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Statement of.....

## Policy and Responsibility

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SUBJECT: FAMILY AND MEDICAL LEAVE POLICY

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The District's Family and Medical Leave policy conforms with the Family and Medical Leave Act, 29 USC 2601. This law entitles eligible employees to receive up to twelve weeks of leave each year for serious medical conditions. A serious health condition is defined as requiring inpatient care in a hospital or residential facility, or continuing treatment from a health care provider. Eligible employees shall continue to receive medical insurance benefits, provided the employee was entitled to medical insurance benefits prior to the commencement of FMLA leave. At the end of the leave period, the employee will be reinstated to his or her previous, or an equivalent position. The program is further outlined below.

1. The District shall authorize up to twelve weeks of leave each calendar year to employees for any of the following reasons:
  - a. birth of a child;
  - b. placement of a child with the employee for adoption or foster care;
  - c. a serious health condition of the employee; or
  - d. care of a spouse, dependent child or parent of the employee with a serious medical condition.
2. To be eligible for twelve weeks of family and medical leave, the employee must have been employed by the District for at least twelve months and worked a minimum of 1,250 compensable hours during the 12 month period immediately preceding the commencement of leave.
3. Employees, or an appropriate representative, shall submit a request for FMLA thirty (30) days in advance when the need for leave is foreseeable, or as soon as possible in emergencies.
4. The District shall document leave requests which qualify as FMLA leave, and will designate any qualifying leave taken by employees as FMLA leave. All leave requests which qualify as FMLA leave shall be designated as such and shall be subject to all provisions of this rule. No other leave shall be granted until the employee has exhausted his/her 12 week entitlement under FMLA. The District shall notify the employee in writing of the designation of FMLA within two business days, or as soon as a determination can be made that the leave request qualifies as FMLA leave if the preliminary information is not sufficient to make such determination.

Written notice to employees shall include the following information:

- a. that the leave will be counted against the employee's annual FMLA entitlement;
  - b. any requirements for the employee to furnish medical certification of a serious health condition and the consequences for doing so;
  - c. a statement explaining that the employee will be required to exhaust unused personal or sick leave before going into an unpaid leave status;
  - d. any requirement for the employee to make any premium payments to maintain health benefits and the arrangements for making such payments, and the possible consequences of failure to make such payments on a timely basis;
  - e. any requirement for the employee to present a medical release before being restored to employment;
  - f. The employee's rights to restoration to the same or an equivalent job upon return from leave;
  - g. the employee's potential liability for payment of health insurance premiums paid by the District during the employee's unpaid FMLA leave if the employee fails to return to work after taking FMLA leave.
5. The District may designate FMLA leave after the fact only:
- a. if the reason for leave was previously unknown, provided the reason for leave is made within two (2) business days after the employee's return to work; and
  - b. the district has preliminarily designated the leave as FMLA pending medical certification.
6. The District shall allow employees at least fifteen (15) calendar days to provide medical certification if FMLA leave is not foreseeable. If the medical certification is inadequate, second and third medical opinions, at the District's expense, may be required. The District shall inform the insurance carrier when the employee is approved for FMLA leave.
7. An employee shall be required to use accrued personal and sick leave, as applicable, prior to the use of leave without pay for the family and medical leave period. If an employee uses accrued compensatory time, that leave time may not be counted against the FMLA leave entitlement.
8. If an employee fails to return to work after unpaid FMLA leave has ended, the District may recover, with certain exceptions, the health insurance premiums paid by the District on the employee's behalf. An employee is considered to have returned to work if he or she returns for at least thirty (30) calendar days. An exception to this may be made if an employee's circumstances change unexpectedly beyond their control during the leave period which make them unable to return to work at the end of twelve weeks. Medical certification is required.
9. For maternity and child placement leave, time must be taken in no less than eight (8) hour increments.
10. Leave taken for purposes of childbirth, adoption, placement for adoption or foster care shall not be taken intermittently unless the employee and employer mutually agree.

11. If an employee and spouse are both employed by the District, their aggregate leave entitlement will be twelve weeks if the leave is for the birth, adoption or placement of a child, or illness of a parent.
12. Leave required for certified medical reasons, including treatment for illness, may be taken intermittently. If an employee needs intermittent leave, or leave on a reduced schedule, the District may require the employer to transfer temporarily to an available alternative position offered by the employer for which the employee is qualified and has equivalent pay and benefits, and which can better accommodate recurring periods of leave. Depending upon the needs of a particular school, employees in an instructional capacity may be required to extend or postpone their leave if the requested time off interferes with the ending of an academic term.
13. Forms for application and certification of FMLA are available in the Human Resources Office. Medical records created for the purposes of FMLA and the Americans With Disabilities Act must be maintained in a separate, confidential file.

# MURRAY SCHOOL DISTRICT

## Response to Employee Request for Family/Medical Leave

### Family and Medical Leave Act of 1993

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

(Employee's Name)

FROM: Director of Personnel & Student Services

On \_\_\_\_\_, you notified us of your need to take leave due to:

- the birth of your child, or the placement of a child with you for adoption or foster care; or
- a serious health condition that makes you unable to perform the essential functions of your job; or
- a serious health condition affecting your  spouse  child  parent, for which you are needed to provide care.

You notified us that you need this leave beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and that you expect leave to continue until on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Based on information provided to us at the time of your leave request, your request for leave has been considered for eligibility under the Family & Medical Leave Act (1993).

Except as explained below, you have a right under the FMLA for up to twelve (12) weeks of leave each calendar year for the reasons listed above. Also your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following unpaid FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you will be required to reimburse Murray School District for its share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: *(check appropriate boxes, explain where indicated)*

You are  **eligible**  **not eligible** for leave under the FMLA.

If eligible for leave under the FMLA, your total used leave will be counted against your annual FMLA leave entitlement.

You  **will**  **will not** be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (*insert date*). This certification must be provided at least fifteen (15) days after you are notified of this requirement or we may delay the commencement of your leave until the certification is submitted.

You will be required to substitute accrued paid leave for unpaid FMLA leave as outlined below. The requirements for using paid leave will be as stated under the following conditions:

- a) All annual leave, converted sick leave and excess hours will be required for any qualifying FMLA leave event;
  - b) sick leave may be required only when the leave request is to care for a spouse, child, or other dependent, who lives in your home, OR for your own serious health condition.
- a) If you normally pay a portion of the premium for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments at the beginning of each pay period (OR as arranged with Group Insurance).
- b) You have a minimum 30-day grace period in which to make premium payments. If timely payment is not made, your group health insurance may be canceled, *provided* we notify you in writing at least fifteen (15) days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We  **will**  **will not** pay your share of health insurance premiums while you are on leave.
- c) We will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) While you are on FMLA leave. If you desire to maintain these benefits while on FMLA leave, you will be responsible for paying the full premiums associated with the particular benefit(s) for which you wish to continue coverage.

You  **will**  **will not** be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

While on leave, you  **will**  **will not** be required to furnish us with periodic reports every (*indicate interval of periodic reports, as appropriate for the particular leave situation*) of your status and intent to return to work (*see §825.309 of the FMLA regulations*). If the circumstances of your leave change and you are able to return to work earlier than the date

indicated on the reverse side of this form, you  **will**  **will not** be required to notify us at least two (2) work days prior to the date you intend to report for work.

You  **will**  **will not** be required to furnish re-certification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)*