



# CITY OF TULLAHOMA

## Request for Family or Medical Leave

---

Date: \_\_\_\_\_

To: \_\_\_\_\_

Department: \_\_\_\_\_

From: \_\_\_\_\_

Hire Date: \_\_\_\_\_

---

On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:

\_\_\_ The birth of a child, or the placement of a child with you for adoption or foster care; or

\_\_\_ A serious health condition that makes you unable to perform the essential functions for your job; or

\_\_\_ A serious health condition affecting your  spouse,  child,  parent, for which you are needed to provide care.

You notified us that you need this leave beginning on \_\_\_\_\_ and that you expect leave to continue until on or about \_\_\_\_\_.

Regular FMLA     Intermittent \_\_\_\_\_     Reduced Schedule \_\_\_\_\_

---

This is to inform you that:

1. You are  eligible  not eligible for leave under the FMLA.
2. The requested leave  will  will not be counted against your annual FMLA entitlement.
3. You  will  will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_, or we may delay the commencement of your leave until the certification is submitted.
4. We will require that you substitute accrued paid leave for unpaid FMLA leave. Unpaid FMLA leave will take effect when accrued sick and vacation leave is exhausted.
5. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that premium payments are due on the 1<sup>st</sup> of the month if they are not payroll deducted. The same will apply to dependent life insurance if you currently contribute.  
  
If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
6. You  will  will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
7. While on leave, you will be required to contact your supervisor with periodic reports every two weeks of your status and intent to work. If circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two work days prior to the date you intend to report to work.

Except as explained above, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

For additional information, please contact the Department of Labor, review the web site [www.dol.gov](http://www.dol.gov) and/or reference the City of Tullahoma Personnel Regulations, Chapter 10.13.