



## Request for Leave of Absence

**Employee Completes:**

Name: \_\_\_\_\_ SS #:(last 4 digits) \_\_\_\_\_

Present Position: \_\_\_\_\_ Site: \_\_\_\_\_

*I hereby request leave of absence, which if granted, will become effective on the date indicated below:*

My last day **at work** will be: \_\_\_\_\_

After which, I plan to use: \_\_\_\_\_

Number of *Sick Leave* days: \_\_\_\_\_ Number of *Annual Leave* Days: \_\_\_\_\_

Number of *Extended Sick Leave* days: \_\_\_\_\_ Number of *Personal Leave* Days: \_\_\_\_\_

OR

I do not plan to use any leave days.

My last day **on payroll** will be: \_\_\_\_\_ I will return to work on: \_\_\_\_\_

Check appropriate leave category:

Family/Maternity Leave

Personal Illness

Professional Leave

Family Illness

Military leave (Attach orders.)

Disability (Contact disability rep.)

Other (Please indicate.)

I understand that.....(Please read and initial each line.)

1. It is my responsibility to notify payroll of any miscellaneous deductions I cancel during my leave.

2. I must notify the Human Resources Office before April 15<sup>th</sup> of my intentions to return or not to return the following school year.

3. Failure to return to work at the approved specified time shall be judged as a voluntary resignation.

Additional Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please present this form to the principal or site supervisor to whom you are assigned.***

**Principal/Site Supervisor Completes:**

I acknowledge this leave of absence with the understanding that this employee's last day on the payroll will be \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Office Use Only:**

Received and approved by Human Resources Office: \_\_\_\_\_

FMLA Last day on payroll: \_\_\_\_\_

Human Resources Specialist

Date

Assistant Superintendent  
Human Resources

Date



## Health Care Provider Certification For Medical Leave of Absence

Last 6 digits of SSN:	First Name	MI	Last Name	Position	Site	Phone Number(s)

<b>Requested Leave:</b> <input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave	<b>Medical Leave Requested for:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Immediate Family	<b>Patient's Name (If leave is for a family member):</b> <hr/> <b>Patient's Relationship to Employee:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other _____
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I hereby authorize the undersigned medical professional to release any information acquired in the course of my examination or treatment to my employer as indicated below. I understand that this information is to be furnished at no cost to my employer. I understand that this confidential information will be used by DCS to determine eligibility for insurance and benefits.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed by Health Care Provider:**

**Date of Illness** \_\_\_\_\_ **Estimated Return to Work Date** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**Please check Yes or No for each question below:**

Yes    No   Is it necessary for the employee to be absent from work for treatment or family care?

Yes    No   Does the employee or family member have a health condition requiring either inpatient care or treatment by a physician or other health care provider? If yes, indicate the treatment schedule  
 \_\_\_\_\_

Yes    No   Is it medically necessary for the employee to be on leave for self or to assist a family member with basic hygiene, nutrition, safety, transportation or psychological comfort? If yes, indicate the dates:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Yes    No   Will the employee be able to return to a normal work schedule performing their required duties? If yes, indicate the estimated return to work date: \_\_\_\_\_

Health Care Provider Name _____ Street Address _____ City, State, Zip _____ Phone _____ Health Care Provider Signature _____ Date _____	<b>Health Care Provider Stamp</b>    
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## Leave of Absence Guidelines

If you will be out of work more than 8 days, leave of absence paperwork must be submitted immediately but no later than the eighth day from your last day worked. You need to complete a leave of absence form even if you have enough paid leave available to cover your absences. **Failure to submit paperwork within this timeframe could make you ineligible for continued employment.**

### What types of Leave are available?

- 1. Personal Illness:** Employees who are unable to work due to a medical condition may request a medical leave of absence. For those employees who qualify for FMLA in addition to this LOA, they shall run concurrently. Paid leave days available for this type of leave are: Sick Leave (SL), Annual Leave (AL), and Miscellaneous/Bonus Leave (MBL). May qualify for Voluntary Shared Leave (VSL) after exhaustion of SL, AL, and MBL. Classroom Teachers and Media Specialist who require a sub may be eligible for Extended Sick Leave (ESL) and Personal Leave (PL). Use of ESL and PL requires a deduction to help defray the cost of a substitute.
- 2. Family Illness:** Employees may qualify for leave to assist an immediate family member with a serious medical condition. Immediate family is defined as: spouse, children, parents, brothers, sister, grandparents, grandchildren and dependents living in the employee's household. Also included are step, half and in-law relationships. Employees who qualify may apply their sick leave toward their LOA. For those employees who qualify for FMLA in addition to this LOA, they shall run concurrently. Paid leave days available for this type of leave are: SL, AL, and MBL. May qualify for VSL after exhaustion of SL, AL, and MBL. Classroom Teachers and Media specialist who require a sub may use PL.
- 3. Military Leave:** Full-time and part-time permanent employees who are called into active duty or for periods of active duty training may be eligible for Military Leave (ML). Employees must provide copies of orders for military leaves to be processed. Employees' rights to military leave are provided and protected under USERRA and other applicable federal and state laws. Leave with pay shall be granted for up to 15 workdays during the federal fiscal year (October 1 – September 30). IF paid leave is not available and the military pay is less than DCS pay, the employee is eligible for differential pay. Contact Human Resources as soon as you are notified of your military leave.
- 4. Educational/Professional Leave:** Only permanent full-time and part-time employees are eligible for this type of leave. Education/professional leave is without pay. In some cases, requests for educational leave may be granted so employees can obtain additional education that will benefit both the employee and DCS. Employees must submit written requests before the courses or program begins. Proof of enrollment and course of study must be attached to the request for leave. Some employees serving in specific capacities with state or local organizations may request a professional leave of absence. Such leaves must be approved prior to the beginning of the term of service and will require the Superintendent's approval.
- 5. Parental Leave:** Employees may take up to one year of unpaid leave after the birth or adoption of a child from the date of birth or adoption. Up to 30 days of SL may be used immediately following the birth of a child or care for a child placed with an employee for adoption. Paid leave days available for this type of leave are: SL, AL, and MBL. These days should be consecutive and within the first 12 months following the birth or adoption.

**Note: Employees are not eligible to take a leave of absence for personal reasons.**

### What is FMLA?

- FMLA is the Family Medical Leave Act of 1993. It provides job protection to eligible employees and allows up to 12 weeks of UNPAID LEAVE for personal illness, birth of a child, placement of an adopted or foster child, or to care for an immediate family member who has a serious health condition.
- To be eligible for FMLA, you must have worked for DCS for at least 12 months and a minimum of 1,250 hours within the past 12 months.
- You will be reinstated in the same or an equivalent position with the same pay and benefits as the position you held before your LOA.
- See the website concerning FMLA to answer other questions: [www.nmpublicschools.org/fbs/personnel/benefits/](http://www.nmpublicschools.org/fbs/personnel/benefits/)
- You will receive a copy of your LOA form, once the HR Office has processed it. The form will indicate if you are eligible for FMLA.

### **How do I request a Leave of Absence?**

1. Get a copy of the Form LOA (Request for Leave of Absence) from the DCS website under "Forms" or from your school secretary.
2. Meet with your Administrative Assistant to discuss the availability of leave days.
3. Complete the form and attach any additional documentation such as:
  - a. Form HCP (Health Care Provider Certification for Medical Leave of Absence) if your LOA is for medical reasons. Note: medical leave of absences cannot be approved without the doctor's form (Form HCP).
  - b. Military Orders are required for military leave.
  - c. Educational/Professional leave must be approved in advance with supporting documentation.
4. Submit your completed form to the Financial Bookkeeper who will sign and verify your days.
5. Once the HR Office receives the Form LOA and the Form HCP, they will approve or deny the request.
6. You will be notified by receiving a copy of the Form LOA.

### **How do I Extend my LOA if I'm unable to return to work at my specified date?**

1. You are responsible for contacting your supervisor with any revisions or extensions to your LOA.
2. Submit a new Form LOA indicating the reason for the extension or revision. Check "revision" and revise the date(s).
3. Attach a new Form HCP from your doctor.
4. Complete and submit forms and give to the Financial Bookkeeper for verification and signatures.
5. Once the HR Office receives the Form LOA and the Form HCP, they will approve or deny the request.
6. You will be notified by receiving a copy of the Form LOA.

### **What is expected when I return to work after my LOA?**

1. You are expected to return to work as specified on your LOA form.
2. Failure to return to work at the specified date shall be judged as a voluntary resignation.

### **What happens with my Health Benefits while I am on a LOA?**

1. Contact the benefits office at 336-751-5921 to discuss your insurance.
2. If you remain on payroll while out on FMLA, insurance is not affected. Once you are no longer on the payroll, you should receive 3 months of employer paid health insurance if you qualify for FMLA. At the end of the 3 months, you are responsible for paying the full cost of insurance (must be paid directly to DCS Benefits Dept.). If you have been employed less than one year, you will pay for your insurance on a monthly basis while out on LOA.
3. You can continue to pay for your cafeteria benefits (dental, cancer, vision, etc.) while you are out on leave by submitting payment to the insurance department once you are no longer receiving a payroll check.
4. If you want to add a newborn to your insurance plan, you must add the baby the first of the month in which the baby is due. Example: Baby due date is on 12/16/09, will need to add to insurance beginning 12/1/09.

### **Who is eligible for Disability?**

1. Permanent employees who are contributing members of the Teachers, and State Employees' Retirement System and who meet certain state service requirements.
2. An employee must be determined to be mentally or physically disabled for the further performance of their usual occupation.
3. Disability must have been incurred at the time of active employment or exhausting leave.
4. Disability must have been continuous and expected to last 60 days or more.
5. Disability starts with a 60-day waiting period after the doctor states that an employee is disabled or after the last day of work.
6. For additional information regarding disability benefits, please contact our Disability Office at 336-751-5921.

### **What happens with my paycheck?**

1. If you are participating in the traditional installment plan and are going off the payroll, your accrued installment dollars to date will be paid out in your final paycheck. You will not be eligible to reinstate your installment plan until the beginning of the next school year. A new election form must be submitted to the Payroll Department by the first working day of the following school year.
2. If you have any Miscellaneous Voluntary Payroll Deductions (examples: NCAE, PENC, Pre-paid, 401K, 457b, SECU etc.) and you are going off the payroll and the vendor allows, the Payroll Department will deduct the missed deductions from your first paycheck when you return to work. If you are off payroll for an extended period of time and the vendor required continuing payment, you will be responsible for making that payment directly to the vendor. Contact the Payroll Department at 336-751-5921, with any questions concerning miscellaneous voluntary deductions.