

ATTACHMENT XI
**BOARD NOTIFICATION TO EMPLOYEE THAT HIS/HER PAID
LEAVE OF ABSENCE QUALIFIES AS FMLA LEAVE**

Employee's Name: _____ Position: _____

Building: _____

Date Paid Leave Commenced: _____

Your present paid leave of absence is for the following reason:

- _____ the birth of a child and/or to care for the newborn child within one year of the child's birth;
- _____ the placement of an adopted child or foster child with you and/or to care for the newly placed child within one year of the child's arrival;
- _____ a serious health condition affecting your _____ spouse, _____ child, _____ parent, for which you are needed to provide care; or
- _____ a serious health condition prevents you from performing the functions of your job.

The reason indicated above qualifies you for FMLA Leave. This notice serves to inform you that the Board of Education considers your present paid leave of absence to be counted toward your FMLA Leave entitlement for the current 12-month period.

If this is your first FMLA leave-qualifying event in the last 12-month period, your anniversary date for purposes of your immediate FMLA Leave entitlement shall be: _____ (i.e. you have 12 weeks of leave available in the next 12-month period).

If this is not your first FMLA leave-qualifying event in the last 12-month period, this notice shall serve as a reminder that your anniversary date is: _____; and you are entitled to _____ days of FMLA leave between now and your anniversary date.

You have a right under the Family & Medical Leave Act of 1993 to up to twelve (12) weeks of leave in a twelve (12)-month period for the reasons listed above. If your accrued paid leave runs out, the condition indicated above continues, and you have not yet exhausted your 12-weeks of FMLA leave entitlement, you may continue your leave of absence on an unpaid basis by completing a request for FMLA leave as soon as practicable. If the remaining FMLA leave is unpaid, your health benefits will be maintained under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave. If you do not return to work following this period of unpaid 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 the Board of Education for its share of any health insurance premiums it paid on your behalf during your unpaid FMLA Leave.

ANY QUESTIONS CONCERNING THIS NOTICE OR YOUR RIGHTS TO FMLA LEAVE SHOULD BE ADDRESSED TO THE INDIVIDUAL WHOSE NAME APPEARS BELOW.

[Signature of administrator enforcing FMLA Leave]

Date