

NNPS Policies & Procedures Manual

Book: NNPS Policies & Procedures Manual
Section: G - Human Resources
Title: Family and Medical Leaves of Absence
Number: GCCBB
Status: Active
Legal:
Adopted: 03/23/1994
Last Revised: 07/01/2002
Last Reviewed:

Policy Detail**GCCBB - Family and Medical Leaves of Absence**

In compliance with the Family and Medical Leave Act (FMLA), the School Board will grant family and medical leaves of absences to qualified employees for up to twelve (12) weeks (paid leave must be used prior to unpaid leave) in a rolling 12-month period under the following conditions:

1. to care for the child of an employee after birth, adoption or placement of a child with the employee for foster care;
2. to care for the spouse, child or parent of an employee who has a serious health condition;
3. for a serious health condition that makes the employee unable to perform his/her job.

Employees applying for Family and Medical Leave should contact the Human Resources Department 30 days, when possible, prior to the initiation of the leave period to be informed of the qualifications and provisions of the leave program, even if the employee's sick leave pay will cover part or all of the leave period.

Legal Reference: Family Medical Leave Act - Public Law 103-3, 1993

Date of Adoption: March 23, 1994

Revised: July 1, 2002

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 Section: G - Human Resources
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Policy Detail***GCCBB-P - PROCEDURES: Family and Medical Leave***

Any eligible employee is entitled, pursuant to the Family and Medical Leave Act (FMLA), to leave for a combined total of twelve (12) weeks per year for the following situations:

1. to care for the child of an employee after birth, adoption or placement of a child with the employee for foster care;
2. to care for the spouse, child or parent of an employee who has a serious health condition;
3. for a serious health condition that makes the employee unable to perform his/her job.

To be eligible for leave under this policy the employee must have at least twelve (12) months of service with the Newport News Public Schools and have worked at least 1250 hours in the twelve (12) months preceding the commencement of the leave. Full-time teachers are deemed to meet the 1250 hour test.

The employee's Department must notify the Benefits Specialist in the Human Resources Department after an employee is out because of the above reasons.

For the purposes of this policy a year is defined as a rolling 12-month period.

To the extent that an employee is entitled to compensated leave under other Newport News Public Schools policies, such paid leave will be used concurrently with the family and medical leave entitlement. Otherwise, family and medical leave is unpaid. Paid leave must be exhausted before unpaid leave begins.

Leave for the Birth, Adoption or Foster Placement of a Child

Upon request, any eligible employee will be granted family and medical leave for the purpose of caring for a newborn or newly adopted child or the placement of a foster child.

The employee's entitlement to leave for a birth, adoption or foster placement of a child expires at the end of the twelve-month period beginning on the date of the birth, adoption or foster placement.

Serious Health Condition of Child, Spouse or Parent of Employee

Family and medical leave will be provided when the employee is needed to care for his/her spouse, child

or parent with a serious health condition, as defined below. Employees are entitled, when medically necessary, to take such leave on an intermittent or reduced leave schedule except as provided in "Rules for Intermittent and Reduced Schedule Leave".

Serious Health Condition of Employee

Family and medical leave will be provided for an employee's serious health condition that makes the employee unable to perform his/her job. A serious health condition is an illness, injury, impairment or condition that involves inpatient care or continuing treatment by a health care provider. Employees are entitled, when medically necessary, to take such leave on an intermittent or reduced leave schedule except as provided below.

Rules for Intermittent and Reduced Schedule Leave

Intermittent and reduced schedule leave may be used until the aggregate amount of such leave, totaled with any full-day or non-intermittent periods of leave, equals twelve weeks in a rolling 12-month period. The school division may assign the employee to an alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced schedule leave.

Rules for Husband and Wife Employed by Newport News Public School Division

A husband and wife who are both eligible for family and medical leave and are employed by Newport News Public Schools will be granted family and medical leave only for a combined total of twelve weeks per year when the leave is taken for the birth, foster placement, or adoption of a child or to care for a parent with a serious health condition.

Employee Notice of the Need for Leave

Employees must provide at least thirty days notice of the need for family and medical leave. If the need for the leave is not foreseeable, the employee or his/her designee must give notice as is practicable. In requesting leave, employees will not be required to use the words family and medical leave, but will provide sufficient information to make the division aware of the need for the leave. The division will inquire further of the employee if it is necessary to determine whether family and medical leave applies.

The employee's Department must notify the Benefits Specialist in the Human Resources Department after an employee is out due to a FMLA qualifying event.

Certification of the Need for Leave

The Newport News Public Schools may require, and the employee must provide, certification of the need for family and medical leave. Such certification will be provided on the forms provided by the Human Resources Office.

The medical certification for the employee's personal illness or injury must identify the nature of the disability, the date the illness or injury began and the projected return-to-work date. For leave to care for a child, spouse, or parent, the medical certification must include an estimate of the amount of time the

employee is needed to provide care. At the employer's discretion and expense, a second medical opinion may be required. Any dispute between the two opinions will be resolved by the opinion of a third, jointly selected provider and paid for by the division. Any re-certification requested by the employer will be at the employee's expense.

Designation of Leave as Family and Medical Leave

The Assistant Superintendent of Human Resources or designee will verify whether the employee qualifies for family and medical leave. Leave will be designated as qualifying for family and medical leave and the employee provided a response as soon as reasonably possible after the employee's request or if insufficient information is provided, as soon as sufficient information is provided. The response will be provided on forms provided by the Human Resources Office.

Benefits During Family and Medical Leave

Employees on family and medical leave will receive the group health insurance plan coverage on the same conditions as coverage would have been provided if the employee had been working during the period of leave. Other benefits will be provided according to Newport News Public Schools policy for paid or unpaid leave, whichever applies.

Return to Work

An employee on family and medical leave will provide the division as much notice of their intent to return to work as possible, but at least 2 work days. The employee will be returned to the same or equivalent position at the end of the family and medical leave unless the division shows that the employee would not otherwise have been employed at the time reinstatement is requested.

If an employee fails to return to work after the period of their family and medical leave (except due to the continuation, recurrence or onset of the employee's or their family member's serious health condition), the School Board may recover premiums that it paid for maintaining the employee's insurance coverage while they were on the leave. The Superintendent may require that the employee provide medical certification if he/she does not report to work as a result of one of the noted exceptions. Failure to provide such information within 30 calendar days of the request will result in the employee's responsibility for repayment of premiums.

Any variation between this policy and the Family and Medical Leave Act will be determined in favor of the Act.

Legal Ref.: Family and Medical Leave Act-Public Law 103-3,1993

Reviewed: July 1, 2002; May 16, 2006



REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

A completed form should be submitted to the Human Resources Department, Attention: Dr. Dedra Jordan at 520 Butler Farm Road, Hampton, VA 23666 or fax to 757-865-8329. Accrued paid time off will be used to compensate the employee during FMLA leave. Once all accrued paid time off is exhausted, the employee will take the remaining FMLA leave as unpaid.

Employee Name: _____ Employee #: _____

Position: _____ Work Location: _____

Start Date of Requested Leave: _____ Expected Date of Return: _____

A medical certification statement must be submitted within 15 business days of request for leave.

REASON FOR LEAVE REQUEST: (Check One)

- | | |
|--|--|
| <input type="checkbox"/> My personal serious health condition | <input type="checkbox"/> Serious health condition of my child |
| <input type="checkbox"/> Birth of my child | <input type="checkbox"/> Serious health condition of my parent |
| <input type="checkbox"/> Adoption of a child by me | <input type="checkbox"/> Serious health condition of my spouse |
| <input type="checkbox"/> Placement (by the state) of a child with me for foster care | |

Please give specific details of your reason for requesting leave:

- If you are requesting leave for any reason other than the birth or adoption of a child, attach a physician's certification to this request, which states:
 1. Date on which the serious health condition commenced;
 2. Probable duration of the condition; and
 3. Appropriate medical facts within your physician's knowledge regarding the condition.
 4. The certificate must state that you are unable to perform the functions of your job.

- If you are requesting leave for a child, spouse or parent with a serious health condition, the medical certification statement should give an estimate of the amount of time that you will need to provide such care.

- For the birth of a child, a medical certification statement should be provided giving the expected delivery date and the expected date of return to work. If this request is for legal adoption, a copy of the legal adoption papers must be attached to support the request for FMLA.

- If you are requesting intermittent leave or leave on a reduced schedule for planned medical treatment, you must provide a medical certification stating the dates on which medical treatment is expected to be given and the duration of such treatment. If you are requesting such leave, please describe your needed leave below:

- If an employee fails to return to work after the period of their family and medical leave (except due to the continuation, recurrence or onset of the employee's or their family member's serious health conditions). New Horizons Regional Education Center may recover premiums that it paid for maintaining the employee's insurance coverage while they were on the leave. The Executive Director may require that the employee provide medical certification if he/she does not report to work as a result of one of the noted exceptions. Failure to provide such information within 30 calendar days of the request will result in the employee's responsibility for repayment of premiums.

I certify that the information given on this form is true and I have read and familiarized myself with the terms and conditions of New Horizons Regional Education Center procedure. I understand that making false statements on this form are grounds for discipline up to and including termination of my employment.

Employee Signature _____ Date _____

Human Resources Only

FMLA Leave Approved Disapproved

Signature of Human Resources Representative _____ Date _____



LEAVE REQUEST

This form must be submitted to and approved by your immediate supervisor prior to the use of any type of leave, except in the event of an illness. This form must be submitted to your supervisor.

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This form must be submitted to and approved by your immediate supervisor prior to the use of any type of leave, except in the event of an illness. This form must be submitted to your supervisor.			
Employee's Last Name	First Name	Campus/Department	Employee ID Number
Leave Beginning Date: Hour:		Leave Ending Date: Hour:	
			Total Days/Hours Requested
Type of Leave			
<input type="checkbox"/> Vacation	<input type="checkbox"/> Job Related Injury/ Illness**	<input type="checkbox"/> Compensatory Time	<input type="checkbox"/> Military Leave**
<input type="checkbox"/> Sick	<input type="checkbox"/> School Business/ Conference/Seminar	<input type="checkbox"/> Leave Without Pay* <small>(If checked, Supervisor must complete the Leave Without Pay block.)</small>	<input type="checkbox"/> Civil/Jury**
<input type="checkbox"/> Personal Leave			<input type="checkbox"/> Family Medical Leave Act **(FMLA)
<input type="checkbox"/> Other Leave	Specify:	Reason for Leave (If necessary):	
<input type="checkbox"/> Light Duty**	Explain:	**Attach supporting documents	
Substitute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		This is a 1:1 position: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Leave Not Approved (Provide Explanation in Comments Section Below)		*Leave Without Pay <input type="checkbox"/> Authorized Absence <input type="checkbox"/> Unauthorized Absence	
Comments:			
Date of Request	Employee's Signature	Date Approved	Supervisor's OR Other Approving Authority's Signature
OFFICIAL USE ONLY	Type of Leave	Hour Code	Date Entered/Initials



Physician's Statement: Release to Return to Work

_____ has been under my professional care for
_____. Effective _____, 200___,

I hereby release this employee to return to full-time work status in the position of

_____.

LIMITATIONS:

If there are any limitations to full duty, please outline those limitations below.

Medical Statement: _____

Physician's Signature

Address

Phone

Date