

# **Family Medical Leave Act (FMLA) Employee Packet**

- **FMLA Introduction and Qualifications**
- **Employee Request Form**
- **Medical Certification Form**
- **Employee Rights and Responsibilities**

## Family Medical Leave Act (FMLA) Introduction and Qualifications

Webster Groves School District recognizes that during an employee's career, situations requiring prolonged or intermittent absences from work may occur. Family and Medical Leave Act (FMLA) provide you with the right to take job protected leave with continued medical benefits.

*\*If an employee is absent from work for three (3) or more consecutive days, the employee must notify Human Resources and complete the appropriate paperwork for the Family and Medical Leave Act (FMLA).*

### WHO CAN USE FMLA?

In order to be eligible FMLA leave, you must have worked for Webster Groves School District for at least 1250 hours in the last 12 months (not necessarily consecutive); before you take leave.

- This minimum 1250 hours calculation **includes** actual hours worked, including overtime hours worked.
- This minimum 1250 hours calculation **excludes** annual sick, personal, holiday, or compensatory time.

**HOW MUCH FMLA LEAVE DO I GET?** (12 weeks) x (hours per week) = # of FMLA leave hours available

### WHEN CAN YOU USE FMLA?

If you are an eligible employee, you can take up to 12 weeks of FMLA leave in a calendar year (July 1<sup>st</sup> through June 30<sup>th</sup>) for a variety of reasons, including:

#### Serious Health Condition

- You are unable to work because of your own serious health condition
- You need to care for your spouse, child or parent who has a serious health condition

#### Expanding Your Family

- The birth of a child and to bond with the newborn child.
- The placement of a child for adoption or foster care and to bond with your child.

#### Military Family Leave

- Your leave is for specified reasons related to certain military deployments.
- You need to care for a covered service member with a serious injury or illness.

### WHAT CAN FMLA DO FOR YOU?

Approved FMLA leave offers you the following:

- 12 weeks of unpaid leave in a calendar year period (July 1<sup>st</sup> through June 30<sup>th</sup>).
- Continued health care coverage. The district will continue to pay the employer portion of your health insurance premiums, and you will continue to pay your portion of the insurance premiums.

# Human Resources



- Employees with health coverage that have 1) requested to extend leave for non-medical purposes; 2) exhausted their FMLA; or 3) are ineligible for FMLA, will be responsible for submitting their portion of health insurance premiums to the Business Department.
  - Contact the Business Department to make arrangements to continue to make your share of the premium payments on your health insurance.
- Job protection. As long as you are able to return to work before you have exhausted your FMLA leave, you will be returned to the same job (or one comparable).
- Flexibility:
  - You can take FMLA leave as a single block of time or in multiple, smaller blocks of time, or on a part-time basis (intermittent leave) if the need to do so has been medically documented.
    - Paternal leave is NOT eligible for intermittent leave and must be taken in one consecutive

## HOW AM I PAID?

- By itself, FMLA leave is unpaid leave. However, if you are eligible to receive leave according to Board Policy GCBDA or GDBDA, then you will be required to use your available balances for compensation.

Qualifying Event	Payment Options
Own Serious Health Condition	FMLA leave, Personal Leave, and/or Vacation
Birth of a Child	Pregnancy and Childbirth Leave, Parenting Leave, and/or Illness
Bond with a newborn	Parenting Leave, Personal Leave, and/or Vacation
Adoption	Adoption Leave, Parenting Leave, Personal Leave, and/or Vacation
Foster Care	Foster Parent Leave, Parenting Leave, Personal Leave, and/or Vacation
Care for immediate Family	Illness Bank, Personal Leave, and/or Vacation

## WHAT YOU CAN EXPECT?

You will receive two communications from the Human Resources department throughout the request process. These communications will be sent to your district email address or mailed to your home address listed in Paycom, (the human resources information system):

1. Within five (5) business days of receiving your “Employee Request Form,” the Office of Human Resources will notify you whether you are eligible for FMLA leave and/or if additional documentation is needed to determine if your leave qualifies as FMLA leave. Documentation must be provided in a timely manner.
2. Within five (5) business days of receiving all requested documentation, the HR department will notify you if your leave has been approved as FMLA leave and the final decision regarding your request.

# Human Resources



## WHAT STEPS SHOULD YOU TAKE TO APPLY FOR FMLA?

- ✓ **Step 1:** Review the [Department of Labor “Employee Rights and Responsibilities under the Family Medical Leave Act” poster](#) and district board policy [GCBDA \(Professional Staff Short-Term Leaves\)](#) or [GDBDA \(Support Staff Leaves\)](#).
  - If you have questions, contact the Human Resources Specialist to review leave policy.
- ✓ **Step 2:** Complete and sign the enclosed “FMLA Employee Request Form”, obtain your building administrator/supervisor’s signature within the form and return to HR Specialist at [harris.gwendolyn@wgmail.org](mailto:harris.gwendolyn@wgmail.org).
  - The form must be completed and returned within 30 days of the scheduled leave, unless this matter is an emergency.
    - If your absence requires coverage (i.e. substitute), you will need to contact the Administrative Assistant to the Assistant Superintendent of HR/Substitute Coordinator via email at [hrc@wgmail.org](mailto:hrc@wgmail.org).
  - Within 5 business days of receiving the completed FMLA form, Human Resources will send you a Notice of Eligibility and Certification of Health Care Provider.
- ✓ **Step 3:** Provide certification to your medical professional for completion. Once completed, your physician will send the information to human resources via [hrc@wgmail.org](mailto:hrc@wgmail.org).
- ✓ **Step 4:** Once your documentation has been received and reviewed, you will receive a designation notice within 5 business days, advising if your FMLA is approved, denied or need to be resubmitted.
  - If approved, your administrator/supervisor will be notified.
  - If denied or incomplete, the HR Specialist will follow up with you and/or your physician.
- ✓ **Step 5:** Provide prompt communication follow up if you are unable to return to work at the end of your requested leave. If the need for FMLA is for birth of a child or serious health condition, supply human resources with additional documentation that supports the additional time needed under your FMLA leave request.
  - Upon the birth of a child, your physician should email/scan record of the birth to [hrc@wgmail.org](mailto:hrc@wgmail.org), providing information regarding actual date of birth.
- ✓ **Step 6:** In order to return to work, from your own serious health condition, you must submit a “Fitness for Duty Form” from your physician. If you are released with restrictions, contact Human Resources prior to returning to work.

### Process Suggestions

Work with the Administrative Assistant to the Superintendent of HR/Substitute Coordinator to ensure absences are correct and entered into AESOP.



## Request for Family Medical Leave Act (FMLA)

To be considered eligible for FMLA leave, the employee must have been employed by the state for at least 12 months; and have worked at least 1,250 hours during the 12 months prior to the commencement of FMLA leave. Employees are expected to give as much advance notice as possible when requesting FMLA leave and to make all reasonable efforts to minimize the disruption caused by their absence.

Refer to WGSD Board Policy GCBDA

<b>Employee Name:</b> _____		<b>Date of Request:</b> _____	
<b>Position:</b> _____		<b>Location:</b> _____	
<b>Leave Request &amp; Duration</b>			
<b>Beginning on (date):</b> _____		<b>Ending on (date):</b> _____	
<input type="checkbox"/> <b>Continuous</b> – leave request during a single block of time (for example, three (3) weeks of leave for surgery and recovery)			
<input type="checkbox"/> <b>Intermittent</b> – (for example, a chronic, severe medical condition requiring recurrent treatment by a licensed practitioner)			
<input type="checkbox"/> <b>Reduced work schedule</b> Reduce hours from _____ (hours per week) to _____ (hours per week)			
<b>If you have indicated Intermittent or Reduced work schedule, please list the expected amount of leave (in hours) to be taken each day.</b>			
	Monday	Tuesday	Wednesday
Expected Hours			
	Thursday	Friday	
You may use up to a total of 12 weeks (or 480 hours) of FMLA during a 12-month period, intermittently or consecutively, excluding weekends. The 12-week period begins on the date that the employee’s Family and Medical Leave begins. For Military Caregiver Leave, the maximum award of time is up to 26 weeks within a single 12-month period.			
<b>FMLA Eligibility - Please check one of the categories relating to the employee’s medical condition or request:</b>			
<input type="checkbox"/> <b>Employee’s personal illness</b> Nature of illness: _____			
<input type="checkbox"/> <b>Childbirth</b> <input type="checkbox"/> <b>Adoption</b> <input type="checkbox"/> <b>Foster Child</b> Expected date: _____			
I am requesting to use _____ weeks for recovery                      _____ weeks for bonding			
<input type="checkbox"/> <b>Care of seriously ill immediate family member (Employee’s spouse, child or parent)</b>			
<input type="checkbox"/> <b>Military Caregiver Leave (Employee’s spouse, child, parent or next to kin)</b>			
Name of family member: _____ Relationship: _____			
<input type="checkbox"/> <b>Military Qualifying Exigency Leave (Employee’s spouse, child, or parent)</b>			
Name of family member: _____ Relationship: _____			
I understand, if approved, time away from work will be charged against my 12 workweeks leave maximum under FMLA. Upon approval, I am required to utilize all paid time available to me prior to going into an unpaid leave status. In the event that I go into an unpaid status, while on leave, I understand that I must contact the Business Office to make arrangements to pay my portion of health insurance premiums.			
I further understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave may result in denial of the leave and/or disciplinary action up to and including termination. Furthermore, I understand that failure to return to work at the end of my leave period may be treated as a voluntary resignation.			
<b>Signature:</b> _____		<b>Date:</b> _____	
As the supervisor of the employee listed above, I am aware that the employee has applied for Family Medical Leave. I will notify Human Resources immediately if I become aware of any changes to the information above.			
<b>Building Admin./Supervisor Signature:</b> _____		<b>Date:</b> _____	

**Explanation of Leaves** (These leaves policies do not apply to seasonal or temporary employees including ADVC Site Assistants and substitutes)

**I. EMPLOYEE AND FAMILY ILLNESS BANK**

All staff members begin each school year with a bank of 12 paid leave days paid leave for illness, injury or incapacity of the staff member or the staff member's immediate family. Employees may carry over up to eight unused illness days from the prior year, for a maximum total of 20 days.

In the event that the professional staff member is not FMLA eligible, days utilized will be charged against the staff member's Illness Bank.

**III. FAMILY ILLNESS, INJURY OR INCAPACITY**

All employees, with minor dependent children with a serious health condition, is eligible for leave under the FMLA, with full salary under the staff member's professional staff contract is permitted for up to a total of 12 weeks for the duration of such condition. Medical documentation is required.

**V. PERSONAL LEAVE**

All employees are granted up to two (2) paid school days in each school year. Unused personal days may accumulate from year to year up to a maximum of five (5) days. However, no more than three personal days may be used consecutively with the permission from your immediate supervisor.

**II. PREGNANCY AND CHILDBIRTH LEAVE**

This leave policy is for the healing process for new mothers during contracted work days. All employees are allowed up to 40 days of paid leave following the birth of a child, but no longer than the end of the contract year during which the birth occurs. For employees who are eligible for leave under the Family Medical Leave Act (FMLA), this leave will be applied concurrently to the FMLA leave.

- The employee giving birth must provide medical documentation at least 30 days before leave is to begin, if foreseeable. If 30 days' notice is not practical, the employee must give as much notice as possible
- Additional necessary medical leave prior to the end of the contract year is available under Employee Illness, Injury or Incapacity.
- Additional unpaid leave for the birth or first-year care of a child may be available under the FMLA.

**Please Note:** Births occurring in the months of June, July and the beginning of August will not have the option to utilize the leave policy. In the event that the employees' recovery period runs into the upcoming school year, the employee will need to opt into FMLA for the remaining portion of their 8 weeks recovery.

**III. Parenting Leave** – An employees who is the spouse or domestic partner of a person giving birth to a child may be allowed a paid absence of five (5) days within 13 weeks of the birth of the child.

**IV. Adoption Leave** – An employees who is the primary caregiver of an adopted child who is not age-eligible to be enrolled in kindergarten may be allowed up to 40 continuous days of paid leave immediately following the placement of the child in the employee's home. An adopted child that is age-eligible to be enrolled in school may be allowed up to 15 continuous days of paid leave.

Employees may use their Illness Bank and/or as personal leave for purposes of arranging for the adopted child's placement. Additional unpaid leave may be available under FMLA.

**V. Foster Parent Leave** - All employees who is the primary caregiver of a long-term foster child who is not age-eligible to be enrolled in kindergarten (i.e., other than emergency placements) may be allowed up to 40 continuous days of paid leave immediately following the placement of the child in the employee's home. A foster child that is age-eligible to be enrolled in school may be allowed up to 15 continuous days of paid leave.

Employees may use their Illness Bank and personal leave for purposes of arranging for the fostered child's placement. Additional unpaid leave may be available under the FMLA.

**VI. Surrogate Parents**

An employee who is the primary caregiver of a surrogate child who is not age-eligible to be enrolled in kindergarten may be allowed up to 40 continuous days of paid leave immediately following the placement of the child in the employee's home. A surrogate child that is age-eligible to be enrolled in school may be allowed up to 15 continuous days of paid leave immediately following the placement of a surrogate child in the employee's home.

Employees may use their Illness Bank and personal leave for purposes of arranging for arranging for the adoption of the surrogate child, if necessary.

**VII. Military Service**

The district shall grant Military leave as required by law. Employees taking Military leave shall give an official order verifying the requirement to report to duty

Employees will be entitled to a leave of absence of 120 hours in any federal fiscal year (October 1–September 30) without impairment of efficiency rating or loss of time, pay, regular leave or any other rights or benefits.



## Fitness for Duty (Return to Work) Form

Please have your health care provider complete this form and return to Human Resources at least two (2) business days prior to your return to work via email at [hrc@wgmail.org](mailto:hrc@wgmail.org) or fax (314) 918-4671.

<b>TO BE COMPLETED BY EMPLOYEE (Please print)</b>	
Name: _____	Position: _____
Building: _____	Building Administrator: _____
<p>I authorize the health care provider identified below to provide the information requested on this form for the purpose of determining my fitness for duty. Furthermore, I understand a designated WGSD Human Resources professional may contact my health care provider to authenticate and/or clarify any information related to my fitness for duty, as needed.</p>	
Employee's Signature: _____	Date: _____

<b>TO BE COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER</b>	
<p>Is the employee able to perform all of the functions of his/her regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Is the employee able to return to work without posing a significant risk or substantial harm to him/herself or others?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Is the employee able to work his/her normal work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate schedule modification.)            _____</p>	
<p><input type="checkbox"/> Full/unrestricted duty, effective: _____</p>	
<p><input type="checkbox"/> Restricted duty, effective: _____ next evaluation date: _____</p>	
<p>Please indicate any recommended accommodations the employee may need: _____            _____            _____</p>	
<p><input type="checkbox"/> The employee is not released to return to work. Next evaluation date will be: _____</p>	

I hereby certify I have examined the employee named above, and declare that the statements made in this Fitness for Duty Form are true and correct:			
Physician Name:			Date:
Address:			
City:	State:		Zip Code:
Phone Number		Type of Practice/Medical Specialty:	

**MAINTAIN THIS FORM IN FMLA CONFIDENTIAL FILE**

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

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

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

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

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

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

