additional life insurance and additional optional health insurance coverage. Further, if I fail to return to work after the expiration of the leave, I am expected to reimburse the City of Winchester for its share of the health and dental insurance premiums.

I understand that submitting this application does not indicate an approval of my leave. The City of Winchester will respond in writing as to the conditions of my request for leave.

I certify that the information given on this form is true. I understand that making false statements on this form is grounds for discipline up to and including termination of my employment.

Employee Signature: _____ Date: _____

Required Signatures

Requested and Acknowledged:

Department Head Signature: _____ Date: _____

FMLA Eligible: (HR Only)

Benefits Specialist Signature: _____ Date: _____

HR Director: _____ Date: _____

Approved:

City Manager Signature: _____ Date: _____