



Employee Requirements While on Medical Leave

Please check each of the following statements indicating you have read, understand, and will comply with each of these requirements. If you have questions about this form, please contact the D120 Human Resources Department.

- In order to determine whether your absence qualifies as FMLA leave, doctor's certification needs to be completed and returned within 15 calendar days of the signed application. If documentation is not received within the allowed time period, the leave could be denied.
- You will be required to use your available payable benefits during your FMLA absence. This means you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work when requested.
- If you have been off work due to your own serious health condition and your physician returns you to work with no restrictions, you must submit a physician's release to Human Resources as soon as you receive it. You **CANNOT** return to work without a release from Human Resources.
- If your physician returns you to work with restrictions or on a part-time basis, you must submit a physician's release to Human Resources as soon as you receive it. The District may need up 3 business days to determine if you will be able to perform your duties according to your job description. During this 3 day period you will remain on leave. You **CANNOT** return to work with restrictions until the District agrees to accept the limitations and provides you with a release to return.
- If you are returning to work from a continuous FMLA leave for caring for a family member, you must notify Human Resources of your impending return as soon as possible.
- I grant permission to call physician on your behalf for the purposes of seeking clarification of the certification.
- Information and updates regarding your leave will be provided through your D120 email account (xxxxxx@d120.org). It is your responsibility to ensure that your email is active and remains active while on leave.

I certify that I have received and read the D120 Medical Leave Fact Sheet and this Employee Requirements While on Medical Leave form. By checking each statement I acknowledge that I have read, understand, and will comply with each requirement.

Employee Signature: _____

Date: _____