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Maryville Public Library Policy

Section C: PERSONNEL

Subject 201: Family and Medical Leave, Page 1 of 2

Last reviewed/revised: 2021

Family and Medical Leave

This policy applies to full time employees who have worked for the Library for 12 months preceding the leave. Eligible employees may take up to twelve weeks of unpaid leave per a 12-month period for a qualifying event. Qualifying events are:

1. Birth of the employee's child
2. Placement of a child with the employee for adoption or foster care when employee is needed to take care of the child.
3. Spouse or parent who has a serious health condition.
4. Employee is unable to perform his or her functions due to a serious health condition.

Employees must first use vacation and sick leave time accrued prior to requesting FMLS leave. No loss of seniority will occur while the employee is on this leave of absence. Employees must continue to pay any premiums that are paid for his/her health insurance coverage and that of his/her dependents.

If the employee fails to return to work at the end of the approved leave, the Library may recover from the employee the cost of any payments made to maintain the employee's coverage, unless the failure to return was beyond the employee's control.

FMLA DEFINITIONS:

CHILD: Anyone under 18 who is the employee's biological, adopted or foster child, stepchild, legal ward or an adult legally dependent child. This may also include a child for whom the employee has previously established day-to-day responsibility.

PARENT: Biological, foster or adoptive parents, stepparents, legal guardians, grandparents or someone who fills the role of parent or grandparent.

SPOUSE: A legal marital relationship in Missouri.

12-MONTH PERIOD: Measured from the date the employee first uses any FMLA leave.

FMLA PROCEDURE:

1. FMLA leave will start when an employee is on leave for three or more consecutive calendar days due to a qualifying event.
2. A Leave of Absence Form must be completed requesting family and medical leave of absence and submitted to the Director thirty days prior to commencement date, except where medical conditions make such a requirement impossible.
3. When the leave is to care for a sick child, parent or spouse, the requesting employee must submit a letter signed by a physician that states:
 - a. the date the illness or condition began
 - b. the probable duration of the condition
 - c. the estimated time the employee will need to care for the family member and
 - d. a statement that the illness or condition requires the participation of a family member
4. When the leave is for planned medical treatment, the employee must attempt where possible to schedule the treatment so as not to disrupt Library operations.

Family and Medical Leave Application

I am requesting FMLA (Family and Medical Leave Act) leave. I understand that all requests must be approved.

I understand that if I am unable to apply, any extended leave that I take that qualifies for FMLA will be documented as such.

EMPLOYEE NAME _____

ESTIMATED LEAVE DATE_____

ESTIMATED RETURN DATE_____

TOTAL TIME OF LEAVE* _____

*employee will be required to use accrued annual and sick leave prior to this request

I AM REQUESTING FMLA LEAVE FOR THE FOLLOWING REASON:

- Birth of my child
- Adoption of a child/foster care of a child
- My child's illness
- Spouse or parent serious illness
- Employee's serious health condition

ADDITIONAL COMMENTS (OPTIONAL)

I understand the policy and procedures pertaining to this request and have read the Family and Medical Leave Act policy in the Library Policy Manual.

Signature_____ Date_____

Please return form 30 days prior to the beginning of the anticipated leave or as soon as the need for the leave arises.