

Cumberland Regional School District

LEAVE OF ABSENCE REQUEST FORM

(8+ Consecutive Days or Qualified Intermittent Leave)

TODAY'S DATE _____

NAME _____

TITLE _____

SUPERVISOR'S NAME _____

This form should be completed by the employee and **submitted to Supervisor** for approval 30 days prior to the start of leave, if possible, or as soon as feasible. Please consult the back of this form for additional information. This form is NOT to be used for Vacations. Completing this form does not remove the employee's responsibility to enter all absences for the leave into SAMS (ESS) system.

LEAVE IS	<input type="checkbox"/> Continuous	Comments:	
	Is expected to begin on (first day): _____	Is expected to end on (last day): _____	
	<input type="checkbox"/> Intermittent	Comments:	
	First day out is expected on: _____	Other known dates to be out: _____	

DUE TO	<input type="checkbox"/> Birth of child or placement of a child with you for adoption or foster care. <i>Attach copy of birth certificate, adoption papers or doctor's note (about pending birth).</i>
	<input type="checkbox"/> Your own serious health condition. <i>Attach doctor's note.*</i>
	<input type="checkbox"/> You are needed to care for the following family member due to a serious health condition: _____ (required) <i>Attach note from doctor of family member listed.*</i>
	<input type="checkbox"/> Military Orders <i>Attach military orders.</i>
	<input type="checkbox"/> A qualifying exigency arising out of the fact that your (check one): <input type="checkbox"/>spouse; <input type="checkbox"/>child; <input type="checkbox"/>parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. <i>Attach military orders for checked family member.</i>
	<input type="checkbox"/> You are the (check one): <input type="checkbox"/>spouse; <input type="checkbox"/>child; <input type="checkbox"/>parent; <input type="checkbox"/>next of kin of a covered servicemember with a serious injury or illness. <i>Attach documentation showing family member is a covered servicemember and doctor's note regarding injury/illness.</i>
	<input type="checkbox"/> Other - Explain: _____ <i>*You will be notified if additional documentation is required.</i>

WORK DAY	Enter your scheduled work hours (begin and end times): _____
	Enter # minutes of scheduled breaks you have each work day (lunch+breaks): _____
	Enter # of days per week you are scheduled to work: _____

PAID/ UNPAID	I plan to use accumulated paid days as indicated below (to the extent accumulated days are available):			
	TYPE OF DAY	FIRST DAY	LAST DAY	TOTAL # DAYS
	<input type="checkbox"/> Sick			
	<input type="checkbox"/> Personal			
	<input type="checkbox"/> Vacation			
<input type="checkbox"/> Unpaid				

EMPLOYEE SIGNATURE _____	DATE _____
SUPERVISOR APPROVAL (IF APPLICABLE) _____	DATE _____
PRINCIPAL APPROVAL _____	DATE _____
HR OFFICER RECEIPT _____	DATE _____
SUPERINTENDENT APPROVAL _____	DATE _____
SCHOOL BOARD APPROVAL - MEETING DATE _____	

What You Should Know About Completing the Leave of Absence Request Form

DEFINITION OF A LEAVE OF ABSENCE

A leave of absence exists if the employer and the employee mutually agree that the employee will return to his or her work after a period of absence.

STARTING THE PROCESS

For **all** consecutive absences lasting **eight (8)** or more days* for any purpose other than leisure/recreation, and for all intermittent absences that may qualify for family leave, complete the form in its entirety and submit to your immediate Supervisor 30 days prior to the start of the leave or as soon as possible. Attach appropriate documentation as requested. This form is available online on the district website under "Staff/HR Documents" and should be submitted electronically via e-mail to Supervisor (to Principal if no Supervisor) with documentation scanned and submitted with form, or printed out then completed and submitted in person if unable to submit electronically.

**Please note that absences due to certain events (i.e., child birth/care) will qualify for family leave protection even when taken for shorter time periods.*

UNPAID FAMILY AND MEDICAL LEAVE

Please keep in mind that many leaves may qualify for family leave under federal or state law and will require a 30-day advance notice, if possible. If this leave qualifies under federal (Family and Medical Leave Act – FMLA) or state (New Jersey Family Leave Act – NJFLA) law, you will be sent an Eligibility Notice containing your additional responsibilities under the law(s), and additional documentation may be required, including, but not limited to, a Certification of Health Care Provider. The leave request will also be reviewed for eligibility under the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act as Amended (ADAAA). These leaves are unpaid, but you may utilize your accumulated days to continue pay (see "Paid vs. Unpaid Leave" below). For information on family leave, please review the files placed on the district website under "Staff/HR Documents." It is recommended you begin with the file entitled, "FMLA_NJFLA Summary" for a brief description of eligibility factors, qualifying events, etc. Please also review the following Cumberland Regional School District Policies and Regulations posted on the district website under the "District" drop-down menu:

Teaching Staff Members	Support Staff Members
<input type="checkbox"/> Policy 1643 – Family Leave	<input type="checkbox"/> Policy 1643 – Family Leave
<input type="checkbox"/> Policy 3432 – Sick Leave	<input type="checkbox"/> Policy 4432 – Sick Leave
<input type="checkbox"/> Regulation 3432 – Sick Leave	<input type="checkbox"/> Regulation 4432 – Sick Leave
<input type="checkbox"/> Policy 3435 – Anticipated Disability	<input type="checkbox"/> Policy 4435 – Anticipated Disability

PAID VS. UNPAID LEAVE

Cumberland Regional School District allows you to use your accumulated Sick, Personal and/or Vacation Days for leave if your leave is approved. If you plan to use a combination of paid and unpaid days, you must use your paid days at the beginning of your leave. Please note that if your leave is approved and qualifies for FMLA, NJFLA and/or other protection, protection under the applicable Act begins on the first day of the leave whether you elect to use your accumulated paid days or not. If the leave is covered under more than one Act, the leave will count under all applicable Acts concurrently, and will also run concurrently with Worker's Comp, if applicable. Stipends will be suspended for leaves of absences lasting 8 or more workdays in most cases.

BIRTH OF CHILD

As per Policy 3435 and 4435, the Board presumes a pregnant employee is disabled for work 30 days before the anticipated date of childbirth and continues to be disabled for 30 days after birth, except that any such employee who presents medical certification of her fitness may continue to work until she is actually disabled and may return to work as soon as she is able. If you require more than 30 days off prior to the birth of your child due to medical reasons, a note from your doctor specifying the date your disability will begin and your due date must be submitted with this form or as soon as it is available. If you require more than 30 days off after the birth of your child due to medical reasons, a note from your doctor specifying the date your disability ends must be submitted to the HR Officer at the time such date is known. These scenarios would also qualify under "Your own serious health condition" for that period of time. If you are requesting a leave of absence to care for your newborn or newly-adopted child, the leave must begin within 12 months of birth/adoption to be considered for family leave protection.

PAID NEW JERSEY FAMILY LEAVE INSURANCE

You may be eligible for paid leave under the New Jersey Family Leave Insurance program. The state will only provide paid benefits for qualifying reasons and to eligible employees for periods of time when employee is NOT receiving a paycheck from the employer. Beginning July 1, 2020, the state provides up to twelve weeks of insurance benefits to eligible New Jersey workers for the following reasons: 1) Care for a newborn, within 12 months of birth, or to care for a newly adopted/foster child, within 12 months of placement; or 2) Care for a family member with a serious health condition; or 3) Care for a victim of domestic violence or a sexually violent offense. Benefits run concurrently with any leave provided under the New Jersey Family Leave Act and the federal Family and Medical Leave Act - not consecutively.

NEW JERSEY SAFE ACT

Please contact the HR Officer if you require a leave or any days off to address circumstances resulting from domestic violence or a sexually violent offense. Eligible employees may receive an unpaid leave of absence for a period not to exceed 20 days in a 12-month period for reasons outlined in the flyer entitled, "NJ SAFE Act 1 Page Notice" on the district website under "Staff/HR Documents."

OTHER

Please contact the HR Officer if you have any questions regarding this form. You will be provided with a copy once it has been fully approved. Thank you!