

Francis Howell School District
Lisa Simpkins
Chief Human Resources Officer

Memo

TO: Francis Howell School District Staff

RE: Medical Leave of Absence

The Benefits Department is providing you with information and forms, in this packet, related to your upcoming medical leave of absence. Enclosed you will find the items listed in the bullet points below. The **boldface** text indicates items that require action on your part.

- Responsibilities Concerning Medical Leave of Absence (Attachment A). **Please sign and return one copy to Benefits.**
- Frequently Asked Questions (Attachment B). This document is for your benefit in answering questions relating to your leave.
- Disability Leave Form (Rev. 6/12) (Attachment C). **To be filled out by you and your principal/supervisor and returned to Benefits.**
- Qualified Change in Family Status Benefits Enrollment Instructions (Attachment D). **If your medical leave of absence results in a change in family status (e.g.- birth of a child) you may need to update your medical coverage according to the instructions on this document.**
- Premium Calculation Form This form is for your information/use and is related to the Qualified Change in Family Status Benefits Enrollment Instructions document.
- U.S. Department of Labor Certification of Health Care Provider for Employee's Serious Health Condition (Attachment E-four pages). **For employee's illness, to be filled out by your doctor and returned to Benefits.** If you use Attachment E ignore Attachment F.
- U.S. Department of Labor Certification of Health Care Provider for Family Member's Serious Health Condition (Attachment F-four pages). **For family member's illness, to be filled out by employee and treating physician and returned to Benefits.** If you use Attachment F, ignore Attachment E.

- Lincoln Financial Claim Instruction Sheet **Please follow the claim instruction sheet to initiate your claim by phone or on the Lincoln Financial Group portal.**
- Lincoln Financial Group Short Term Disability Insurance Employee Benefit Booklet. Is available at fhsdschools.smartben.net. Please refer to Step 2 on Attachment D for instruction on how to log on to SmartBen.
- Sick Leave Bank Application Form (Attachment H). This form is for all sick leave eligible employees who are participating in the Sick Leave Bank and who qualify to use days from the bank. **To be filled out by you and returned to Benefits.**
- Sick Leave Bank Regulation 4323 GE This form is provided for the information of permanent employees who are participating in the Sick Leave Bank.

Please be advised that a leave of absence may have an effect on your years of service as calculated by the Public School Retirement System (PSRS) or the Public Education Employee Retirement System (PEERS). You may contact those organizations at 1-800-392-6848 if you have any questions in that regard. Certified staff who are not tenured should also be advised that unpaid leave is not credited when calculating years of service toward reaching tenure.

A leave of absence may also impact your vacation day/personal sick leave award. Questions in that regard may be directed to Kenda Herberts in Human Resources at 636-851-4024.

If, after reviewing this paperwork, you have additional questions, please feel free to contact Lisa Kendall in the Benefits Department at 636-851-4042. Lisa will be happy to assist you in your upcoming leave.

Sincerely,



Lisa Simpkins
Chief Human Resources Officer