

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 Heather Morgan at 241-3514 ext. 110 or heather.morgan@oldham.kyschools.us

Classified Staff-Contact Valerie Goodwin at 241-3514 ext. 115 or 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 (15th and 30th 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 1st and the 15th of the month, termination of health insurance will be on the 15th of the month. If an employee's last paid day is between the 16th 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 1st and the 15th of the month health insurance starts on the 1st of the month employee returns to work. Employee works at least one day between the 16th and the end of the month health insurance starts on the 16th 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

	Single	Parent Plus	Couple	Family
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.

Revised 11/07/2024 Types of Leave



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: _____ Phone #: _____

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 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. If another Oldham County school employee would like to donate sick days to you, refer to policy 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 with 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, 6165 W HWY 146, Crestwood, KY 40014 Phone: 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

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to **request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

