

**STAFF AND PERSONNEL
SERIES 400**

404.3

TITLE: FAMILY MEDICAL LEAVE

ELIGIBILITY FOR LEAVE

If you have been employed for at least 12 months and have worked for us for at least 1250 hours during the previous 12-month period, you may receive up to 12 workweeks of unpaid leave every 12-month period (measured forward from the date an employee's first family medical leave begins) to care for:

- (1) your newborn child, newly adopted child or a newly placed foster child;
- (2) your spouse, child, or parent with a serious health condition; or
- (3) your own serious health condition that leaves you unable to perform the essential functions of your job.

If you and your spouse are employed by the Wilder School District, the District may limit your leave to a combined total of up to 12 weeks of unpaid leave in a 12-month period if the leave is taken for the birth of a child, placement of a child for adoption or foster care, or to care for a parent with a serious health condition.

Family leave taken for the birth of an employee's child or placement of a child for adoption or foster care must be completed within 12 months of the child's birth or placement for adoption or foster care.

FMMLA APPLICATION FOR MILITARY CAREGIVERS

In addition to the above traditional FMLA applications, the following provisions of the FMLA are applicable to District personnel:

1. Twenty-six (26) weeks of FMLA leave is available to a qualifying employee to take unpaid time off of work to care for a spouse, child, parent or next of kin (nearest blood relative) recovering from a serious illness or injury sustained in the line of duty on active duty.
 - Military caregiver leave is available during a single twelve (12) month period during which an eligible employee is entitled to a combined total of twenty six (26) weeks of all types of FMLA.
 - Military caregiver leave is applied on a per-covered service member per injury basis.
2. Twelve (12) weeks of FMLA leave is available to a qualifying employee to take unpaid time off of work because of any qualifying exigency arising out of the fact

that a covered employee's spouse, child or parent is on active duty or has been notified of an impending call to active duty in the U.S. Armed Forces.

- The qualifying exigency does not necessarily need to be a qualifying medical condition or emergency but rather will be defined and interpreted pursuant to the governmental regulations defining a "qualifying exigency."

Determination of an employee's eligibility and definition of applicable terms will be in accordance with established law and the FMLA Regulations published on November 17, 2008 and as may be amended thereafter.

NOTICE AND CONFIRMATION OF LEAVE

If you have a need to take an extended absence from your job for any of the above reasons, you must inform the District office of your specific reasons for the leave at least 30 days prior to the anticipated date of delivery or placement for adoption, or provide 30 day's notice prior to pre-scheduled medical treatment of yourself or a sick family member. If circumstances do not allow you to give the required notice, you must notice as soon as it is possible.

Prior to approving your request for family leave to care for yourself or your seriously ill spouse, child or parent, when applicable the Wilder School District may require you to provide certification from a health care provider of the need for and probable duration of the leave. This notice must be provided within fifteen days of the date it is requested by the District. The District may, at its expense, obtain an opinion from a second health care provider (of the District's choosing) or third health care provider (chosen jointly by you and the District) regarding this same information. If planned medical treatment is required, you must make a reasonable effort to schedule treatment so as not to unduly disrupt School operations.

DURATION OF LEAVE AND METHODS OF TAKING LEAVE

If you apply for and are granted a family leave, you will normally be given up to 12 consecutive weeks off your regular job (or appropriate number of weeks as applicable in the situation of military caregivers). However, in situations where the reason for the leave is to care for your sick family member or for your own serious health condition, you may be permitted to use up the 12 total weeks of leave on an intermittent basis or on a reduced workweek schedule, if it is medically necessary to do so.

If you request to take family leave on a reduced or intermittent work schedule, you must provide additional medical certification by a qualified health care provider that states that this accommodation is medically necessary. The certification must specify how long the leave on this basis will be necessary. If you are granted this type of leave, you may be required to transfer temporarily to an available alternative position with equivalent pay and benefits that is better able to accommodate your recurring periods of leave or your reduced work schedule.

While on family leave, the District may require that you periodically report your status and intention to return to work. The District may also require that you obtain subsequent re-certification of a serious health condition.

BENEFITS WHILE ON LEAVE

During your period of approved FMLA leave, we will continue your medical and dental insurance coverage under the same conditions as if you had continued to work. Except in certain circumstances, if you do not return from a family leave, you may be required to reimburse the District for its share of insurance premiums it paid to continue your coverage during your leave.

(If you normally pay a portion of the premiums for your medical and dental insurance, you will be required to continue to make these payments during your leave. If payment is not made timely, your group health insurance may be cancelled.)

We will not pay for your premiums for other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave.

If you take a FMLA leave, you will be required to use your accrued sick leave as well as accrued vacation or personal days during the family leave.

EFFECT ON OTHER BENEFITS

Taking a FMLA leave will not cause you to lose any employment benefits which accrued before the start of your leave (e.g., seniority). However, you will not accrue these benefits during your family leave. Your leave will be counted towards your years of service for purposes of benefit accrual.

RETURN FROM LEAVE

Upon returning from a family leave, you will generally be assigned the same position held when the leave commenced or a position with equivalent pay, benefits, and other terms and conditions of employment. Some exceptions apply to this.

EXTENTIONS

In certain circumstances, a medical leave of absence may be extended beyond the applicable maximum period of leave upon written request, when accompanied by an explanation of the need for an extension period from your health care provider. Group insurance coverage will terminate at the end of the month in which the extended leave begins. If you desire to continue your group coverage you must make arrangements to prepay your individual and dependents' premiums each month. These arrangements must be taken care of before beginning the extended leave of absence. The District cannot guarantee that you will be able to return to the same equivalent job after your return from an extended leave of absence. Failure to return from an extended leave on or before the agree-upon date may result in termination.

POTENTIAL RESTRICTIONS ON AVAILABILITY OF FAMILY LEAVE

The Wilder School District may also limit the benefits available under this policy for certain salaried employees. Such employees may be denied the right to return to a same or equivalent position. If you are such an employee, you will be informed of your status and rights at the time you submit your request for leave.

It is impossible to cover all the details concerning family leave in this policy. If you believe you want to take family leave, please discuss it with your supervisor or the Human Resources Director.

PL 103-3
DOL Regulation

Revised: February 9, 2009

Employer Response to Employee
Request for Family or Medical Leave

(Date)

To: _____
Employee's Name

From: District Board Clerk

Subject: Request for Family/Medical Leave

On _____,(date) you notified us of your need to take family/medical 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 affection your ___spouse, ___child, ___parent, for which you need to provide care.

You notified us that you need this leave beginning on _____, (date) and that you expect leave to continue until on or about _____ (date).

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for 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 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 us for health insurance premiums paid on your behalf during your FMLA.

This is to inform you that:

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

2. The requested leave will will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____, (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.
4. We will require that you substitute accrued paid leave for unpaid FMLA leave until all accrued sick leave and any other accrued leave (personal days or vacation days) have been used.
- 5(a) If you normally pay a portion of the premiums 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 as follows:
Premiums are due in the District Office on the 15th of the month prior to the month of coverage.
- 5(b) If payment is not made timely, your group health insurance will be cancelled, provided we notify you in writing at least 15 days before the date your health coverage will lapse.
- 5(c) We will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave.
6. 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.
- 7(a). You are are not a “key employee” as described in Reg825.218 of the FMLA regulations. If you are a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.
- 7(b). We have have not determined that restoring you to employment at the conclusion of the FMLA leave will cause substantial and grievous economic harm to us. (see Reg825.219 of the FMLA regulations) Explanation:
8. While on leave, you will will not be required to furnish us with periodic reports every
9. _____ of your status and intent to return to work (see Reg825.309 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 work days prior to the date you intend to report for work.
9. You will will not be required to furnish rectification relating to a serious health condition.

6. a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments:

If the patient will be absent from work or other daily activities because of the treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:
- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):
7. a. If medical leave is required for the employee's absence from work because of the employees' own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? _____.
- b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? _____.
If yes, please list the essential functions the employee is unable to perform:
- c: If nether a. nor b. applies, is it necessary for the employee to be absent from work for treatment? _____.
8. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? _____.
- b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____.

- d. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

(Signature of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provide, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

(Employee Signature)

(Date)

A “Serious Health Condition” means an illness, injury, impairment, or physical or mental Condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity of more than three consecutive calendar days (including Any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (1) Treatment³ two or more times by a health care provider, by a nurse or Physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under orders of, or on referral by, a health care provider; or
- (2) Treatment by a health care provider on at least one occasion which results In a regiment of continuing treatment⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

- (1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;

³ Treatment includes examinations to determine if a serious health condition exists and exhalations of the condition. Treatment does not include routine physical examinations, eye examinations or dental examination.

⁴ A regiment of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regiment of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

- (2) Continues over an extended period of time (including recurring episodes of a Single underlying condition); and
- (3) May cause episodes rather than a continuing period of incapacity (e.g. asthma, Diabetes, epilepsy, etc.)

5. Permanent/Long-Term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).