

# Kyrene School District

## REQUEST FOR LEAVE PACKET

**Leave of Absence Types** - subject to eligibility and district approval

- ❖ Family Medical Leave Act (FMLA)
- ❖ General Medical Leave
- ❖ Personal Leave for hardship (generally 2-3 weeks maximum)
- ❖ Extenuating Circumstances Leave\*
- ❖ Military Leave
- ❖ State or National Office Leave for a professional education association
- ❖ Annual Non-Compensable Leave (ANCL)\*\*
- ❖ Sabbatical Leave
- ❖ Victim Leave

### Important Information

- An approved leave of absence is **required** for all absences longer than 10 work days.
- An approved leave is **required** if the employee does not have adequate accrued paid time off to cover the requested leave dates.
- Leaves are **not authorized** for recreation, personal travel, or for seeking other employment.
- **Supporting documentation is required** in addition to this completed leave of absence request. Failure to provide requested documentation may result in the absence request being denied. If your leave is due to **medical reasons** for yourself or a family member, **certification from the health care provider is required**, verifying medical necessity.
- Notify us of your intent to take leave of absence thirty (30) days in advance, when known.
- Call or email to request information pertaining to a **Workers Compensation Injury, Short Term Disability Insurance or Long Term Disability insurance claims**.

\***Extenuating Circumstances Leave** is an inactive-status leave for up to 14 additional weeks immediately following a 12 week FMLA and may be approved or denied by the Governing Board, per policy 4-302.G. The employee is not permitted to work in any capacity during the leave and is not guaranteed to return to the same position or worksite, if released to return to work. If leave is approved and after the FMLA portion of the leave has ended, health insurance benefits (medical, dental, vision) will be offered through COBRA continuation at the employees' full expense, if the employee had these plans in place prior to the leave beginning. **Employees who are not eligible for FMLA, are not eligible for extenuating circumstances leave.**

\*\***ANCL** is an inactive-status leave for the entire school year and must be approved by the Governing Board. The employee is not permitted to work in any capacity during the annual leave year, and is not guaranteed to return to the same position or worksite after returning to work the next school year. If an employee is approved for this leave type health insurance benefits (medical, dental, vision) may be offered through COBRA continuation at the employees' full expense, if the employee had these plans in place prior to the leave beginning. This leave must be requested by February 15, in the year prior to the leave.

**To Request a Leave of Absence - Contact  
Benefits**

[benefits@kyrene.org](mailto:benefits@kyrene.org) - (480) 541-1302

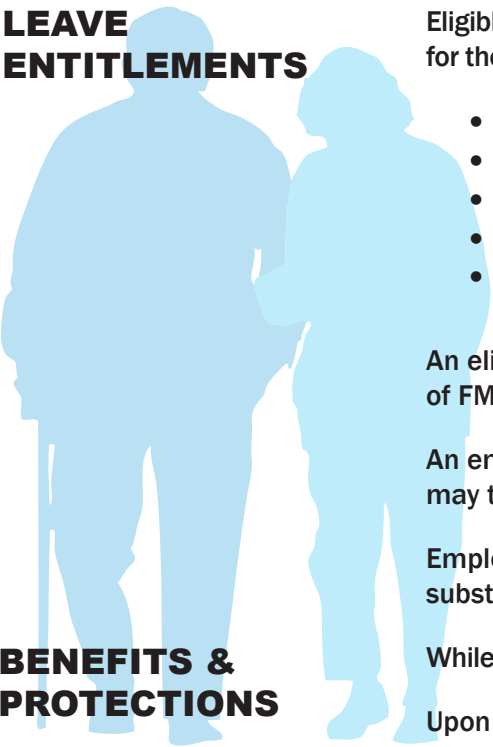
Renee Monroe - Talent Management Specialist  
[rmonroe@kyrene.org](mailto:rmonroe@kyrene.org)

Deb Spurgin, Chief Benefits Officer  
[dspurgin@kyrene.org](mailto:dspurgin@kyrene.org)

# 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.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

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.

## REQUESTING LEAVE

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.

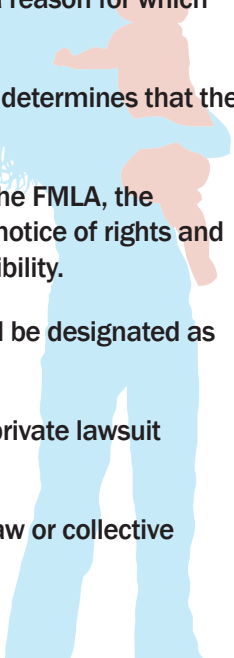
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

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.

## 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



# Important Information and Instructions Regarding Your Leave and Benefit Plans

**Paperwork Requirement** It is the responsibility of the employee requesting leave to submit all required leave of absence paperwork and supporting health provider information. Failure to submit documentation in a timely way may result in a denial of leave. When your provider completes their FMLA, general medical leave and/or disability forms, please pick them up from your provider or access them in your providers' patient portal to submit to Kyrene Employee Benefits via scan/email to [benefits@kyrene.org](mailto:benefits@kyrene.org).

**Insurance Premiums** Insurance deductions will continue to be taken from your Kyrene pay from any accrued sick, personal or vacation time you have paid to you during the leave. If your paid time runs out, you will need to pay the monthly benefit premiums to the Kyrene Employee Benefit Trust (KEBT) on a monthly basis by personal check. You will be notified by the Benefits Office if you have premiums to pay. If premiums are not paid, your benefits may be terminated at the end of the month in which the last full premium is received. Your insurance will stay active while you are eligible for FMLA protection. Once FMLA ends or if FMLA does not apply to your leave, COBRA may be offered to continue certain benefits at your expense, when applicable.

**Newborn Medical Insurance Coverage** If you wish for baby to be covered on your Kyrene medical insurance, you must submit a hardcopy enrollment and birth registration form to complete the enrollment process within 60 days of the baby's birth. If baby is to be covered under an outside medical plan, please provide the hospital the outside insurance information for baby.

**Short-term Disability Insurance (STD)** If you purchased the optional STD insurance offered through Kyrene, you may be able to make a claim for this insurance benefit if your leave is related to your own serious health condition, injury or illness. If your claim is approved it can pay your elected benefit for up to 6 months with additional health provider certification. This is an insurance policy that pays a benefit only. STD insurance does not extend your approved leave of absence time away from work.

**Long-term Disability Insurance\*** (LTD) As an employee who works with the district 20 or more hours per week, you are enrolled in the LTD program through the Arizona State Retirement System. If your leave of absence is for your own serious health condition and may be more than 8 weeks in duration, you may be eligible to file a claim for this benefit which can pay 66 2/3 of your earnings while you are off work. There is a 6 month waiting period for this benefit to begin payments, if the claim is approved by the insurance carrier.

**Workers Compensation (WC) Insurance** Setting up a district leave of absence is required when you are off work due to a WC injury for more than 10 consecutive work days. The approved district leave authorizes your absence from work. If your WC claim is approved for payment by our carrier the Alliance, a portion of your wages **may** be paid by WC in addition to your medical expenses if your absence exceeds 7 consecutive days. Short term disability insurance and WC insurance generally cannot pay for the same claim at the same time. If the reason for off work status is due to a work injury, you must report the work injury to the Alliance.

## Benefits Staff Contact Information

[benefits@kyrene.org](mailto:benefits@kyrene.org)

Michelle Hughes, Benefits Specialist 480-541-1317

[mhughes@kyrene.org](mailto:mhughes@kyrene.org)

Dina Lanzo, Benefits Specialist 480-541-1302

[dlanzo@kyrene.org](mailto:dlanzo@kyrene.org)

Deb Spurgin, Chief Benefits Officer 480-541-1315

[dspurgin@kyrene.org](mailto:dspurgin@kyrene.org)



***Kyrene Benefits - Keeping You & Your Family First***



Kyrene School District  
**EMPLOYEE REQUEST FOR LEAVE**

Name: \_\_\_\_\_ Kyrene ID#: \_\_\_\_\_

Work Site: \_\_\_\_\_ Position: \_\_\_\_\_ FTE: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Individual we may contact regarding your leave if we cannot reach you:

Contact's name/relationship to you: \_\_\_\_\_ phone number: \_\_\_\_\_

Filing for Worker's Compensation? Yes ☐ No ☐

Sick Leave Bank member? Yes ☐ No ☐

Short Term Disability Insurance? Yes ☐ No ☐

KSD Medical Benefits? Yes ☐ No ☐

Substitute required for your position? Yes ☐ No ☐

**Requested Leave Dates:**

**FROM:** (First day absent) \_\_\_\_\_ **TO:** (last day absent) \_\_\_\_\_

**Anticipated Return to Work Date:** \_\_\_\_\_

**Type of Leave Requested:** \_\_\_\_\_

In the space below, please provide your reason for requesting Leave of Absence. You must provide sufficient information for a determination to be made of your eligibility for authorized leave of absence:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Supporting Documentation is **required** for all leaves of absence types.

For leaves due to **health/medical reasons** for you or an immediate family member, you are required to submit supporting certification from a health care provider, to include:

- the necessity for your leave from work due to a serious health condition for you or a family member
- the anticipated dates leave is required
- the anticipated date for your return to work
- if leave is required full-time, reduced hours, or on an intermittent basis

***I hereby authorize the health care provider to release the information required above in support of my request for Leave of Absence from work.***

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

## EMPLOYEE AGREEMENTS

1. **Authorization for Leave:** Governing Board (GB) policy states that the leave of absence shall be only for the purpose and duration approved and may not be extended without written approval by Talent Management. “Any employee who can be shown to have willfully violated or misused the District’s leave policies or misrepresented any statement or condition will be subject to disciplinary action.” ***I understand it is my professional responsibility to notify my direct Supervisor in advance of taking leave of absence, unless I am incapacitated. I am responsible to provide accurate and timely information as a basis for determining my eligibility for leave or extension of leave to Talent Management. I understand I may be required to provide documentation, medical certification, and periodic re-certifications prior to and during the leave period.*** \_\_\_\_\_ (initial)
2. **Accrued Paid Time:** GB Policy states, “All accrued sick, vacation, personal, and other paid leave time shall be applied to the leave period unless otherwise agreed to by the District or prohibited by the Family and Medical Leave Act.” ***I understand Kyrene School District requires the use of my accrued paid time, as allowable by law, and it will be applied to the leave period from the first absence day through the duration of leave.*** \_\_\_\_\_ (initial)
3. **Unpaid leave:** When all accrued paid time is exhausted during the leave, an unpaid leave of absence must be authorized. Employees may experience pay docks for the unpaid period, which may continue after return to work. For any portion of the leave period that is unpaid, ***I understand that it is my responsibility to contact Payroll for clarification on any impacts resulting from unpaid leave of absence.*** \_\_\_\_\_ (initial)
4. **Health Care Plans under FMLA:** When on leave under FMLA (up to 12 weeks), employees are entitled to have the health care plan in which they are participating continue under the same terms and conditions applicable to actively working employees. If the leave of absence extends after the FMLA period, employee benefit plans may be terminated. ***I understand I may be offered COBRA for the eligible medical, dental and/or vision plans I may have previously elected when FMLA ends.*** \_\_\_\_\_ (initial)  
**Health Care Plans under General Medical and non-FMLA leave types:** I understand I may be offered COBRA for the eligible medical, dental and/or vision plans I may have previously elected. \_\_\_\_\_ (initial)
5. **Leave from work:** Employees on leave of absence are not permitted to conduct work duties at their work site or from home for the duration of the leave period. Failure to adhere to this requirement may result in forfeiture of rights to leave. \_\_\_\_\_ (initial)
6. **Kyrene Email:** Employees are expected to check Kyrene email periodically while on leave. \_\_\_\_\_ (initial)
7. **Leave of Absence Options Exhausted:** Employees may request leaves of absence when necessary, however there may be times when leave of absence requests may be denied (except when eligible for FMLA). I understand that if I exhaust or am otherwise not eligible for district leave of absence options, the Kyrene School District may end my employment due to no further leave type available. \_\_\_\_\_ (initial)

***My signature below verifies that I have read, understand, and agree to the criteria outlined in this Leave Packet:***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Upon completion, please submit this form to Talent Management/Benefits by email attachment to [benefits@kyrene.org](mailto:benefits@kyrene.org).**