








**WORCESTER COUNTY PUBLIC SCHOOLS
FAMILY AND MEDICAL LEAVE ACT SIGN-OFF SHEET**

Please review the following, sign the bottom line, and return this document with your *FMLA Request Form*.

EMPLOYEES:

-  may use appropriate paid leave prior to using any unpaid FML;
-  must provide medical certification on the enclosed form for any FML request which involves a serious medical condition. Failure to provide such certification will result in denial of FML until such certification is submitted;
-  will continue to pay their normal contributions for health benefits received while on FML in order to receive continued health benefits;
-  must be restored to the same or equivalent position when returning from FML;
-  may be required under certain circumstances to reimburse the Board for any payments made by the Board to continue the employees fringe benefits while on FML if the employee fails to return to work at the conclusion of the FML;
-  must give a 30-day notice when the leave is foreseeable based on an expected birth or placement of a child in adoption or foster care, or planned medical treatment for a serious health condition for the employee or family member; and
-  will provide medical certification from the appropriate health care provider if unable to return to work because of a serious health condition on the day the FML expires or the employee is needed to care for a parent, child or spouse because he/she has a serious health condition on the day the FML expires.

I have read and understand the above information regarding the Family and Medical Leave Act.

Signature

Date