

SECTION: CLASSIFIED EMPLOYEES

TITLE: FAMILY AND MEDICAL LEAVES

ADOPTED: June 28, 2005

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April 24, 2012

# LINE MOUNTAIN SCHOOL DISTRICT

535. FAMILY AND MEDICAL LEAVES	
<p>1. Purpose P.L. 103-3 of 1993</p>	<p>The purpose of this policy is to address specific leave of absence issues and to ensure the district's compliance with the Family Medical Leave Act, hereinafter referred to as FMLA.</p>
<p>2. Delegation of Responsibility</p>	<p>The Superintendent or designee shall develop administrative guidelines regulating leaves and ensuring the district's compliance with law. Although implementing the guidelines is the responsibility of the Superintendent, they must adhere to the basic principles of the law.</p>
<p>3. Guidelines</p>	<p>Required notices shall be posted by the district.</p> <p>Guides advising employees of their rights and responsibilities shall be developed and posted. The guides shall be given to employees upon request; whenever an employee requests an FMLA leave; and whenever the district designates a leave as an FMLA leave.</p> <p>All requests for leave, both FMLA leave and non-FMLA leave, shall be made in writing on a district form (attached). The form shall request sufficient information to determine whether the leave qualifies as an FMLA leave.</p> <p>If the employee requesting an FMLA leave qualifies for and is entitled to any paid leave under a collective bargaining agreement, district policy or statutory mandate, the employee is required to utilize such paid leave during the FMLA leave.</p> <p>Medical certification forms shall be required whenever allowed or authorized by provisions of the FMLA.</p> <p>Employees shall be required to provide a fitness-for-duty certificate upon returning from an FMLA leave when the leave was taken because of the employee's own serious health condition, except where such a requirement would be in violation of a collective bargaining agreement or where the employee has taken a paid leave concurrent with the FMLA leave and school district policy and practice has not required a fitness-for-duty certificate to be provided.</p>

Seniority shall accrue for all purposes during FMLA leaves, and credit shall be given during FMLA leaves for accruals for other leaves.

For purposes of determining whether an eligible employee under the FMLA has exhausted the twelve (12) weeks of leave in any twelve-month period, except employees on leave to care for a covered service member shall be provided up to twenty-six (26) weeks of leave in a twelve-month period, the district shall utilize a rolling twelve-month period measured backwards from the date leave is used, to avoid stacking of back-to-back leave entitlements.

An employee will be denied intermittent leave or leave on a reduced leave schedule to care for an immediate family member (spouse, child, parent) with a serious health condition, or if the employee has a serious health condition when:

1. The employee fails to establish, through medical certification, that there is a medical need for such a leave (as distinguished from voluntary treatments and procedures).
2. The employee has failed to establish, through medical certification, that it is medically necessary for the leave to be taken intermittently on a reduced leave schedule.

Eligibility for an FMLA leave shall be based entirely on the eligibility criteria established by the FMLA. This policy shall not be construed to expand eligibility for an FMLA leave beyond what is required by law.

Federal Regulations  
P.L. 103-3 of 1993

## LEAVE OF ABSENCE REQUEST

In order to ensure your eligibility for a leave of absence and the District's compliance with applicable law, collective bargaining agreements and policy, you are required to complete this form. Failure to provide any required information may result in a denial of your leave request or other important benefits.

Name: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Why are you seeking a leave of absence?

For what period of time are you seeking leave?

What kind of leave are you seeking?

When do you anticipate returning to work?

Please answer the following:

- a. Are you seeking the leave for the birth of a son or daughter or to care for a newborn child?  Yes  No
- b. Are you seeking the leave due to the placement of a son or daughter for adoption or foster care?  Yes  No
- c. Will you be caring for your spouse, son, daughter or parent with a serious health condition?  Yes  No
- d. Do you have a serious health condition which makes you unable to perform the functions of your job?  Yes  No

Note: A serious health condition is defined as an illness, injury, impairment or physical or mental condition that involves: (1) any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical facility; (2) any period of incapacity requiring absence from work, school or other regular daily activities, of more than three (3) calendar days, that also involves continuing treatment by or under the supervision of a health care provider; or (3) continuing treatment by or under the supervision of a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three (3) calendar days; or for prenatal care.