



Iredell - Statesville Schools

Together, Ensuring *Student Success* by Igniting a *Passion* for Learning

Human Resource Services
Administrative Office Building

LEAVE OF ABSENCE REQUEST

Any absences of 5-7 days must provide a Leave of Absence request and submit to your base facility or school. If you will have **EIGHT (8) days or more it must be processed as a request for leave.** The Leave Request and FMLA Request Form must be completed and sent to Jessica Hartman, Benefit Specialist in Human Resources the day the employee notifies the school or department of the request for leave

FULL Name: _____ Social Security Number: XXX-XX-_____

Position(s): _____

School or Department: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip Code

Type of Leave- Requires a Doctor's Note and FMLA Form

Medical Leave- Employee's Own Serious Health Condition

Reason for Leave: _____

Worker's Comp: yes _____ no _____

Family Leave - To Care for a Family Member

Relationship of family member to employee: _____

Health Condition of family member: _____

Maternity Leave Expected Due Date: _____

Parental Leave Expected Due Date: _____

☐ **Intermittent Leave (Please provide Medical Notes)** _____

Type of Leave- Does not require a doctor's note

Military Leave - Please attach a copy of orders or supporting documentation

Passing of _____ {Please provide copy of obituary, funeral announcement}

Personal Leave Professional Leave Educational Leave - Please attach a Letter of Intent

Expected Dates of Leave:

Start Date: _____ End Date: _____ Expected Return to Work Date: _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____



Family and Medical Leave Act of 1993

To be eligible for Family and Medical Leave, an employee must have been **employed for 12 months** (actual hours worked do not include annual leave, sick leave or other absences for which the employee may have been paid). **The absence must be to care for the employee's own serious health condition or that of an immediate family member** (spouse, son or daughter less than 18 years of age, son or daughter over 18 years of age who is incapable of self-care, or a parent), **the birth of a son or daughter or to care for a newborn child or the placement with the employee of a child for adoption or foster care.**

Completed by HUMAN RESOURCES

1.) Has this employee been employed for 12 months (does not have to be the last 12 months) YES NO

2.) Has this employee actually worked 1250 hours in the past 12 months? YES NO

3.) Is the request for this leave of absence because:

_____ Employee's own serious health condition?

_____ Serious health condition of an immediate family member?

_____ Spouse

_____ Son under 18 (Does not include in-laws)

_____ Daughter under 18 (Does not include in-laws)

_____ Son over 18 who is incapable of self-care (Does not include in-laws)

_____ Daughter over 18 who is incapable of self-care (Does not include in-laws)

_____ Parent(s) (Does not include in-laws)

_____ Birth of a son or daughter and/or the care of a newborn son or daughter

_____ Placement with the employee of a child for adoption or foster care

4.) Has this employee used any of his/her 12-workweeks annual FMLA entitlement in the past 12 months?
YES NO If yes, how many weeks? _____

If this request and the employee meet the requirements for FMLA stated above, the employee will receive additional information through the mail concerning the specifics of his/her leave of absence. **Please sign and date below as this serves as notice that this and any related leave will be counted against the employee's 12-workweek annual FMLA entitlement if qualified.**

If the school or department has questions concerning whether or not the leave qualifies as Family and Medical Leave, email Jessica Hartman, Jessica_Hartman@iss.k12.nc.us in Human Resources at

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____



Leave of Absence Requirements and Guidelines

Any absence (including worker's comp) of eight days or more must be processed as a Request for Leave. The Leave Request Form and FMLA Request Form should be sent to **Jessica Hartman, Benefit Specialist** in **Human Resources** the day the employee notifies the school or department of the request for leave. The employee is required to notify his/her employer 30 days in advance of a foreseeable leave. If the leave is unforeseeable, LOA packet along with all supporting documentation, doctor notes, obituary, etc., should be scanned/faxed to Jessica Hartman **on or before the first day the employee returns to work**.

The following documentation, along with the COMPLETED Leave of Absence Packet, is required in order to process each type of leave:

Maternity Leave

1. **Contact** – The employee (or your school's bookkeeper) is required to reach out to **Jessica Hartman, Benefit Specialist**, via email (jessica_hartman@iss.k12.nc.us), at least 60 days prior to baby's expected due date.
2. **Leave of Absence Packet** – The employee must complete the LOA packet and have this **signed by his/her supervisor**. This completed packet, along with the doctor's note and Letter of Intent, will allow us to process your Leave of Absence Calendar based on your personal accrued leave balances.
3. **Doctor's Note** – The note must indicate the expected due date and be signed by the employee's physician. The note needs to be clearly written on the doctor's office letterhead or prescription pad. If a C-section is scheduled, please have the doctor indicate this on the note. Doctor Note MUST have exact date of return to be accepted.

Medical Leave (including Worker's Comp)

1. **Required Documents** – Along with the **Leave Request** and **Family Medical Leave Act (FMLA) Forms**, the employee must submit a **doctor's note** indicating the start date and expected end date of the requested leave. If the leave needs to be extended, a revised doctor's note must be submitted.
2. **Application for Short-Term Disability (S-TD)** – If an employee is going to be on a medical leave of absence for more than 60 days, the employee may apply for Short-Term Disability (S-TD) benefits if eligible.

Who is eligible for SHORT-TERM DISABILITY (S-TD)?

1. Permanent employees who have one year of Teachers' and State Employee's Retirement System (**TSERS**) membership, which was earned within 36 months preceding disability.
2. An employee must be determined to be mentally or physically disabled from performing their usual occupation.
3. Disability must have occurred at the time of active employment.
4. Disability must have been continuous and expected to last more than 60 days.
5. Disability benefits may begin on the 61st day following the date the doctor states that the employee is disabled and unable to work or following the last day the employee worked, whichever is the latter of the two.

S-TD Facts:

1. The employee will receive 50% of their salary as of the last day worked.
2. The employee may receive S-TD benefits for a maximum of 365 days after 60 day waiting period.



3. If the employee has five or more contributing years to the TSERS then the employer will maintain health benefit coverage while receiving S-TD benefits. If the employee has less than five years of contributory service to the TSERS then the employee will be responsible for the employer portion of health benefit coverage. This amount will be deducted from the employee's monthly S-TD check.
4. Any supplemental insurance or other deductions an employee may have may continue while receiving S-TD benefits. These deductions will be deducted from the employee's monthly S-TD check.
5. If an employee is on installment pay, they will be paid out the month the employee goes off payroll or the month S-TD benefits begin.

For the above Leaves of Absence

1. If the employee is requesting **Voluntary Shard Leave**, the **Application for Donation** form must be submitted along with **Notice of Donation** form **a month prior** to going off payroll. This will then be submitted to the HR Director for approval. **IF approved**, employee, bookkeeper and your Supervisor will be notified as to how many days have been approved. If the days are received after the employee is off payroll, the days may not be able to be used.
 - a. Donated days may not be banked or saved for a later date.
 - b. Donated days must be used for the medical condition listed on the application.
2. When the leave begins, I-SS will allow the employee to use all applicable leave in order to maintain status on payroll for as long as possible. **Sick and extended sick leave (for classroom teachers only) is given only during the period covered by the doctor's note.**
3. For any period of time that an employee is protected by FMLA and off payroll, **the employee is responsible** for any insurance premiums and/or supplemental **deductions** they may have. The employee must contact **Kerri Turner at Kerri_Turner@iss.k12.nc.us** at the Race Street office to make payment arrangements.
4. **For any period of time that an employee is not protected by FMLA and off payroll**, the employee will be responsible for the employer portion of the State Health Plan **(\$674.54)** the employee portion of the State Health Plan and any supplemental deductions they may have. The employee must contact Jessica Hartman 704-924-2023 or Kerri Turner at 704-924-2038 at the Race Street Office to either cancel the coverage or to make arrangement of this payment.
5. **Licensed Employees (Classroom Teachers)**, during a leave of absence must consider that their presence is required in the classroom for at least 120 days out of the school year in order to receive credit for the year of experience and to satisfy the terms of their contract with I-SS.

What is the Family and Medical Leave Act (FMLA)?

1. FMLA is the Family and Medical Leave Act of 1993. To eligible employees, **it provides up to 12 weeks of paid or unpaid**, job protected leave for personal illness, birth of a child, placement of an adopted or foster child, or care for an immediate family member with a serious health condition.
2. Employees are eligible if they have worked for I-SS at least 1 year, and 1,250 hours over the previous 12 months.
3. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.
4. For the duration of FMLA leave, I-SS must maintain the employee's health coverage under any "group health plan".
5. See the website concerning FMLA to answer other questions: <http://www.dol.gov/whd/fmla/>

