

EMPLOYEE ABSENCES AND FMLA

In order to comply with the Family and Medical Leave Act (FMLA) and our District policies, the Risk Management Office must be notified immediately in writing when it is known that an employee is to be, or has been, absent for more than three consecutive calendar days with a qualifying event.

Under the Family Medical Leave Act (FMLA), the District is required to provide up to 12 weeks of unpaid leave to eligible employees for certain family and medical reasons as listed below:

- ▶ Birth of a child of the employee and to care for such child
- ▶ Placement of a child with the employee for adoption or foster care
- ▶ To care for spouse with serious health condition
- ▶ To care for child with serious health condition
- ▶ To care for parent with serious health condition
- ▶ Personal serious health condition which makes employee unable to perform job functions

Policies DEC (Legal) and DEC (Local) address FMLA. All paid leave will run concurrent with the number of days (12 weeks) authorized under the Family and Medical Leave Act. Once all paid leave is exhausted, any additional days of leave required will be designated as unpaid leave days.

The district shall maintain coverage under any group health plan for the duration of FMLA leave at the level under the conditions coverage would have been provided if the employee had continued in active duty with the District. Any premiums in excess of the amount contributed by the District will be the responsibility of the employee during the unpaid leave time. If, at the expiration of the FMLA entitlement, an employee is able to return to work but chooses not to do so, the District shall require reimbursement of the employee benefit contribution made by the District during the period in which such leave was taken as unpaid leave. (See Policies DEC Legal and DEC Local.)

Also, in accordance with Policy DEC, if you are absent from work for health reasons for more than three consecutive working days, you will be required to present a medical certification of illness and of your fitness to return to work prior to being restored to employment.

The attached forms are to be used to maintain compliance in the Family and Medical Leave Act and District policies DEC Legal and DEC Local:

- ▶ The “Employee Request for Foreseeable Family Medical Leave” is to be submitted by the employee to his/her supervisor for any absences which fall into the above categories and which are known about in advance. This form is to be submitted as soon as practicable once the need for leave is known. This form will then be forwarded to the Risk Management Office.
- ▶ Once the campus/department supervisor is aware of an employee’s sudden absence due to one of the above reasons, or the first day of an employee’s foreseeable absence, the designated campus/department employee will fill out the “Notice of Employee Absence” form and forward it to the Risk Management Office.
- ▶ **All employees** absent from work for health reasons for more than three consecutive working days will be required to submit the **work status form** completed by the employee’s treating physician prior to returning to work and commencing job duties. Unless the employee is released to full duty with no restrictions, the physician must identify the restrictions. If the employee is placed on restricted duty, it is the responsibility of the campus/department to determine if the restrictions can be met by that campus/department and if so, that the employee adheres to the restrictions. This form is to be reproduced and made available to all employees for their use in providing medical certification of his/her fitness to return to work. The form is also located in the Public Folder under Risk Management and in the Employee Benefits section on the District’s website.

EMPLOYEE REQUEST FOR FORESEEABLE FAMILY MEDICAL LEAVE
(To be filled out by the employee)

Type or Print

| | |
|--|---|
| 1. Name of Employee (Last Name, First Name): | 2. Employee Number: |
| 3. Employee's Campus: | 4. Employee's Position: |
| 4. Reason for requested leave: <input type="checkbox"/> Birth of child of the employee and to care for such child <input type="checkbox"/> Placement of child with the employee for adoption or foster care <input type="checkbox"/> To care for spouse with a serious health condition <input type="checkbox"/> To care for a child with a serious health condition <input type="checkbox"/> To care for a parent with a serious health condition <input type="checkbox"/> Personal serious health condition which makes employee unable to perform job functions, explain _____ | |
| 5. If other than personal illness, state name and address of relation: | |
| 6. Date on which you wish to commence leave: | 7. Date of anticipated return to work: |
| 8. Are you requesting leave on an intermittent or reduced leave schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. If "yes" please give schedule of when you anticipate you will be unavailable for work. |
| <p>I hereby agree that while I am on leave I will provide medical certification from the appropriate health care provider that I am unable to perform my job functions or that my presence is needed to care for a seriously ill spouse, parent or child. I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse the District for the cost of health benefits provided during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition, or because of other circumstances beyond my control. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expires, or that I am needed to care for my spouse/parent/child because he or she has a serious health condition on the date that my leave expires. I also understand that I may not be permitted to resume my position with the District until I provide medical certification, as appropriate to return to my position.</p> <p>Signed: _____ Date: _____</p> | |

NOTICE OF EMPLOYEE ABSENCE

(To be completed by designated campus/department personnel only)

****Do Not Send This Form Until the Employee is Actually Absent From Work****

| | |
|------------------|--------------------------|
| Employee Name: | Campus: |
| Employee ID: | Employee Position: |
| First Day Absent | Expected Date of Return: |

Reason for absence:

- ☐ Birth of a child of the employee and to care for such child
- ☐ Placement of a child with the employee for adoption or foster care
- ☐ To care for spouse with serious health condition
- ☐ To care for child with serious health condition
- ☐ To care for parent with serious health condition
- ☐ Personal serious health condition which makes employee unable to perform job functions, explain : _____
- ☐ Other, explain: _____

Signatures of designee submitting notification

Date of notification

NOTE: This notification must be submitted to the Risk Management Office immediately when an employee is to be, or has been, absent for more than three consecutive calendar days with a qualifying event. All scheduled absences reported more than one week prior to the first day of absence must be again reported upon the employee's first day of absence.

Qualifying Events Include:

- ▶ For the care of an employee's child (birth, or placement for adoption or foster care);
- ▶ For the care of the employee's spouse, child, or parent who has a serious health condition; or
- ▶ For a serious health condition which makes the employee unable to perform job functions.

CENTRAL OFFICE USE ONLY

Date of Hire: _____ First Duty Day: _____

Number of hours worked in past 12 months immediately prior to first day of absence: _____

Calculated By: _____ Eligibility Status: _____

Approval: _____ Notification: _____

SCHERTZ-CIBOLO-UNIVERSAL CITY ISD

WORK STATUS FORM

Dear Medical Provider:

It is our understanding that you are currently treating the below-named employee. In order to obtain accurate work status information, please complete the information below and return this form to our office. Thank you for your assistance in this matter.

Sincerely,

Reginna Agee

Risk Manager

1060 Elbel Road,

Schertz, TX 78154

Tel: 210/945-6200 Fax: 210/945-6211

Employee Name _____ Social Security _____

Job Title _____ Campus/Department Location _____

RECOMMENDATIONS FOR WORK

☐ Return to Full Work Duties/No Restrictions ☐ No Work (Explain) _____

Effective Date _____ Effective Date _____

☐ Return to Work Duties/With Restrictions - Effective Date _____ Next Appointment Date _____

RESTRICTIONS

Limit Lifting/Carrying To:

- ☐ 0-10 lbs
- ☐ 11-20 lbs
- ☐ 21-35 lbs
- ☐ 36-50 lbs
- ☐ Over 50 lbs
- ☐ No lifting/carrying
- ☐ Other: _____

Limit Pushing/Pulling To:

- ☐ 0-10 lbs
- ☐ 11-20 lbs
- ☐ 21-35 lbs
- ☐ 36-50 lbs
- ☐ Over 50 lbs
- ☐ No pushing/pulling
- ☐ Other: _____

Other Physical Limitations:

- ☐ No use of right/left hand ☐ No climbing of:
- ☐ No reaching above shoulders ☐ Stairs ☐ Scaffold
- ☐ No reaching below waist ☐ Ramp ☐ Ladder
- ☐ No exposure to vibrating tools
- ☐ No operation of moving machinery
- ☐ No driving of motor vehicle:
- ☐ Standard ☐ Automatic
- ☐ Other _____

Time Limitations:

- ☐ Work requiring repeated stooping, crawling, kneeling, or being in a cramped position limited to _____ minutes per hour
- ☐ Continuous walking limited to _____ minutes per hour _____ hours per day
- ☐ Continuous standing limited to _____ minutes per hour _____ hours per day
- ☐ Continuous sitting limited to _____ minutes per hour _____ hours per day
- ☐ Repetitive hand/wrist motion limited to _____ minutes per hour _____ hours per day
- ☐ Work day limited _____ hours per day

☐ Environmental Restrictions (heat, cold). Please list: _____

☐ Special Instructions: (dressings, eye patch, etc) _____

☐ Orthotic Devices (braces, splints, etc) _____

Duration of Restrictions: _____

Physician's Signature _____

Comments: _____

Physician's Printed Name _____

Date _____

Phone _____

Maternity Leave Information

The district does not have specific leave for a maternity absence; it is treated as any other illness. All leave is addressed in DEC Legal and DEC Local of our Board Policies and in DEC Regulations.

<http://pol.tasb.org/Home/Index/551>

For maternity related issues, you may use any accrued leave you have as long as you are medically unable to perform your job functions. Once you are no longer medically unable to perform your job functions, if you are still choosing to stay off work, you will be in a non-paid status. ***Local sick leave may not be used for maternity related absences if you are not medically unable to perform your job functions with the exception of prenatal or postnatal physician visits. Non-discretionary personal leave is limited to a maximum of three (3) days with prior supervisor approval if you are not medically unable to perform your job functions. Leave may not be used for baby bonding if you are no longer medically unable to perform your job functions.*** The normal length of disability for a vaginal delivery is six (6) weeks and for a C-section it is eight (8) weeks from the date of delivery.

Once all accrued leave has been exhausted, and if you are still medically unable to return to work due to a catastrophic medical condition, you may request up to 10 days of extended leave. ***This request must be made in writing on the appropriate form and be accompanied by the appropriate medical documentation from your physician indicating you are under his/her care and will be unable to perform your job functions from one date to another due to a catastrophic medical condition.*** The form for this request is located on the Employee Benefits page on the district's internet website as well as the Forms and Documents section of the website <http://www.scuc.txed.net/departments.cfm?subpage=477>. Under extended leave, you will be paid at 50% of your daily rate as long as you are medically unable to perform your job functions due to a catastrophic related medical issue, up to a maximum of 10 days per 12-month period.

You may also be entitled to family and medical leave under the Family and Medical Leave Act. If you have worked for the District for 12 months or more and have worked at least 1250 hours in the preceding 12-month period, you will be eligible for job protection under the Family Medical Leave Act (FMLA). In our District, this leave runs concurrent with all paid leave. If you are eligible, you will have up to twelve weeks you may be off work. For leave related to birth or placement of a child, this leave must be taken consecutively with the birth or placement. ***FML will be in an unpaid status if you have exhausted all of your accrued leave and any available extended leave and are still medically unable to perform your job functions, or, if you are no longer medically unable to perform your job functions and still choose to stay off work.*** The District does not permit use of intermittent or reduced schedule family and medical leave for the care of a newborn child or for the adoption or placement of a child with the employee. If you and your spouse both work for the district, you will have a combined total of 12 weeks per 12 month period for certain qualifying family and medical leave events including birth or placement of a child. You will need to complete the Request for Foreseeable Family and Medical Leave. This should be completed 30 days prior to the event. These forms are to be turned in to your supervisor, who will forward them to the Risk Manager.

The district does not provide any type of paid disability leave other than your accrued leave or the extended leave should you qualify. If you elect to take the disability insurance offered each year, benefits will pay in accordance with the benefits under that contract. You should refer to the certificate of insurance you receive if you subscribe to the coverage. The disability coverage is completely separate from any district leave benefits and the only coordination is that you must be medically unable to perform your job functions as certified by a physician.

Frequently Asked Questions

How do I qualify for FMLA?

If you have worked for the district for more than 12 months, have worked at least 1250 hours in the preceding 12 months, and have a qualifying event, you will be eligible for job protection under the Family and Medical Leave Act (FMLA). This law protects your job if you are off work and provides the protection for up to 12 working weeks (60 workdays) per 12-month period for a qualifying reason. Intermittent family and medical leave may not be taken for the period after the birth or placement of a child. If you and your spouse both work for the district, you may have a combined total of 12 weeks per 12-month period for certain events. This law does not guarantee you paid leave. In order to be paid, you must be eligible for some type of paid leave entitlement (accrued local leave, personal leave, or extended leave).

Do I get paid?

During family and medical leave absences, you may use your accumulated Local Sick, Old State Sick, State Personal, vacation, and non-paid vacation leave days in order to be paid for your absences, provided that you are under medical supervision and experienced the birth or placement of a child. Once the medical provider determines you are no longer medically unable to perform your job functions and releases you back to work, or after 6 weeks from the birth or placement of a child, you cannot use any remaining leave days other than non-paid vacation or vacation, if applicable to your position, to be paid for your absences. The only exception to this is the use of State Personal Leave Days as Discretionary Days. Board Policy stipulates that you may use up to three Discretionary Days in a row with prior supervisor approval. All other days absent following the physician's release or 6 weeks after the birth or placement of a child will be unpaid days.

Am I paid for Holidays or Spring/Winter Break?

The majority of district employees are compensated on a per day basis, such as teachers who work 187 days. Their total salary is divided by 187 days. This number is the true daily rate of pay.

| | | |
|----------|---------------------------|---------------------|
| Example: | Teacher Base Salary | \$48,000 |
| | Divided by # of work days | <u> </u> / 187 |
| | Equals Daily Rate of Pay | =\$256.68 |

Non-auxiliary employees are neither docked nor paid for holidays. Holidays and Spring/Winter Break are not included in the 187 days for which an employee is paid. Similarly, if an employee is absent due to illness/injury during Thanksgiving, Spring/Winter Break or summer, they would not have to use leave days for that time period since they would not be scheduled to work anyway.

Do I get to stay out longer because of the Holiday and other Breaks?

Your physician will give you a medical release for your medical condition to return to work once you are medically able to return. This release is typically after 6 or 8 weeks. The period of your recovery after a birth is not extended because it crosses a holiday, Spring/Winter Break or summer, nor is the 6 weeks of baby bonding extended. If your physician has released you back to work or your 6 weeks has expired, and you choose to stay out longer under FMLA than the 6 weeks immediately after the birth or placement of a child, you may do so; however, it will be unpaid leave as mentioned above.

FMLA is counted in workweeks rather than calendar days/weeks. When your 12 weeks of FMLA cross a Holiday or Spring Break, it may extend your allowable FMLA time off but it does not extend your right to paid leave.

Check List for Long Term Absence (Including Maternity)

- ☐ 1. Notify your immediate Supervisor and /or Principal as to your need for leave as soon as possible.
 - ☐ 1a. You will need to fill out the "Request for Foreseeable Family and Medical Leave" form and **attach a medical certification from your physician** indicating you are under his/her care for a medical condition & the length of time you will be medically unable to perform your job duties. This should be completed 30 days prior to the event if possible. These forms are to be submitted to your supervisor, who will immediately forward them to the Risk Manager.
<http://www.scuc.txed.net/departments.cfm?subpage=477>
 - ☐ 1b. Work with your campus to set up your absence in the SAMs and possibly secure a long-term substitute.
 - ☐ 1c. Once all accrued leave has been exhausted, and if you are still medically unable to return to work due to a catastrophic medical condition, you may request up to 10 days of extended leave. This leave if approved will be paid at 50% of your daily rate. If you are requesting extended leave, your physician must certify that your condition is "**catastrophic**" in nature.
- ☐ 2. Obtain an Affidavit for Certifying Temporary Disability completed by your treating physician. Attach one copy to your Request for Foreseeable Family and Medical Leave form, if applicable attach one copy to your extended leave request form, and/or provide a copy to Risk Management.
- ☐ 3. If you have disability insurance, complete the disability claim forms in full and submit to Bay Bridge Administrators at the address on the top of the form. These forms can be found on the Employee Benefits page at the district's website. There are four sections.
<http://www.scuc.txed.net/departments.cfm?subpage=476>
 - ☐ 1). Authorization for Release of Information
 - ☐ 2). Employee's Statement
 - ☐ 3). Employer's Statement (Notify the Benefits Office to have this form completed & mailed to you once you begin your leave.)
 - ☐ 4). Attending Physician's Statement of Disability
- ☐ 4. If you have a baby and want it to be covered on the district's health insurance, contact the Benefits Office within 30 calendar days of the baby's birth. You will need to turn in a "verification of birth facts" and complete a change form to have the baby added. Otherwise, the baby will be dropped from coverage after the initial 30 days. If you choose to continue coverage for your baby your will be responsible for premiums from the date of birth.
- ☐ 5. Once you are no longer medically unable to perform your job functions, you must submit a Work Status Form completed by your treating physician indicating your release. Contact your campus to let them know the day you will be returning. You must turn in the Work Status Form prior to being allowed to return to work. <http://www.scuc.txed.net/departments.cfm?subpage=477>