



Jasper City Schools

Leave of Absence Check List

- Leave of Absence Request form completed and signed by Principal. This form must then be sent to Nikki Shipman in payroll.
- If medical leave is requested due to a health condition, the Certification of Health Care Provider form must be completed and submitted to Nikki Shipman in payroll along with the Leave of Absence Request.
- If requesting FMLA leave, FMLA form WH-380E (for employee) or WH-380F (for family member) has been completed and submitted to Nikki Shipman in payroll. (see FMLA Fact Sheet) *Pursuant to Board Policy 5.13.7, Employees must utilize any available paid leave (sick, personal, vacation) before taking unpaid leave under FMLA. In that instance, the paid leave and the FMLA leave will **run concurrently** and the employee's twelve (12) weeks of unpaid FMLA leave will be reduced by the paid leave utilized.*
- If requesting Catastrophic Leave (must be member of the sick bank), the Catastrophic Leave Request form must be completed and submitted to Nikki Shipman in payroll along with the Certification of Health Care Provider form from the physician.

**JASPER CITY SCHOOLS
EXTENDED LEAVE REQUEST**

Current Date: _____

NAME: _____ POSITION _____
ADDRESS: _____ WORKSITE _____
CITY: _____ STATE AL ZIP _____

I request Extended Leave from my work assignment with Jasper City Schools.
I am requesting this leave for the following reason(s):

- Family and Medical Leave** (Appropriate documentation required)
 - Birth of a child
 - Adoption of a sick child or placement of a foster child
 - Care for a sick spouse, child, or parent
 - My own serious health condition

Military Leave

Leave Period: Date to begin _____ End _____ Total # of Days on leave _____

IMPORTANT: Employees must use all sick leave, vacation, or other applicable paid leave before taking unpaid leave.

Sick _____	Personal _____	Sick Bank _____	Unpaid _____
(Please call Nikki Shipman, JCS ext. 68021 to verify days)			

Signature of Person Requesting Leave

Date

Signature of Principal

Date

Signature of Coordinator of Personnel

Date

Approved Disapproved

Signature of Superintendent

Date

BOE Date _____

_____ Event qualifies for FMLA



Dr. Ann Jackson
Superintendent

Jasper City Board of Education

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Members of the Board

Willie Moore III
Mary Beth Barber
Teresa Sherer
Scott Thornley
Walker Wilson

Certification of Health Care Provider

(Employee's Name)

(Social Security Number)

If your absence is due to extended physician's care, please have your health care provider complete the following:

(Patient's Name)

- The patient's health condition began on _____ (date).
- State the approximate duration of the patient's present incapacity: _____

- State the necessity of the employee's leave _____

- Can the employee perform the employee's job functions? _____
- Will it be necessary for the employee named above to work only intermittently or to work on a less than full schedule as a result of the condition (including treatment): _____

(Print name of Health Care Provider)

(Type of Practice)

(Address)

(Telephone)

(Signature of Health Care Provider)

(Date)

Please submit this form to Nikki Shipman, Payroll

**JASPER CITY BOARD OF EDUCATION
CATASTROPHIC/SICK BANK LOAN REQUEST**

Days from the Sick Leave Bank shall not be awarded until all accumulated sick leave days have been exhausted. No employee may owe more than 10 days to the bank in addition to those that the individual has on deposit unless approved by a vote of over 50% of the participating members of the Bank. Such vote will be contingent upon the recommendation of the Committee.

PLEASE PRINT

Employee's Name

Social Security Number

School

Number of Days Requested/Needed from the Sick Leave Bank: _____

Effective Date of Request

Starting Date: _____ Ending Date: _____

Reason for Leave Request: _____

Signature - Member

Date

Signature - Principal

Date

THIS FORM MUST BE COMPLETED AND RETURNED TO PAYROLL AT CENTRAL OFFICE

Any alleged abuse of the use of the sick leave bank shall be investigated by the sick leave bank committee. On the finding of wrong doing, the member shall repay all of the sick leave credits drawn from the sick leave bank and be subject to other disciplinary action as determined by the local authority.

SLB Committee Action -- To be completed by Sick Bank Chairman

Recommended by SLB Committee: Yes _____ No _____ Date _____

Approved by SLB Committee: Yes _____ No _____ Date _____



FMLA Fact Sheet

The Family and Medical Leave Act of 1993 requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for the Board of Education for at least 12 months, and for 1,250 hours over the previous 12-months.

Reasons for Taking Leave:

- To care for the employee’s child after birth, or placement for adoption or foster care;¹
- To care for the employee’s spouse, son or daughter¹, or parent who has a serious health condition; or
- For a serious health condition² that makes the employee unable to perform his or her job
- At the employee’s or employer’s option, certain kinds of paid leave may be substituted for unpaid leave

Advance Notice and Medical Certification

- Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable.
- The Board requires that a request for leave based on the serious health condition of the employee, the employee’s son, daughter, spouse or parent be supported by a certification issued by the appropriate health care provider, and may require second or third opinions at the Board’s expense.
- Form WH-380E or WH-380F must be completed for FMLA leave
- The Board may require the employee to provide certification by the employee’s health care provider that the employee is able to resume work.

Job Benefits and Protection

- For the duration of FMLA leave, the Board maintains the employee’s health benefits under the same conditions these benefits would have been provided if no leave had been taken. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.
- Upon return from FMLA leave, most employees are entitled to restoration to an equivalent position with equivalent pay, benefits, and conditions of employment.

¹ Spouses employed by the Board are jointly entitled to a combined total of 12 work-weeks of family leave for the birth and care of the newborn child, placement of a child for adoption or foster care, and to care for a parent who has a serious health condition. The entitlement to leave for childcare expires at the end of the 12 month period beginning on the date of birth or placement.

¹ Entitlement for leave associated with illness of a child occurs only where the child is under 18 years of age or incapable of self-care due to mental or physical disability.

² A “serious health condition” means an illness, injury, impairment, or physical or mental condition that involves (1) inpatient care in a hospital, hospice or residential medical care facility or (2) continuing treatment by a health care provider.