



Mid-Valley Special Education Cooperative

1304 Ronzheimer Avenue, St. Charles, IL 60174

331-228-4873 Fax: 331-228-4874

Serving the children and families of the Batavia, St. Charles, Geneva, Kaneland and Central community School Districts

FMLA (Family and Medical Leave Act) Information Sheet

If you have been employed by Mid-Valley for at least 12 months, you are eligible for an FMLA leave which provides up to 12 work-weeks of unpaid, job protected leave to eligible employees for the following reasons:

- For the incapacity due to pregnancy, prenatal medical care of child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
- For serious health condition that makes the employee unable to perform the employee's job;
- Military Family leave entitlements.

Employee Responsibilities

- Following a discussion with your Supervisor, requests for an FMLA leave should be submitted to the Human Resources Department. It is important that you maintain direct communication with your Supervisor and the Human Resources Department regarding your leave.
- Employees are required to provide at least 30 days advanced notice of the need to take FMLA leave when the need is foreseeable. When 30 day notice is not possible, the employees must provide notice as soon as practicable.
- Employees will be required to provide certification from a Health Care provider supporting the need for a leave.
- While on leave you will be required to furnish us with periodic reports of your status, if dates of scheduled leave change or are extended and expected return date to work.

Compensation during and FMLA

- Employees have the option to use accrued paid leave (sick/personal/vacation days) while taking FMLA leave.
- Sick Leave Bank requests should be made to your appropriate union representative as soon as possible and required the exhaustion of all accrued sick and personal days.
- Any unpaid absences exceeding 10 consecutive work days will result in stopped paycheck will resume after you return to work.
- Please contact Nancy Sporer at (331) 228-4928 to make arrangements to continue to make your share of the insurance premium payments on your health insurance to maintain benefits while you are on leave.

Returning to Work

- You will be required to submit a fitness-for-duty certificate to return to work.

Any FMLA related documents can be faxed or mailed to:

Nancy Sporer
1304 Ronzheimer Avenue
St. Charles, IL 60174
FAX: 331-228-4891



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**Request for FMLA (Family Medical Leave Act)
Leave of Absence (up to 12 weeks)**

Name: _____

Date: _____

Primary Work Location: _____

Position: _____

Reason for Leave: _____

Expected Last Day of Work: _____

Expected Leave Dates: From _____ To: _____

Expected Return Date: _____

of accrued Sick/Personal/Vacation Days to be used: _____

Union: _____

Requested Sick Bank: Yes _____ No: _____

Employees Signature: _____

Supervisors Signature: _____

Please return this form to Nancy Sporer,
Director of Business & Human Resource Services