



TALENT MANAGEMENT

EQUITY CHARACTER EXCELLENCE TEAM JOY

Employee Medical Leave of Absence Instructions

Please take the attached form (Medical Certification Statement) to your physician for him/her to fill out. They must record the date the condition began, diagnosis, and treatment advised for your health condition, as well as an estimated return to work (in days or weeks) in the Anticipated Duration field. The field must have a timeframe; it cannot be left blank or filled in as “open” or “unknown”. Your Principal/Supervisor needs this information to plan for staffing needs during your absence.

Please have your physician sign it and return to Talent Management prior to your procedure (if possible) either by fax to 918-746-6317, or by mail to:

Tulsa Public Schools
Benefits Department – 3rd floor
3027 S New Haven Ave
Tulsa, OK 74114

At least a week before returning to work, please have your doctor fill out the attached “Notice of Intent to Return to Work” form and return it to Benefits as stated above. If you will have any work restrictions upon returning to your position with TPS, the doctor will need to include a statement explaining the restrictions and their duration, and whether you are able to perform the essential functions of your position. Restrictions must be approved by upper management before you can return to work.

Thank you for your cooperation and assistance. Please contact the Benefits group if you have any questions or concerns at 918-746-7569 or benefits@tulsaschools.org.

Best wishes for a full and speedy recovery.

employee loa pkt pg_1 instructions 2018 (1).docx

DESTINATION EXCELLENCE

3027 SOUTH NEW HAVEN AVENUE | TULSA, OKLAHOMA 74114

918.746.6800 | www.tulsaschools.org



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Leave Processing

Once a leave of absence has been requested, it cannot be processed for further action until the hours worked for the previous 12-month period have been confirmed by Payroll. This holds true for all personnel, both Support and Certified, and is necessary to determine if the request is eligible for FMLA protection or not. Employees qualify for FMLA protection if they have worked for the district for at least one year and have worked a total of 1,250 hours during the previous 12 months.

The leave of absence will only be **paid** as long as the employee has vacation, sick leave, or personal days to cover the time off; once those are used, all remaining time off is **unpaid**. Once an employee is no longer being paid and has exhausted their leave benefits, they need to make payment arrangements for their insurance to remain in force. Employees should contact Payroll at 918-746-7569 to arrange payment for their insurance premiums during their remaining time off to keep it in force, or voluntarily stop the insurance for the remainder of the leave.

Leaves categorized as “sabbaticals” are always unpaid leaves, regardless of the employee’s accruals.

If you have questions or concerns regarding leaves, please contact a benefits specialist at 918-746-7569 or benefits@tulsaschools.org.

Thank you.

employee loa pkt pg_2 leave processing 2018 (1).docx

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Application for Family and Medical Leave
MEDICAL CERTIFICATION STATEMENT
(Employee's Own Illness/Injury)**

Name of employee: _____ Employee ID #: _____

Date condition began: _____ Anticipated duration: _____

Diagnosis of health condition: _____

Regimen of treatment prescribed for the condition. Include estimated number of visits, nature, frequency, and duration of treatment, treatment by other providers and whether in-patient hospitalization is required:

Is the employee able to perform work of any kind? Yes No If "no", please explain:

Is the employee able to perform the essential functions of his/her job? Yes No If "no", please explain:

Explanation of extent to which employee is unable to perform the functions of his/her job: _____

Date

Signature of Health Care Provider

**** If leave is non-medical in nature (e.g. further study),
a request in writing for leave of absence is required.
This form is NOT used for a non-medical, non-FMLA
leave of absence.**

Type of Medical Practice (Specialization, if any)

Office Telephone Number

MEDICAL RELEASE / EMPLOYEE'S STATEMENT

I authorize the release of medical information, necessary to process my leave request, by my physician or other health care provider to Tulsa Public Schools. I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the Director of Teacher Talent or Director of Support Talent.

Date

Patient's Signature

This form must be presented to the Benefits group before leave begins.

FAX TO: 918-746-6317 or EMAIL TO: benefits@tulsaschools.org

<p>FOR TPS INTERNAL USE ONLY</p> <p>Number of hours worked in the 12-month period preceding the leave request: _____</p> <p>FMLA applies <input type="checkbox"/> Yes <input type="checkbox"/> No Leave approved <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Approved by: _____</p>	<p>Empl #: _____ Hire date: _____</p> <p>Position: _____ Location: _____</p> <p>LOA start date: _____ LOA end date: _____</p> <p style="text-align: right;">Approval date: _____</p>
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NOTICE OF INTENT TO RETURN TO WORK

Name: _____ Employee ID #: _____

Principal or Supervisor: _____

Date leave began: _____ Date leave will end: _____

I understand that as a condition of my return to work, I must provide written certification from my health care provider that I am able to resume working and can perform, with or without reasonable accommodations, the essential functions of my position.**

Date

Employee's Signature

**** If leave is non-medical in nature (e.g. further study), a request in writing to return to work is required. This form is NOT used in reference to a non-medical, non-FMLA leave of absence.**

STATEMENT OF HEALTH CARE PROVIDER

I have examined _____ and can certify that he/she is fully able to resume work on _____ (date). *[If not fully able to perform job, please attach a statement explaining the employee's fitness to return to work.]*

Date

Health Care Provider Signature

This form must be presented to the Benefits group at least five (5) days prior to returning to work.

FAX TO: 918-746-6317 or EMAIL TO: benefits@tulsaschools.org

FOR TPS INTERNAL USE ONLY

Number of hours worked in the 12-month period preceding the leave request: _____

FMLA applies Yes No Leave approved Yes No

Approved by: _____

Empl #: _____ Hire date: _____

Position: _____ Location: _____

LOA start date: _____ LOA end date: _____

Approval date: _____



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HOW TO REQUEST FAMILY OR MEDICAL LEAVE (FMLA) AND SICK DAY DONATIONS

REQUEST FMLA FORM

- Go to the TPS website – www.tulsaschools.org.
- Click on departments.
- Click on Compensation and Benefits.
- On the left-hand side you will see FMLA FORMS...pdf.
- Select the appropriate form – Employee or Family Member.
- Print out form and take it to your doctor.
- Return the completed form to the Benefits group.

REQUEST SICK DAY DONATIONS (if needed)

- A written letter requesting donations is required.
- Include the following information:
 - place of employment
 - number of days requested
 - date of initial illness
 - date of expected return to work
- Your request will be reviewed by the Director of Compensation and Benefits, and you will be notified by email once approved. Once approved, your name will appear with other approved sick day requests on insidetps.tulsaschools.org under “Bulletin Items”.

TO DONATE SICK DAYS

- Go to the insidetps.tulsaschools.org.
- Click on the FORMS link.
- Click on Talent Management Forms.
- Click on Sick Leave – Request to Donate – PDF.
- Print form out and send to the Payroll Department.

employee loa pkt_pg_5 how to request leave 2018 (1).docx

DESTINATION EXCELLENCE

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918.746.6800 | www.tulsaschools.org

TULSA PUBLIC SCHOOLS
TALENT MANAGEMENT GROUP

REQUEST TO DONATE SICK LEAVE

I am requesting to donate _____ sick leave day(s) to:
number

Receiving Employee Name

_____, an employee at
Receiving Employee TPS ID #

School or Department

I understand that the days donated will be transferred from my accumulated sick leave.

Print name of donating employee

TPS ID #

Signature

Building and Assignment

Date

SUBMIT FORM TO PAYROLL DEPARTMENT.

FAX TO: 918-746-6557 or EMAIL TO: payroll@tulsaschools.org



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Leave of Absence Tip Sheet

1. Always keep your Principal/Supervisor informed of any planned leave or time off.
2. If the leave request is medical or family medical and is longer than seven (7) contact days, you must submit an FMLA form to Benefits filled out by your doctor for approval *in advance* of your leave.
3. The FMLA forms can be found online under Comp & Benefits, obtained from the Benefits office, or by contacting the Benefits office at 918-746-7569 to have them mailed to your current home address as recorded in Munis.
4. Return completed forms by fax to 918-746-6317, or mail to:

Tulsa Public Schools
Benefits Department – 3rd floor
3027 S New Haven Ave
Tulsa, OK 74114

5. To qualify for a FMLA leave, you must have been with TPS for a minimum of one year and had at least 1,250 hours of completed service in the previous 12 months.
6. Family Medical Leave Act of 1993 (FMLA) allows up to 12 weeks of leave (60 work days) in a rolling calendar for approved leaves in which the District will continue to pay its portion of the insurance cost. Leaves beyond this period will change to “unpaid” status, unless the employee has sufficient vacation, sick, personal days and/or short term disability to use and remain paid.
7. “Return to Work” is governed by your doctor and the information provided on the “Return to Work” form to give you a complete medical release or state your restrictions, with TPS deciding upon whether we can or will accommodate the restrictions listed. Regarding Family leaves, TPS must be notified in writing when you are planning to return to work after caring for a family member, there is no medical release because you were not the patient, however Talent Management/Benefits as well as your Principal must be kept informed of your plans to return, either by email or phone.
8. Unpaid leaves such as Child Care (which may be extended for up to two successive years) or Sabbaticals, (which may be approved for teachers continuously employed for seven years or more and may not be extended), have their own set of criteria that must be met in order to be approved by TPS.
9. Short & Long Term Disability benefits as well as American Fidelity inquiries, are handled by the Benefits group at 918-746-7569 or benefits@tulsaschools.org. Long Term Disability benefits will not take affect while you are still receiving pay from TPS.
10. To keep your insurance in force during your leave from TPS and if you no longer receive a paycheck; contact the Payroll Department to make payment arrangements at 918-746-7569. Otherwise, your insurance will be cancelled.