

FMLA PROCEDURES for **LABBB Employee**

1. Pick up FMLA Packet at your respective Program Offices.
2. Complete FMLA Leave Request form.
3. Submit completed form to Program Office.
4. Central Office will respond with Form WH-382:
"DESIGNATION NOTICE FAMILY AND MEDICAL LEAVE ACT"
5. Submit Notification/Letter from Health Care Provider to Central office stating:
 - A. date leave will begin
 - B. date you may return to work (This date determines the amount of sick/personal days you may use during FMLA)
6. For Serious Health Condition only:
Employee fills out either Form WH-380-E or Form WH-380F:
"CERTIFICATION OF HEALTH CARE PROVIDER"
(FORM 380-E {4 pages} refers to Employee's Serious Health Condition) or
(FORM 380-F {4 pages} refers to Family Member's Serious Health Condition)
7. This 4 page form is forwarded to LABBB Central Office
8. Central Office responds with Form WH-382
"DESIGNATION NOTICE" (FMLA)

After reviewing the FMLA packet please direct your questions to LABBB Central office: English Levin 339-222-5604 or email elevin@edcollab.org

Enclosures:

1. FMLA Leave request form
2. Maternity Leave
3. FMLA Fact Sheet
4. LABBB Family and Medical Leave Policy
5. Forms 380-E and 380-F required for Serious Health Condition only
6. New Rights and Responsibilities Form 1420 revised January 2009