



Dexter Community Schools Request for Leave of Absence

Please complete this form to request a Leave of Absence as soon as you know you need to be off of work for MORE THAN 5 consecutive work days. Refer to [Leave of Absence FAQ](#) for more information on what to expect during a leave.

SECTION 1 EMPLOYEE INFORMATION				
Name		Phone Number	Email	
Mailing address		City/ZIP	Group <input type="checkbox"/> Admin <input type="checkbox"/> Individual <input type="checkbox"/> DEA <input type="checkbox"/> DESPA <input type="checkbox"/> WWBDBMA <input type="checkbox"/> Jenkins/Bates <input type="checkbox"/> Other	
School Year		Building	Position	
SECTION 2 LEAVE OF ABSENCE REQUEST				
Type of Leave Requested (see page 2 for definitions)		Paid/Unpaid Leave		
<input type="checkbox"/> Family and Medical Leave Act (FMLA) <input type="checkbox"/> Michigan Paid Medical Leave Act (MPMLA)		<input type="checkbox"/> Paid Leave <input type="checkbox"/> Partially Paid Leave <input type="checkbox"/> Unpaid Leave		
Available thru 12/31/2020:				
<input type="checkbox"/> Emergency Paid Sick Leave Act (EPSLA) <input type="checkbox"/> Emergency Family and Medical Leave Expansion Act (EFMLEA)				
Reason for leave?				
<input type="checkbox"/> Maternity <input type="checkbox"/> Paternity <input type="checkbox"/> Adoption/Foster <input type="checkbox"/> Serious Health Condition <input type="checkbox"/> Military <input type="checkbox"/> Non-medical (describe _____)				
For who?				
<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
Does this person live in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last date to work (estimate if exact date is not known)	First date of leave	Last date of leave	Date return to work
Number of work days requested off	Use banked days (estimate # if not known)	Unpaid days (estimate # if not known)		
SECTION 3 EMPLOYEE REQUEST				
I request the above Leave of Absence. I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Dexter Community Schools. Please provide a copy of this form to your building principal/supervisor, a copy to Human Resources, and the original to the Business Office. Retain a copy for your reference.				
Signature: _____ Print Name: _____ Date: _____				
Revised Date Return to Work* _____ (If you plan to return earlier than requested, you must notify your supervisor 5 work days in advance)				
FOR BUSINESS OFFICE USE ONLY (Date Received _____)				
Type of Leave Used				
<input type="checkbox"/> FMLA <input type="checkbox"/> PMLA <input type="checkbox"/> Paid Leave <input type="checkbox"/> Partially Paid Leave <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Emergency Paid Sick Leave Act (EPSLA) <input type="checkbox"/> Emergency Family and Medical Leave Expansion Act (EFMLEA)				
<input type="checkbox"/> Notice/letter sent (date _____) <input type="checkbox"/> Physician certification received (date _____) <input type="checkbox"/> Return to work release (employee's medical) _____ <input type="checkbox"/> Employee terminated before returning to work (date _____)				
Contract salary	Last date worked	First date of leave	Last date of leave	Date returned to work
Days worked before leave a)	Banked days prior year	Earned days current year	Leave days available	# leave days used/ allowable b)
Contract prorate at leave ____/____ = % a+b / contract days	Contract salary at leave	Days worked after leave d)	Contract prorate final ____/____ = % a+b+d / contract days	Contract salary final
# unpaid days c) a+b+c+d= contract days	Additional days earned after leave	Date to term insurance	FMLA weeks used	Step advancement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Force majeure dates during paid leave	Force majeure dates during unpaid leave	Received request to add force majeure to sick bank	Other notes	

Definitions

Family and Medical Leave Act (FMLA) - Entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
 - the birth of a child and to care for the newborn child within one year of birth;
 - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - to care for the employee’s spouse, child, or parent who has a serious health condition;
 - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a covered military member on “covered active duty;” **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember’s spouse, son, daughter, parent, or next of kin (military caregiver leave).

Michigan Paid Medical Leave Act (MPMLA) - Requires employers to provide eligible employees paid medical leave at a rate of 1 hour for every 35 actual hours worked. All of our master agreements provide paid leave time that exceeds the MPMLA. We follow the more lenient of the provisions of the master agreements or the MPMLA law, unless those provisions contradict the law.

The following is a brief summary of temporary laws that expire 12/31/2020, unless extended. Please refer to https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf for employee rights of paid sick leave and expanded family and medical leave under the Families First Coronavirus Response Act.

Emergency Paid Sick Leave Act (EPSLA) – Provides eligible employees up to eighty (80) hours of paid leave if they cannot work for six (6) reasons (stated below) related to COVID-19.

Provides paid normal wages or a maximum of \$511 per day for two (2) weeks (up to 80 hours) if leave is needed for the following reasons:

1. Employee is subject to federal, state or local quarantine or isolation order;
2. Employee has been advised by healthcare provider to self-quarantine; or
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis:

Provides paid 2/3 of the employee’s normal wages or up to \$200 per day for two (2) weeks (up to 80 hours) if leave is needed for the following reasons.

4. The employee is caring for an individual who is subject to an order as described in No. 1 or has been advised as described in No. 2;
5. The employee is caring for son or daughter under the age of 18 if the school or place of care is closed due to COVID-19 precautions; or
6. The employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services.

Emergency Family and Medical Leave Expansion Act (EFMLEA) – Amends the Family and Medical Leave Act (FMLA) by allowing an employee to take up to twelve (12) weeks of leave (10 weeks of paid leave) if the employee is unable to work to care for a child because his/her child’s school/daycare is unavailable due to a public health emergency. The first 10 days of leave is unpaid. Employees with accrued sick leave are required to use accrued paid leave during the 10 days. After the initial 10 days, you are paid at a rate of 2/3 of your normal wages or up to \$200 per day for ten (10) weeks, up to a total of \$10,000.