

CEDAR HILL INDEPENDENT SCHOOL DISTRICT

Business Operations Leave

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LEAVE

User Guide

This guide explains the different types of medical leave available for Cedar Hill ISD employees.

- Family Medical Leave Act
- Temporary Disability Leave
- Bereavement
- Sick Leave Pool

Cedar Hill ISD allows eligible employees paid and unpaid leave based upon qualifying events. This handbook describes the basic types of leave available and related restrictions. Employees who expect to be absent for an extended period of more than five days should notify the Benefits department at Benefits@CHISD.net for information about the applicable leave and requirements for communicating with the CHISD. holder. Any unapproved absences or absences beyond accumulated or available paid leave shall result in deduction from the employee's pay.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The FMLA provides employees who meet certain eligibility criteria with unpaid leave for certain family and medical reasons during a 12-month period. During this leave, eligible employees are entitled to continue group health plan coverage as if they had continued to work. The employee is required to pay their portion of insurance if they are not receiving a paycheck. At the conclusion of the leave, subject to some exception, eligible employees have the right to return to the same position and equivalent pay, benefits and working conditions.

Eligibility Requirements

To be eligible for FMLA leave, an employee must have been employed by Cedar Hill ISD:

- For at least 12 months (which need not be consecutive) and for at least 1,250 hours during the 12-month period immediately preceding the start of the leave
- At a worksite with 50 or more employees located within 75 miles of the employee's worksite

Please note for purposes of an employee's entitlement to leave under the FMLA, the 12-month period within which employees shall be eligible for the 12 weeks of FMLA shall be measured backward from the last date of when the employees leave is to start.

Qualifying Events for FMLA

Eligible employees can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for one or more of the following reasons:

- The birth of a child or placement of a child with the employee for adoption or foster care, within one year of birth or placement
- The care for a child, spouse, or parent who has a serious health condition
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job.
- Qualifying exigencies related to the deployment or military service of a family member who is the employee's spouse, child or parent

An eligible employee who is a covered service member's spouse, child, parent may take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not to use leave in one 12-week block, it may be taken intermittently or on a reduced schedule and it shall run concurrently with applicable paid leave and compensator time, as applicable.

Request for FMLA Leave

Any absence of five days or more for an illness or medical condition may need to be designated FMLA leave and will require the appropriate documentation. Employees should request FMLA leave by notifying their appropriate supervisor and filling out the Google form on the CHISD Benefits webpage or by contacting benefits@CHISD.net for the forms to be completed by their medical doctor. The completed forms are to be returned to benefits within 15 days of the qualifying event.

Employees must provide 30 day's advance notice of the need to take FMLA leave when the need is foreseeable. When such notice is not possible, the employee must provide notice as soon as practicable, and comply with the school's call-in procedures.

Designation of Leave

Benefits will notify an employee that his or her leave has been designated as FMLA leave within five business days, once the employee has filled out the request for leave.

Certification and Recertification

Employees are required to provide medical certification from a health care provider that substantiates the need for FMLA leave. The duration and type of FMLA leave granted (regular, reduced schedule or intermittent) will be determined based on medical information provided. If the required documentation is not provided by the prescribed deadline, the absence may not qualify for FMLA and the employee may not receive FMLA protection.

Supervisor Responsibilities

A supervisor must immediately notify Benefits when an employee communicates a need to take leave for a potentially FMLA-qualifying reason. The supervisor is responsible for consistently

enforcing district policies and procedures for requesting leave, reporting absences and entering appropriate codes into Skyward time off. When FMLA leave has been approved, the supervisor:

- May not contact a health care provider directly
- May not allow an employee to return to work unless Benefits has received the Fitness for Duty form showing restrictions or no restrictions and the supervisor has approved any restrictions
- Must notify Benefits when an employee does not return to work by the FMLA designated return date

Return to Work

When an employee's own serious health condition is the reason for FMLA leave, the district will require a medical release to return to work on the first day the employee returns to work.

TEMPORARY DISABILITY LEAVE

What is Temporary Disability Leave

Any full-time employee shall be eligible for temporary disability leave. TDL is an extended absence due to the employee's own serious medical condition.

The maximum length of TDL is 180 calendar days and must be taken as a continuous block of time. It may not be taken intermittently or on a reduced schedule. It is the only leave recorded in calendar days. This means the non-work days, such as weekends, holidays and extended breaks are counted towards the employee's total leave entitlement.

Qualifying for TDL

When requesting TDL the employee must notify Benefits and request the appropriate paperwork to be completed by the employee's medical doctor. An employee must submit a Return to work form completed by the employee's doctor before returning regarding the employee's ability to perform his or her regular work duties.

BEREAVEMENT

An employee shall be granted up to three days of bereavement leave upon the death of a member of the employee's immediate family. Such leave shall be taken with no loss of pay or other paid leave.

Definition of Immediate Family

- Spouse
- Son or daughter, including biological, adopted or foster child, son or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*

- Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee
- Sibling, stepsibling, and sibling-in-law
- Grandparent and grandchild
- Any person residing in the employee's household at the time of death

Requesting Bereavement

To request bereavement, the employee must submit the request in the google portal and upload a pamphlet or the obituary from the funeral. The employee is required to put in the requested time off using state, local or dock days using the reason code Bereavement in Skyward.

Once the bereavement is verified and approved, Benefits will go into Skyward, allocate the requested number of days (up to three) and changed the entered time off to bereavement.

SICK LEAVE POOL

The purpose of the Sick Leave Pool is to provide additional sick leave days to employees in the event of a catastrophic illness.

Definition of Catastrophic

- Major surgery
- Severe injuries due to a vehicle accident
- Organ transplant
- Cancer with chemotherapy treatment
- Severe illness or disease

Examples of excluded illness are:

- Normal pregnancy and/or postnatal care
- Elective or routine surgery
- Outpatient procedures
- Mental disability that is not considered a "serious mental illness"
- Workers' Compensation eligible injuries
- Part-time absences
- Modified duty

Applying for Sick Leave Pool

A request for the establishment of a sick leave pool shall be made by contacting Benefits at benefits@CHISD.net for the Sick Leave Pool request form. The packet must be completed and

returned to the benefits department. Upon approval, the benefits department shall initiate the sick leave pool for the employee and notify the appropriate staff.

Regulations Concerning Distribution of Days

The sick leave pool shall be created by voluntary contributions by District staff for a specific individual and the donated days shall be designated to a specific pool. Contributions may consist of not more than two local leave days with a limit of two days to any one pool. No other transfer of leave shall be permitted. Days donated to a sick leave pool will be subtracted from the donor's appropriate leave balance. A maximum of 30 days may be contributed to a specific sick leave pool.

Sick leave pool days may not be used for any absences related to a workers' compensation injury or claim.

The request for the establishment of a sick leave pool shall authorize the District to release the employees name and information pertaining to the employee's illness or disability.

Cessation of Pool

The sick leave pools shall cease to exist when the employee returns to work or has used 30 days and the pool is exhausted. No general pool shall remain in existence. Unused sick leave pool days shall be returned to the donors by a drawing. Names of the individuals who donated shall have their name put in a pot one time for each day donated. One name will be drawn for each sick leave day remaining in the pool until sufficient names have been drawn.