

## **MEDICAL LEAVE OF ABSENCE PROCEDURES**

1. Review the Types of Leave information sheet.
2. Complete the Medical Leave of Absence Request Form and return it to the Personnel Office. Be sure to indicate if you want to use accumulated sick pay and the number of days you want to use. You can only take sick days for the period of time that your doctor's note states you are unable to work. If you are an employee that has purchased short-term disability insurance, you cannot use sick leave and receive short-term disability at the same time. There is a 14 calendar day elimination period before your short-term disability insurance will pay. You will need to use 10 sick days to cover the elimination period. If you have short term disability insurance and want to file a claim for benefits, you will need to contact Symetra at 1-877-377- 6773. You should submit your claim if you are within one week of a planned surgery.
3. Have your doctor complete the Physician's Statement of Eligibility for Medical Leave form and return it the Personnel Office. **Due to the Affordable Care Act tracking the physician's statement must have an end date - it cannot read to be determined. This can be next appointment or even an estimated date of release.**
4. If you are an employee that is **not** eligible for FMLA and you do not have any sick, emergency or personal leave days available to use, you will be placed on medical leave without pay. Please be sure to review the Types of Leave Information Sheet enclosed under **Medical/Maternity Leave without Pay** for important information on loss of health insurance eligibility and COBRA information. For questions on benefits while on leave without pay, please contact Danna Potts, ext. 114 or Jennifer Mefford, ext. 113 at 241-3514.
5. You will need to contact the Payroll Department (241-3500) so they can discuss your situation and if you will have sufficient paid leave days to cover your time off.

Questions regarding medical leave should be directed to:

Certified Staff- Contact Becky Gardner at 241-3514 ext. 110 or [rebecca.gardner@oldham.kyschools.us](mailto:rebecca.gardner@oldham.kyschools.us)

Classified Staff-Contact Valerie Goodwin at 241-3514 ext. 115 or [valerie.goodwin@oldham.kyschools.us](mailto:valerie.goodwin@oldham.kyschools.us)

## **TYPES OF LEAVE**

### **Family Medical Leave Act (FMLA) With Pay**

The Family and Medical Leave Act of 1993 (FMLA) requires employers to provide up to twelve (12) weeks of job-protected leave for certain family and medical reasons. FMLA will protect an employee's benefits for twelve (12) weeks. Employees are eligible for FMLA leave if they have completed twelve (12) months of service and worked at least 1,250 hours in the twelve (12) months preceding the first day of FMLA leave. This leave is available on a rolling 12-month period. Certified employees must work .9 or above of a school year contract to qualify for FMLA.

- When employees begin FMLA leave, the employer contribution for health insurance must continue through the leave period.

### **Family Medical Leave Act (FMLA) Without Pay**

If you qualify for FMLA, you have the option to go on FMLA without pay. You are responsible for paying your cost for benefits that are normally payroll deducted. Checks need to be made payable to the Oldham County Board of Education. Mail your check to Oldham County Board of Education, Attn: Danna Potts, 6165 W. Highway 146 Crestwood, Kentucky 40014.

- Employees are responsible for the employee's share of the health insurance and optional benefits premiums. Employees may choose to:
  - Cease contributions (terminates entire policy);
  - Prepay the coverage contributions for the FMLA leave period;
  - Choose the pay-as-you-go method. If employees choose this method of payment:
    1. The employee's contribution is due at the same time the contribution would be due if made by payroll deduction (15<sup>th</sup> and 30<sup>th</sup> of the month);
    2. If employee fails to pay timely, they will be granted a thirty (30) day grace period;
    3. If employee fails to pay the required amount by the end of the thirty (30) day grace period, the policy will automatically terminate back to the last date through which premium was paid.

### **Medical/Maternity Leave with Pay (Not Eligible for FMLA)**

Employees are eligible to use their available sick days for medical leave for the time a physician certifies you are unable to perform your job duties. Sick cards must be completed and returned to the payroll office while on an approved medical leave (the appropriate payroll person will coordinate sick cards and non-sick leave forms with the employee). Twelve-month employees may also use their annual leave days. After you have exhausted all available sick days you may use your emergency days. You must complete a non-sick leave form to request to use your personal, emergency or annual leave days (12-month employees). **Paid leave must be used consecutively.**

Once you have exhausted all available sick, emergency, personal and annual leave days, you will be placed on leave without pay and benefits will terminate with the Oldham County Schools. You will be eligible to continue your health insurance under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986). See 2023 COBRA rate chart below.

A physician's statement of eligibility for medical leave is attached. This form needs to be completed and returned to the Personnel Office within 14 days from the start of your leave.

**Medical/Maternity Leave without Pay (Not Eligible for FMLA)**

If an employee is on leave without pay and the employee's last paid day is between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, termination of health insurance will be on the 15<sup>th</sup> of the month. If an employee's last paid day is between the 16<sup>th</sup> and the last day of the month, health insurance will end on the last day of the month. Employees who return from leave without pay must work at least one day in the CURRENT semi-monthly period to be eligible to receive the employer contribution for the current period. Employee works at least one day between the 1<sup>st</sup> and the 15<sup>th</sup> of the month health insurance starts on the 1<sup>st</sup> of the month employee returns to work. Employee works at least one day between the 16<sup>th</sup> and the end of the month health insurance starts on the 16<sup>th</sup> of the month employee returns to work.

If the pay you receive is not sufficient to cover the employee's portion of your health insurance premium, you must submit a check for the amount due. If an employee fails to submit appropriate premium payments due within the specified deadline, the health insurance carrier may cancel the ENTIRE POLICY.

An employee on leave without pay is eligible to continue health insurance at their own expense under COBRA. Information on COBRA will be mailed to the employee's home address from Health Equity/WageWorks.

**2024 COBRA RATES**

	<b>Single</b>	<b>Parent Plus</b>	<b>Couple</b>	<b>Family</b>
LivingWell CDHP	\$949.38	\$1,294.67	\$1,903.56	\$2,119.64
LivingWell PPO	\$968.02	\$1,346.81	\$2,021.25	\$2,229.50
LivingWell Basic CDHP	\$919.06	\$1,259.50	\$1,900.30	\$2,111.28
Waiver HRA	\$163.86			

**How to Apply for a Medical/Maternity Leave**

Request for medical/maternity leave should be submitted on the medical/maternity leave of absence request form.

Other types of leave must be requested by completing a non-sick leave form.

If you have any questions, please contact the Personnel Office at 241-3500.

# Oldham County Schools

## Medical/Maternity Leave of Absence Request Form

(SUBJECT TO SUPERINTENDENT APPROVAL)

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Soc Sec#: XXX-XX- \_\_\_\_\_  
(Last Four Digits of SSN)

Work Location: \_\_\_\_\_ Home Tele#: \_\_\_\_\_

Approximate Dates of Requested Leave: From \_\_\_\_\_ Through \_\_\_\_\_

### Medical Leave

Sick Pay: If accumulated and eligible for use. I want to use: No. Yes. If yes, number of days, \_\_\_\_\_

Medically necessary care of self

Reason: \_\_\_\_\_

Medically necessary care of dependent child

Reason: \_\_\_\_\_

Medically necessary care of spouse or dependent parent

Reason: \_\_\_\_\_

Annual Leave Pay for 12 Month Employees: If available for use, I want to use:

No Yes If yes, number of days \_\_\_\_\_

### Maternity Leave

Sick Pay: If accumulated and eligible for use. I want to use: No. Yes. If yes, number of days \_\_\_\_\_

Birth

Adoption

Annual Leave Pay for 12 Month Employees: If available for use, I want to use:

No

Yes If yes, number of days \_\_\_\_\_

Physician's statement of eligibility for medical leave will be mailed to the employee after maternity leave is approved. This form should be returned to the Personnel Office within 14 days from the start of your leave. Attach adoption verification letter, or placement verification court order. Note: If FMLA-eligible, use of leave days will be concurrent with FMLA.

Once an employee has exhausted all available sick, personal, emergency, annual leave and FMLA (if eligible) the employee will be placed on leave without pay and benefits will terminate with the Oldham County Schools. If you are a member of the sick leave bank, you are eligible to apply for days from the sick leave bank (refer to policy 5050.09 or 5050.10). If another Oldham County school employee would like to donate sick days to you, refer to policy 5050.11 for additional information.

I affirm that the information I have provided on this application is accurate and complete. I acknowledge that I will provide the District additional information as may be requested. I will inform my supervisor, the principal, and the officer manager of this leave request. YOU WILL BE REQUIRED TO PRESENT A MEDICAL RELEASE FROM YOUR PHYSICIAN BEFORE YOU CAN RETURN TO WORK.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Oldham County Schools, PERSONNEL OFFICE - 6165 W. Highway 146, Crestwood, KY 40014  
Telephone: 502-241-3500 Fax: 502-241-3211

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN'S STATEMENT OF ELIGIBILITY FOR MEDICAL LEAVE**

**5050.01F**

*Reference: KRS 161.155*

*Relates to: Policy 5050.01, 5035.03AR*

\_\_\_\_\_, an employee of the Oldham County Board of  
*Name* *Employee #*  
Education has applied for limited medical leave. Under the provisions of KRS 161.155, the Board must have the physician's certification of said limited disability as follows:

**PHYSICIAN'S STATEMENT**

I hereby certify that \_\_\_\_\_ was unable to perform his/her  
duties as a \_\_\_\_\_ for the Oldham County Board of Education  
from \_\_\_\_\_ to \_\_\_\_\_ due to \_\_\_\_\_.  
The estimated length of medical leave is until \_\_\_\_\_.

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

**EMPLOYEE'S AFFIDAVIT**

Name \_\_\_\_\_ Date of Absence \_\_\_\_\_

Nature of Illness \_\_\_\_\_

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

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

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

U.S. Department of Labor | Wage and Hour Division



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