

## DO I QUALIFY FOR FMLA OR WFMLA?

**Federal:** Employed at least 12 months.  
Worked at least 1,250 hours during the preceding 12 months.  
- Exclusive of paid time off.

**State:** Employed for 52 consecutive weeks.  
Worked at least 1,000 hours during the preceding 52 weeks.  
- Inclusive of paid time off.

## DEFINITIONS

**Calendar:** The calendar used is January 1 through December 31 (v. the school calendar).

**Child:** Includes biological child, adopted child, foster child, foster treatment, stepchild or legal ward, who is less than 18 years of age or more than 18 years of age and incapable of self-care because of a mental or physical disability.

### **Intermittent Leave:**

The shortest period of time that the employer's payroll system uses to account for absences or the use of leave. This leave time may be regularly scheduled or sporadically. May only be used with employer approval.

**Parent:** Includes biological, foster parent, adoptive parent, or legal guardian.

### **Serious Health Condition:**

Inpatient care in a medical care facility, including any period of incapacity or subsequent treatment.

**OR**

A period of incapacity of more than three consecutive calendar days that also involves continuing treatment by a health care provider.

**Spouse:** An individual who is a husband or wife pursuant to a marriage, including those in same sex marriages, that is a legal union.

## MAKE YOUR REQUEST IN WRITING

The Human Resources office will work to ensure that your family and medical leave needs are attended to. We do ask that you complete the appropriate paperwork prior to a planned family and medical leave or as soon after an unplanned leave, as possible.

Once you've determined that you qualify for and wish to utilize FMLA, please request the necessary forms. The forms are available in the Human Resources Office or the District website.

You will need to complete the *Family and Medical Leave Request* and your health care provider needs to complete the *WH-380, FMLA Health Care Provider Certification*. After completion, please return the forms to the Human Resources Office.

You will receive the *Notice of Eligibility and Rights & Responsibilities* form.

Upon receipt of your paperwork, we will review the request and complete the *Designation Notice* form and send it to you.

## RETURN TO WORK

The District will need documentation of your ability to return to work, from your primary caregiver, before your return.

Just as you had your primary caregiver complete the paperwork, which allowed the leave, your primary caregiver will need to verify that you are able to return to work and perform the essential functions of your position.



# FAMILY and MEDICAL LEAVE

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*An overview for Stevens Point  
Area Public School District  
employees...*

HUMAN RESOURCES OFFICE  
1900 POLK STREET  
STEVENS POINT, WI 54481  
(715) 345-5455

## YOUR SERIOUS HEALTH CONDITION

This refers to a health condition, which makes you unable to perform the essential functions of your job. This may involve physical or mental illness, injury, impairment or involving either in-patient care in a hospital, nursing home or hospice, or outpatient care requiring continual treatment or supervision by a health care provider.

**Federal:** 12 weeks (60 workdays)

**State:** 2 weeks (10 workdays)

- Paid leave may be substituted for time off. Additional unpaid leave may be available with administrative approval.

## BIRTH OR PLACEMENT OF A CHILD

Congratulations!!! During this exciting time, it's important to be aware of:

**Federal:** 12 weeks

- Entire leave must be completed within 12 months following birth or placement of a child.  
- District spouses share leave.

**State:** 6 weeks

**+ 2 weeks Medical**

- Must begin within 16 weeks of birth or placement of a child.  
- Any intermittent leave must be completed within 16 weeks of birth or placement of child.  
- 2 additional weeks will be provided if the mother is medically restricted and the health care provider determines that the mother needs care.  
- Paid leave may be substituted as follows, 2 weeks for period of disability or period spouse is required to be present to care for spouse under State FMLA  
- 6 weeks for period of family leave under State FMLA  
- Additional **unpaid** leave may be available with administrative approval.

If you have any questions about FMLA, do not hesitate to contact the Benefits Assistant in the **Human Resources Office at. 715-345-7360.**

## **FAMILY AND MEDICAL LEAVE**

This brochure briefly illustrates the most common family and medical leave circumstances. Additional information can be found in the **Employee Handbook.**

## CARE OF SPOUSE, CHILD OR PARENT

This is probably the most confusing application of FMLA. Please do not hesitate to contact the Human Resources office to determine which benefit you would receive under the following circumstances. In all cases the Federal and State leave run concurrently.

### CHILD

*Less than 18 years of age:*

**Federal:** 12 weeks

**State:** 2 weeks

- Paid leave may be substituted for 2 weeks for the care of the child. Additional **unpaid** leave may be available with administrative approval.

*Over 18 years of age if incapable of self-care due to a mental or physical disability:*

**Federal:** 12 weeks (60 workdays)

**State:** 2 weeks (10 workdays)

- Paid leave may be substituted for 2 weeks due to the disability of the child. Additional **unpaid** leave may be available with administrative approval.

### SPOUSE

**Federal:** 12 weeks (60 workdays)

**State:** 2 weeks (10 workdays)

- Paid leave may be substituted for 2 weeks for the care of a spouse. Additional **unpaid** leave may be available with administrative approval.

## PARENT

*Parent:*

**Federal:** 12 weeks

**State:** 2 weeks

*Parent-In-Law:*

**Federal:** 0 weeks

**State:** 2 weeks

- Paid leave may be substituted for 2 weeks for the care of the parent. Additional **unpaid** leave may be available with administrative approval.

## ACTIVE DUTY

On January 28, 2008, President Bush added two new qualifying events under the federal Family and Medical Leave Act. These additions extend FMLA leaves to include employees caring for injured service members and family members who have a relative called to active duty.

### CARE GIVER

FMLA currently grants qualifying employees time off to care for a parent, child or next of kin who is injured while on active duty.

**Federal:** 26 weeks (130 workdays)

- This law broadly expanded the definition of covered employee to include the next of kin or nearest blood relative of a covered service member.

### CALL TO ACTIVE DUTY

This leave is available for "qualifying exigencies" arising out of the covered employee's spouse, child or parent being called to active duty in the Armed Forces. No illness or injury is required.

**Federal:** 12 weeks (60 workdays)