NEW JERSEY STATE FAMILY LEAVE (NLFLA) & FAMILY AND MEDICAL LEAVE ACT (FMLA)

# New Jersey Family Leave (NJFLA)

***Eligibility Requirements:*** Have worked for covered employer at least 1000 hours in preceding 12 months and employed for at least 12 months. ***Amount of Leave:*** 12 weeks during a 24 -month period measured forward from the first date of any NJ State Family Leave granted within the last 24 months.

***Type of Leave:*** Birth or adoption; serious health condition of parent, parent of spouse, child or spouse ***(This type of leave can be used to care for family not oneself)***

# Family & Medical Leave Act (FMLA)

***Eligibility Requirements:*** Have worked for covered employer at least 1250 hours in preceding 12 months and employed for at least 12 months. ***Amount of Leave:*** 12 weeks during a 12- month period measured forward from the first date of any FMLA granted within the last 12 months. ***Type of Leave:*** Birth, adoption, or foster care; to care for parent, child, or spouse with serious health condition or employees’ own serious health condition. ***(This type of leave can be used to care for family or oneself)***

# Health Benefits Coverage

Your health benefits will be maintained under the same conditions as if you continued to work. If you pay a health benefits premium contribution through payroll deduction, you will be advised of any premium contribution that might be due in order to continue your coverage during your leave period. If you do not remit these premium contributions as requested, the District may recover these payments from you upon your return to work.

# Reinstatement Rights

You are entitled to be restored to the same position you held before the leave started, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

# Medical Certification

Certification from an appropriate health care provider of your own serious health condition or the serious health condition of your family member must be presented to the Office of Human Resources. If the period of illness extends beyond the date originally provided, medical certification will be required to confirm extension of illness. In addition, you will be required to present a fitness-for-duty certificate prior to being restored to employment if your absence was due to your own serious health condition.

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I have read this notice and am applying for Family Leave under the terms and conditions as defined above:

Name: \_\_\_\_ \_ \_\_ \_ \_ \_\_ \_ \_\_ \_ \_\_ School/Department: \_\_\_\_ \_\_ \_ \_\_ \_ \_ \_\_

**Please indicate if this injury is work related YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Start Date of Anticipated Leave: \_\_\_\_\_\_ \_ \_\_ \_ Expected Date of Return: \_\_\_\_\_\_\_ \_ \_ \_\_

Reason of Leave: \_\_\_\_ \_ \_\_ \_ \_ \_\_ \_ \_\_ \_ \_ \_\_ \_ \_\_\_ \_ \_ \_\_ \_ \_\_ \_ \_ \_\_ \_ \_\_ \_ \_ \_\_ \_\_

Number of accumulated sick or personal days to be utilized\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid leave dates from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature: \_\_\_\_\_\_\_ \_ \_\_ \_ \_\_ \_ \_ \_\_ \_ \_\_\_ \_ \_ \_\_\_Date: \_ \_\_ \_ \_ \_\_ \_ \_\_ \_ \_\_\_

The Human Resources Office has reviewed your request for Family Leave and advise that you are eligible for the following:

\_\_\_\_\_\_\_\_\_ Medical using days

\_\_\_\_\_\_\_\_\_ FMLA

\_\_\_\_\_\_\_\_\_ NJFLA

\_\_\_\_\_\_\_\_\_ Both FMLA and NJFLA

\_\_\_\_ \_ \_\_\_ Not eligible for Family Leave for the following reason(s): \_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Representative: \_\_\_\_\_ \_ \_ \_\_ \_ \_\_ \_ \_\_\_ \_ \_ \_\_ Date: \_\_ \_ \_\_ \_ \_ \_\_