

Carbon County School District #2

Notice of Potential FMLA Leave

TO: FMLA Administrator/Central Office

FROM: _____

DATE: _____

On _____, I was notified that the following employee may be eligible for leave under the Family Medical Leave Act (FMLA) based upon information provided by the employee:

Employee Name: _____

Position: _____

Date(s) of actual or anticipated absence(s): _____

Reason: (Please circle # and mark reason/relationship)

1. Because of the (anticipated) birth of a child and in order to care for the child (including prenatal care).
2. Because of the placement of a child with the employee:
 For adoption
 For foster care
3. In order to care for the employee's:
 Spouse
 Son or Daughter
 Parent who has a serious medical condition
4. Because of the employee's own serious health condition that makes him/her unable to work or unable to perform the functions of his/her job.
5. Because of a qualifying exigency arising out of the fact that the employee's
 Spouse
 Son or Daughter
 Parent is on (or has been notified of an impending call to) covered active duty in the Armed Forces
6. In order to care for the employee's
 Spouse
 Son or Daughter
 Parent
 Next of Kin who is a covered service member with a serious illness or injury

FMLA DEFINITIONS OF A **SERIOUS HEALTH** CONDITION

A "serious health condition" means an illness, injury impairment, or physical or mental condition that involves one or more of the following:

1. Inpatient Care. An overnight stay in a hospital, hospice, or residential medical care facility including any period of incapacity or subsequent treatment in connection with such inpatient care.

Incapacity and Treatment. A period of incapacity of more than three consecutive, full calendar days, including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (a) Treatment two or more times within 30 days of the first day of incapacity (unless extenuating circumstance exist), by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or be a provider of health care services (e.g. physical therapist) under orders of, or on referral by a health care provider; or
- (b) Treatment by a health care provider on at least one occasion within seven days of the condition, which results in a regimen of continuing treatment under the supervision of the health care provider.

Treatment means an in-person visit to a health care provider. Treatment includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

A regimen of continuing treatment includes, for example, a course of prescription medication, or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

3. Pregnancy

- (a) Any period of incapacity due to pregnancy; and
- (b) Prenatal or postnatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

- (a) Requires periodic visits for treatment by a health care provider (at least two per year), or by a nurse or physician's assistant under direct supervision of a health care provider.
- (b) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- (c) May cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not to be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under the orders of, or on referral, by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc), severe arthritis (physical therapy), kidney disease (dialysis).