Region 10 Board of Education Policy Committee

Agenda

Wednesday, October 15, 2025

6:00 PM

Central Office Conference Room

24 Lyon Rd. Burlington, CT 06013

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1. Call to Order

2. Acceptance of Minutes (Enclosure 1)

    a. Last Policy Meeting December 20, 2023

3. Review and Discussion of Shipman & Goodwin recommended policy and regulation revisions, 4117 (Enclosure 2)
    a. Family Medical Leave Acts

4. Review and Discussion of proposed, Shipman & Goodwin recommended, new policy and regulations, 5118 (Enclosure 3)
    a. Residency

5. Possible Action on Policy Recommendations

6. Adjournment

Enclosure 1

Region 10 Board of Education
Policy Committee Minutes
Wednesday, December 20, 2023 @ 9:30am
Central Office Conference Room

BOE Members Present: Scott Ragaglia (Chair), Melanie Wilhelm, Vicky Basile; Howard Thiery, Region 10 Superintendent

1. Call to Order at 9:30am
2. Review of prior Policy Committee Meeting Minutes of 11/15/2023. Motion to Approve as written made by Scott Ragaglia, seconded by Melanie Wilhelm; Opposed none; Abstain 1
3. Howard provided a quick overview of Shipman's role for our new member and what our review and update process entails.
4. The Committee reviewed Shipman's comments, section by section and how the noted changes impacted our current enforce policies. In most cases only wording modifications occurred, however, there were some sections that required procedural changes on Region 10's behalf. Vicky Basile noticed a couple ambiguous required changes and that further clarification would be necessary for what we need to offer and the definition of compliance. Howard Thiery noted these sections and will run them past Shipman. There were also Statue changes that sounded bizarre and not necessarily applicable to a K-12 education environment and the Committee was not comfortable adding that specific wording to our policies. Howard would also run those concerns past Shipman. The committee successfully completed a review of the new CT Statutes that affected our current up to date policies as of 12/31/2023, this included the 1000 Series. 4000 Series, 5000 Series. 6000 Series and the 9000 Series.
5. The committee discussed how to best present the changes to the BOE in the easiest way to understand the changes. With 4 new BOE members, it would be the first time going through the process. It was decided that our current copy of the affected pages and those same pages with the required changes would be given to the BOE Members for a side-by-side comparison review at the February 12, 2024 meeting for discussion and approval. Target dates are for a First read at the February Meeting and the Second read and final approval at the March BOE Meeting.
6. Next meeting is to be determined based on the Feb review and feedback of the policy changes.
7. Meeting adjourned at 11:20 am

Back to Agenda

SHIPMAN

(4117)

Enclosure 2

Series 4000
Personnel

FAMILY AND MEDICAL LEAVE

[NOTE TO CLIENT: Among other changes, effective October 1, 2025, employees working for boards of education in positions that do not require professional certification under Chapter 166 of the Connecticut General Statutes will be eligible for leave in accordance with the Connecticut Family and Medical Leave Act. This policy has been developed for implementation on and after October 1, 2025.]

PURPOSE

The purpose of this policy is to apprise employees of their rights and establish guidelines for leaves taken by employees of the Region 10 Board of Education (the "Board"), under the federal Family and Medical Leave Act of 1993 ("Federal FMLA") and/or the Connecticut Family and Medical Leave Act ("CT FMLA") and applicable Connecticut state law. This policy is not intended to, and does not, recite every provision of applicable law and regulations.

ELIGIBILITY

An employee who ~~holds a certification under Chapter 166 of the Connecticut General Statutes (*i.e.* a certified employee) who~~ has been employed by the Board for at least twelve (12) months, and who has worked at least 1,250 actual work hours during the twelve (12) months immediately preceding the start of a leave, is eligible for unpaid leave under the Federal FMLA. A full-time instructional employee meets the 1,250 hours of service requirement unless the Board can demonstrate that such employee did not meet the 1,250 hours of service requirement in the 12-month period prior to the start of leave. OK

An employee ~~who~~working for the Board in a position that does not ~~hold a~~require a professional certification under Chapter 166 of the Connecticut General Statutes (*i.e.*, a "noncertified employee") is eligible for ~~the~~unpaid leave ~~described in this policy~~under the CT FMLA if such employee has ~~worked for~~been employed by the Board for at least ~~twelve~~three (~~12~~3) months~~, and has worked at least 950 service hours during~~ in the twelve (12) months immediately preceding the start of such leave.

DEFNITIONS

Genetic information: For purposes of this policy, "genetic information" includes an individual's family medical history, ~~the results of~~ an individual's or family member's

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genetic tests, and/or the fact that an individual or an individual's family member sought or received genetic services~~, and~~ or participated in clinical research which includes genetic services. "Genetic information" includes genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member ~~receiving~~utilizing assistive reproductive ~~services~~technology.

Instructional employee: For purposes of this policy, an "instructional employee" is defined as a teacher or other employee of the Board who is employed principally in an instructional capacity and whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily non-instructional employees.

Noncertified employee: For purposes of this policy, "noncertified employee" means an employee employed by the Board in a position that does not require a professional certification under Chapter 166 of the Connecticut General Statutes.

REASONS FOR LEAVE

(a) Federal FMLA

Leaves under the Federal FMLA ~~and applicable state law~~ may be taken for the following reasons:

- incapacity due to pregnancy, prenatal medical care, or child birth; ~~or~~
- to care for the employee's newborn child; ~~or~~
- the placement of a child with the employee by adoption or for foster care; ~~or~~
- to care for the employee's spouse, child, or parent who has a serious health condition; ~~or~~
- to care for the employee's own serious health condition that renders the employee unable to perform the functions of the employee's position; ~~or~~
- ~~to serve as an organ or bone marrow donor; or~~
- to care for ~~an~~a covered injured or ill servicemember (see below – Length of Leave – for further information); or
- to address a qualifying exigency arising out of ~~a family member's~~an employee's spouse, child, or parent's military service, including one or more of the following reasons (note – more detailed information on the following categories is available from **[*e.g.*, the Human Resources office]**): OR HR Dept
  - short-notice deployment;
  - military events and related activities;

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- childcare and school activities;
- financial and legal arrangements;
- counseling;
- rest and recuperation;
- post-deployment activities;
- parental care leave for military member's parent who is incapable of self-care and care is necessitated by the military member's covered active duty; and/or
- additional activities that arise out of the active duty or call to active duty status of a covered military member, provided that the Board and the employee agree that such leave qualifies as an exigency, and agree to both the timing and the duration of such leave.

(b) CT FMLA

Leaves under the CT FMLA may be taken for the following reasons:

- upon the birth of the employee's newborn child, and to care for the newborn child;
- upon the placement of a child with the employee for adoption or foster care, and to care for the newly placed child;
- to care for the employee's family member, if such family member has a serious health condition;
- because of the employee's own serious health condition, including any period of incapacity due to pregnancy or for prenatal care, that renders the employee unable to perform the functions of the employee's position;
- in order to serve as an organ or bone marrow donor;
- to care for an injured or ill servicemember who is the employee's spouse, parent, child or next of kin (see below – Length of Leave – for further information); or
- to address a qualifying exigency arising out of the fact that the spouse, child, or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces.

For purposes of determining whether an employee has a qualifying reason for leave under the CT FMLA, "family member" is defined as a spouse, sibling, child, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.

LENGTH OF LEAVE

(a) Basic FMLA Leave Entitlement

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(1) Leaves under the Federal FMLA: If a leave is requested for ~~one of the above-listed reasons, each eligible~~a Federal FMLA-qualifying reason, an employee may take up to a total of twelve (12) weeks unpaid family or medical leave in the 12-month entitlement period.

(2) Leaves under CT FMLA: If a leave is requested for a CT FMLA-qualifying reason, an eligible employee may take up to a total of twelve (12) weeks unpaid family or medical leave in the 12-month entitlement period, except that the employee may take up to two (2) additional workweeks of leave during such twelve (12)-month period for a serious health condition resulting in incapacitation that occurs during pregnancy. These additional two (2) weeks are only available during pregnancy.

The 12-month entitlement period for family or medical leave is measured on the basis of **[*NOTE: The employer has the option of selecting one of the following four methods of calculating the 12-month period. If the employer has not chosen, then its inaction would require it to use the ~~"best"~~most favorable (for the employee under the circumstances), of the following alternatives for each employee who takes leave*: (1) the calendar year; (2) any fixed 12-month "leave year" such as a fiscal year or a year starting on the employee's anniversary date; (3) the 12-month period measured forward from the initial date of an employee's first leave under this policy; or (4) a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave. *NOTE: To change calculation methods, the employer must plan ahead, giving at least sixty (60) days' notice to all employees, and make no reduction in rights for employees using/requesting leave at the time of transition*].** Use #3

An employe may be entitled to leave under the Federal FMLA and/or CT FMLA. To the extent an employee is eligible for and qualifies for leave under both laws, the employee's Federal FMLA and CT FMLA leave will run concurrently.

(b) Leave to Care for an Injured or Ill Servicemember

In addition to the reasons for leave listed above, an eligible employee may take up to twenty-six (26) workweeks of Federal FMLA and/or CT FMLA leave during a 12-month period to care for ~~(i)~~ a covered servicemember and/or covered veteran who is the employee's spouse, parent, child or next of kin, and who incurred a serious injury or illness in the line of duty and while on active duty in the Armed Forces or had a preexisting injury or illness prior to beginning active duty that was aggravated by service in the line of duty ~~on active duty~~ in the Armed Forces~~; or (ii) a covered veteran with a serious injury or illness who is the employee's spouse, parent, child or next of kin~~.

~~For servicemembers, the injury or illness must render the servicemember medically unable to perform the duties of office, grade, rank or rating. This provision applies to servicemembers who are undergoing medical treatment, recuperation, or therapy, are in outpatient status, or who are on the temporary disability retired list, for a serious injury or illness.~~

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~~For covered veterans, the veteran must be undergoing medical treatment, recuperation or therapy for a serious injury or illness and must have been (1) a member of the Armed Forces (including the National Guard or Reserves); (2) discharged or released under conditions that were other than dishonorable; and (3) discharged within the five-year period before the eligible employee first takes FMLA military caregiver leave to care for the veteran.~~[1]

~~For covered veterans, serious injury or illness means any of the following:~~

~~(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or~~

~~(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or~~

~~(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or~~

~~(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.~~

When combined with any other type of Federal FMLA or CT FMLA-qualifying leave, total leave time may not exceed twenty-six (26) weeks in a single twelve (12) month period. Standard ~~FMLA~~ leave procedures described below apply to all requests for and designation of leave for this purpose. *However*, in the case of leave to care for a servicemember with a serious injury or illness, the 12-month period begins on the day such leave actually commences.

TYPES OF LEAVE AND CONDITIONS

(a) Full-Time, Intermittent and Reduced Schedule Leave

Full-time leave excuses the employee from work for a continuous period of time. Full-time unpaid leave may be taken for any of the reasons permitted by the Federal FMLA and/or CT FMLA.

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[1] ~~The employee's first date of leave must be within the five-year period. However, the employee may continue to take leave throughout the single 12-month period even if the leave extends past the five-year period. Note - special rules may apply to calculating the five-year period for veterans discharged between October 28, 2009 and March 8, 2013. This period will effectively be excluded from the five-year calculation.~~

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Intermittent leave means leave taken due to a single qualifying reason in separate periods of time rather than for one continuous period of time. Examples of intermittent leave include: leave taken one day per week over a period of a few months or leave taken on an occasional/as-needed basis for medical appointments.

Reduced schedule leave is leave that reduces the employee's usual number of work hours per day for some period of time. For example, an employee may request half-time work for a number of weeks so the employee can assist in the care of a seriously ill parent.

Intermittent or reduced schedule Federal FMLA and/or CT FMLA leave may be taken (a) when medically necessary for an employee's or covered family member's serious health condition, or for a covered servicemember's serious illness or injury, and (b) the need for leave can be best accommodated through an intermittent or reduced schedule leave. In addition, Federal FMLA and/or CT FMLA leave may be taken intermittently or on a reduced schedule basis (1) due to a qualifying exigency, or (2) to effectuate the placement of a child for adoption or foster care before the placement of the child in the home.

~~***[OPTIONAL SECTION – if the employer allows intermittent leave following the birth or placement of a healthy child. A board of education may decide that it will not allow intermittent or reduced schedule leave for these reasons, and therefore not include this provision in its policy. If the board does include this optional provision, the district must be aware of its equal protection obligations and treat similarly situated individuals in the same manner when administering FMLA leave:***~~

~~**Intermittent or reduced schedule leave may be taken following the birth or placement of a healthy child only with the Board's permission.]**~~

If foreseeable intermittent or reduced schedule leave is medically required based upon planned medical treatment of the employee or a covered family member or a covered servicemember, including during a period of recovery from an employee's or covered family member's serious health condition or a serious injury or illness of a covered servicemember~~, [*OPTIONAL SECTION to be included if the above optional section regarding intermittent leave is included*: or if the Board agrees to permit intermittent or reduced schedule leave for the birth of a child or for placement of a child for adoption or foster care]~~, the Board may, in its sole discretion, temporarily transfer the employee to another job with equivalent pay and benefits that better accommodates the type of leave requested. ~~Also~~

Under the Federal FMLA, special arrangements may be required of an instructional employee who needs to take intermittent or reduced-schedule leave which will involve absence for more than twenty (20) percent of the work days in the period over which the leave will extend (for example, more than five days over a five-week period), if the leave is to care for a covered family member with a serious health condition, to care for a covered servicemember with a serious injury or illness, or for the employee's own serious health condition, which is foreseeable based on planned medical treatment. In such situations, the Board may require the instructional employee to

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transfer temporarily to another job or take leave for a particular duration, not to exceed the duration of the planned medical treatment.

(b) Both Spouses Working for the Same Employer

If both spouses are eligible employees of the Board and request Federal FMLA and/or CT FMLA leave for the birth, placement of a child by adoption or for foster care, or to care for a parent (or family member, for purposes of CT FMLA leave) with a serious health condition, they only will be entitled to a maximum combined total leave equal to twelve (12) weeks in the 12-month entitlement period. If either spouse (or both) uses a portion of the total 12-week entitlement for one of the purposes in the preceding sentence, each is entitled to the difference between the amount the employee has taken individually and the 12 weeks for Federal and/or CT FMLA leave for ~~their own or their spouse's serious health condition~~other qualifying reasons in the 12-month entitlement ~~periods~~period.

(c) Leave Taken by Instructional Employees Near the End of an Academic Term

If ~~a~~Federal FMLA leave taken by an instructional employee for any reason begins more than five (5) weeks before the end of an academic term, the Board may require that instructional employee to continue the leave until the end of the term if the leave will last at least three (3) weeks and the instructional employee would return to work during the three-week period before the end of the term.

If the instructional employee begins ~~a~~Federal FMLA leave during the five-week period preceding the end of an academic term for a reason other than the instructional employee's own serious health condition, the Board may require the instructional employee to continue taking leave until the end of the term if the leave will last more than two (2) weeks and the instructional employee would return to work during the two-week period before the end of the term.

If the instructional employee begins ~~a~~Federal FMLA leave during the three-week period preceding the end of an academic term for a reason other than the instructional employee's own serious health condition, the Board may require the instructional employee to continue taking leave until the end of the term if the leave will last more than five (5) working days.

[***OPTIONAL SECTION– if employer offers temporary light duty:***

(d) Light Duty

Should an employee be offered a light duty opportunity during a period of Federal and/or CT FMLA leave, time spent performing the light duty assignment will not count against the employee's applicable FMLA leave entitlement. The employee's right to restoration to the employee's job will be held in abeyance during

no

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the light duty assignment, or until the end of the applicable 12-month FMLA leave period.]

[*OPTIONAL SECTION - if employer has a uniformly applied policy governing outside or supplemental employment* no

(e) Outside/Supplemental Employment

The Board's policy governing outside or supplemental employment shall continue to apply to an employee while on Federal FMLA and/or CT FMLA leave.]

REQUESTS FOR LEAVE

(a) Foreseeable Leave

An employee must notify the **[FMLA Administrator/HR Department]** of the need for a family or medical leave at least thirty (30) days before the leave is to begin if the need for the leave is foreseeable based on the expected birth of the employee's child, placement of a child with the employee for adoption or foster care, planned medical treatment for the employee's or a covered family member's serious health condition, or the planned medical treatment for a serious injury or illness of a covered servicemember. If 30 days-notice is not practicable, then the employee must provide notice as soon as practicable under the circumstances, usually the same day or the next business day after the employee becomes aware of the need for Federal FMLA and/or CT FMLA leave.

~~(b) Qualifying Exigency.~~
~~An employee must provide notice as soon as practicable if the foreseeable leave is for a qualifying exigency, regardless of how far in advance such leave is foreseeable.~~
(~~c~~b) Unforeseeable Leave~~.~~

When the employee's need for leave is not foreseeable, an employee must provide notice as practicable under the circumstances.

SCHEDULING PLANNED MEDICAL TREATMENT

This doesn't happen employees just schedule but use HR Dept.

When planning medical treatment for foreseeable Federal FMLA and/or CT FMLA leave, an employee must consult with the **[FMLA Administrator/Human Resources Department]** and make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations, subject to the approval of the health care provider. Similarly, if an employee needs leave intermittently or on a reduced leave schedule for planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations. Ordinarily, the employee should consult with the **[FMLA Administrator/Human Resources**

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Department] prior to scheduling the treatment in order to work out a treatment schedule that best suits the needs of the Board and the employee. The Board and the employee shall attempt to work out a schedule for leave that meets the employee's needs without unduly disrupting the Board's operations, subject to the approval of the health care provider as to any modification of the treatment schedule.

REQUIRED CERTIFICATIONS/DOCUMENTATION

For leaves taken for any Federal FMLA or CT FMLA-qualifying reason, an employee must submit ~~a~~ completed certification form(s) supporting the need for leave. The appropriate form(s) will be provided to the employee. The employee must submit a complete and sufficient certification form(s) as required within fifteen (15) calendar days of receiving the request for the completed certification. If it is not practicable for the employee to provide the completed form by the due date despite the employee's diligent, good faith efforts, the employee must inform the **[FMLA Administrator/Human Resources Department]** of the reason(s) for delay and what efforts the employee undertook to obtain the required certification. Federal FMLA- and/or CT FMLA-protected leave may be delayed or denied, in accordance with applicable law, if the employee does not provide a complete and sufficient certification as required. Depending on the reason for leave, an employee may be required to submit medical certification from the employee's health care provider, medical certification the employee's family member's health care provider, and/or other documentation (e.g., to establish a family relationship, military active duty orders, etc.). In certain circumstances and under certain conditions, employees may also be required to obtain second or third medical opinions and/or recertifications, in accordance with applicable law.

HR Dept

If an employee takes leave for the employee's own serious health condition (except on an intermittent or reduced-schedule basis), prior to returning to work the employee must provide a medical fitness-for-duty certification that the employee is able to resume work and the health condition that created the need for the leave no longer renders the employee unable to perform the essential functions of the job. This certification must be submitted to the **[FMLA Administrator/Human Resources Department]**. If the employee is unable to perform one or more of the essential functions of the employee's position, the Board will determine whether the employee is eligible for additional Federal FMLA and/or CT FMLA leave (if the eligible for such leave and such leave has not been exhausted) or whether an accommodation is appropriate, in accordance with the Americans with Disabilities Act.

HR Dept

In connection with the Board's request for medical information, employees must be aware that the Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by Title II of GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Board requests that employees not provide any genetic information when responding to a request for medical information.

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[~~Note~~NOTE: The medical certification form should include the above language related to GINA.]

USE OF PAID LEAVE

Paid leave, which has been accrued in accordance with applicable law, the relevant collective bargaining agreement (if any), and/or Board policy ("PTO") will be substituted for any unpaid portions of family or medical leave taken for any reason that is also a qualifying reason for using such accrued paid leave. In such instance, the employee's accrued paid leave and Federal FMLA and/or CT FMLA-qualifying leave will run concurrently. The employee must satisfy any procedural requirements applicable to the use of paid leave, but only in connection with the receipt of such payment. An employee who is approved for CT FMLA leave may retain up to two weeks of their accrued paid time off that would otherwise be required to run concurrently with CT FMLA leave.

Where a noncertified employee's accrued paid leave is not substituted for the entire period of unpaid leave for a qualifying reason under the CT FMLA and/or Connecticut law regarding leave for victims of family violence and sexual assault, the employee may apply for and be provided with compensation through the Paid Family and Medical Leave Insurance Program ("CT Paid Leave") for all or part of any unpaid leave, provided the employee qualifies for payments under the program. Noncertified employees may apply to the Connecticut Paid Medical and Family Leave Insurance Authority ("Authority') for partial income replacement benefits when they need leave for (1) any of the reasons that qualify for CT FMLA; and/or (2) if an employee is a victim of family violence or sexual assault, to seek medical care or psychological or other counseling for physical or psychological injury or disability for the victim; to obtain services from a victim services organization on behalf of the victim; to relocate due to such family violence or sexual assault; or to participate in any civil or criminal proceeding related to or resulting from such family violence or sexual assault. Eligible employees shall apply directly to the Authority, which is responsible for determining an employee's eligibility for CT Paid Leave benefits and the amount of such benefit. The Board will provide the Authority with all requested information regarding an employee's application for CT Paid Leave, in accordance with applicable law.

[OPTIONAL: The Board shall require employees to use applicable PTO concurrently with their CT FMLA leave, subject to their right to retain up to two weeks of accrued PTO. If, after exhausting other applicable PTO, an employee does not wish to retain two weeks of accrued PTO while on approved CT FMLA leave, the Board shall permit the employee to receive these accrued PTO benefits concurrently with their CT Paid Leave benefits, if any, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.]

✓ yes

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In addition, in cases involving absences due to a Workers' Compensation injury that also qualifies as an FMLA serious health condition, and if the employee (and the employee's collective bargaining agent, if applicable) and the Board agree to do so, the Board will apply the employee's available accrued paid leave in increments as a supplement to the Workers' Compensation weekly benefit in an appropriate amount so that the employee can maintain the employee's regular weekly income level.

MEDICAL INSURANCE AND OTHER BENEFITS

During family or medical leaves ~~of absence~~ approved ~~pursuant to this policy~~in accordance with the Federal FMLA, the Board will continue to pay its portion of medical insurance premiums for the period of unpaid ~~family or medical leave~~Federal FMLA. The employee must continue to pay the employee's share of the premium, and failure to do so may result in loss of coverage. If the employee does not return to work after expiration of the leave, the employee will be required to reimburse the Board for payment of medical insurance premiums during the family or medical leave, unless the employee does not return because of a serious health condition or circumstances beyond the employee's control.

During ~~an~~a Federal FMLA and/or CT FMLA leave, an employee shall not accrue **[~~list benefits, such as~~ seniority, pension benefits, ~~or~~ sick or vacation leave],** unless otherwise required by any applicable collective bargaining agreement or Board policy. However, unused employment benefits accrued by the employee up to the day on which the leave begins will not be lost upon return to work. Leave taken under this policy does not constitute an absence under the Board's attendance policy, if any.

REINSTATEMENT

Except for circumstances unrelated to the taking of a family or medical leave pursuant to this policy, and unless an exception applies, an employee who returns to work following the expiration of a family or medical leave is entitled to return to the job such employee held prior to the leave or to an equivalent position with equivalent pay and benefits.

COMPLAINTS

The Federal FMLA and CT FMLA prohibit employers from interfering with, restraining, or denying any rights provided by the respective laws. The Federal FMLA and CT FMLA also prohibit employers from terminating or discriminating against any individual for opposing any unlawful practice or being involved in any proceeding related to the Federal FMLA or CT FMLA, respectively. The CT FMLA also prohibits employers from interfering with, restraining, or denying any rights provided by CT Paid

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Leave and/or terminating or discriminating against an employee for applying for CT Paid Leave benefits.

An employee alleging a violation of the Federal FMLA may file a complaint with the U.S. Department of Labor, Wage and Hour Division. Such complaint should be filed within a reasonable time of when the employee discovers that the employee's Federal FMLA rights have been violated. In no event may a complaint be filed more than two (2) years after the action which is alleged to be a violation of the Federal FMLA occurred, or three years in the case of a willful violation. An employee may also be able to bring a private civil action for violations.

An employee alleging a violation of the CT FMLA may file a complaint with the Connecticut Department of Labor within one hundred eighty (180) calendar days of the employer action that prompted the complaint, unless good cause exists for the late filing. Upon receipt of any such complaint, the Connecticut Department of Labor Commissioner, or the Commissioner's designee, shall conduct an investigation and make a finding regarding jurisdiction and whether a violation of the CT FMLA has occurred. An employee alleging a violation of the CT FMLA may also bring a civil action in a court of competent jurisdiction against the employer within one hundred eighty (180) calendar days of the employer action alleged to be in violation of the CT FMLA. Such action may be brought by an employee without first filing an administrative complaint.

ADDITIONAL INFORMATION

Questions regarding family or medical leave may be directed to the Superintendent or designee~~. An employee may file a complaint with the U.S.~~ or [**FMLA Administrator/Human Resources Department** ~~of Labor or may bring a private lawsuit against an employer. FMLA does~~]. Federal FMLA and CT FMLA do 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.

HR Dept

Legal References:

Connecticut ~~General Statutes~~:

Conn. Gen. Stat. § ~~31-51rr Family and medical leave benefits for employees of political subdivisions~~31-51kk et seq.

Conn. Gen. Stat. § 31-49e et seq.

Regs. Conn. State Agencies ~~31-51rr-1~~31-51qq, et seq.

Public Act ~~24-41~~25-174, "An Act ~~Concerning Educator Certification, Teachers, Paraeducators and Mandated Reporter Requirements"~~Authorizing and Adjusting

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Bonds of the State and Concerning Grant Programs, State Grant Commitments for School Building Projects, Revisions to the School Building Projects Statutes and Various Provisions Revising and Implementing the Budget for the Biennium Ending June 30, 2027"

~~United States Code~~Federal:

Family and Medical Leave Act of 1993, 29 U.S.C. Section 2601 et seq., as amended

29 CFR Part 825.100 et seq.

Title II of the Genetic Information Nondiscrimination Act of 2008, 42 USC 2000ff et seq.

29 CFR 1635.1 et seq.

ADOPTED: _____
REVISED: _____

~~8/26/2024~~

9/17/2025

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Intelligent Table Comparison: Active	
Original DMS: iw://cloudimanage.com/SG/238837/14	
Modified DMS: iw://cloudimanage.com/SG/238837/15	
Changes:	
Add	103
~~Delete~~	72
~~Move From~~	0
Move To	0
Table Insert	0
~~Table Delete~~	0
Table moves to	0
~~Table moves from~~	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	175

P 4117
Personnel

FAMILY AND MEDICAL LEAVE

PURPOSE

The purpose of this policy is to apprise employees of their rights and establish guidelines for leaves taken by employees of the Region 10 Board of Education (the "Board"), under the federal Family and Medical Leave Act of 1993 ("Federal FMLA") and/or the Connecticut Family and Medical Leave Act ("CT FMLA") and applicable Connecticut state law. This policy is not intended to, and does not, recite every provision of applicable law and regulations.

ELIGIBILITY

An employee who has been employed by the Board for at least twelve (12) months, and who has worked at least 1,250 actual work hours during the twelve (12) months immediately preceding the start of a leave, is eligible for unpaid leave under the Federal FMLA. A full-time instructional employee meets the 1,250 hours of service requirement unless the Board can demonstrate that such employee did not meet the 1,250 hours of service requirement in the 12-month period prior to the start of leave.

An employee working for the Board in a position that does not require a professional certification under Chapter 166 of the Connecticut General Statutes (*i.e.,* a "noncertified employee") is eligible for unpaid leave under the CT FMLA if such employee has been employed by the Board for at least three (3) months in the twelve (12) months immediately preceding the start of such leave.

DEFNITIONS

Genetic information: For purposes of this policy, "genetic information" includes an individual's family medical history, an individual's or family member's genetic tests, and/or the fact that an individual or an individual's family member sought or received genetic services or participated in clinical research which includes genetic services. "Genetic information" includes genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member utilizing assistive reproductive technology.

Instructional employee: For purposes of this policy, an "instructional employee" is defined as a teacher or other employee of the Board who is employed principally in an instructional capacity and whose principal function is to teach and instruct students in a

class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily non-instructional employees.

Noncertified employee: For purposes of this policy, "noncertified employee" means an employee employed by the Board in a position that does not require a professional certification under Chapter 166 of the Connecticut General Statutes.

REASONS FOR LEAVE

(a) Federal FMLA

Leaves under the Federal FMLA may be taken for the following reasons:

- incapacity due to pregnancy, prenatal medical care, or child birth;
- to care for the employee's newborn child;
- the placement of a child with the employee by adoption or for foster care;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- to care for the employee's own serious health condition that renders the employee unable to perform the functions of the employee's position;
- to care for a covered injured or ill servicemember (see below – Length of Leave – for further information); or
- to address a qualifying exigency arising out of an employee's spouse, child, or parent's military service, including one or more of the following reasons (note – more detailed information on the following categories is available from the Human Resources Department:
    - short-notice deployment;
    - military events and related activities;
    - childcare and school activities;
    - financial and legal arrangements;
    - counseling;
    - rest and recuperation;
    - post-deployment activities;
    - parental care leave for military member's parent who is incapable of self-care and care is necessitated by the military member's covered active duty; and/or
    - additional activities that arise out of the active duty or call to active duty status of a covered military member, provided that the Board and the employee agree that such leave qualifies as an exigency, and agree to both the timing and the duration of such leave.

(b) CT FMLA

Leaves under the CT FMLA may be taken for the following reasons:

- upon the birth of the employee's newborn child, and to care for the newborn child;
- upon the placement of a child with the employee for adoption or foster care, and to care for the newly placed child;
- to care for the employee's family member, if such family member has a serious health condition;
- because of the employee's own serious health condition, including any period of incapacity due to pregnancy or for prenatal care, that renders the employee unable to perform the functions of the employee's position;
- in order to serve as an organ or bone marrow donor;
- to care for an injured or ill servicemember who is the employee's spouse, parent, child or next of kin (see below – Length of Leave – for further information); or
- to address a qualifying exigency arising out of the fact that the spouse, child, or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the armed forces.

For purposes of determining whether an employee has a qualifying reason for leave under the CT FMLA, "family member" is defined as a spouse, sibling, child, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.

LENGTH OF LEAVE

(a) Basic FMLA Leave Entitlement

(1) Leaves under the Federal FMLA: If a leave is requested for a Federal FMLA-qualifying reason, an employee may take up to a total of twelve (12) weeks unpaid family or medical leave in the 12-month entitlement period.

(2) Leaves under CT FMLA: If a leave is requested for a CT FMLA-qualifying reason, an eligible employee may take up to a total of twelve (12) weeks unpaid family or medical leave in the 12-month entitlement period, except that the employee may take up to two (2) additional workweeks of leave during such twelve (12)-month period for a serious health condition resulting in incapacitation that occurs during pregnancy. These additional two (2) weeks are only available during pregnancy.

The 12-month entitlement period for family or medical leave is measured on the basis of the 12-month period measured forward from the initial date of an employee's first leave under this policy.

An employe may be entitled to leave under the Federal FMLA and/or CT FMLA. To the extent an employee is eligible for and qualifies for leave under both laws, the employee's Federal FMLA and CT FMLA leave will run concurrently.

(b) Leave to Care for an Injured or Ill Servicemember

In addition to the reasons for leave listed above, an eligible employee may take up to twenty-six (26) workweeks of Federal FMLA and/or CT FMLA leave during a 12-month period to care for a covered servicemember and/or covered veteran who is the employee's spouse, parent, child or next of kin, and who incurred a serious injury or illness in the line of duty and while on active duty in the Armed Forces or had a preexisting injury or illness prior to beginning active duty that was aggravated by service in the line of duty in the Armed Forces.

When combined with any other type of Federal FMLA or CT FMLA-qualifying leave, total leave time may not exceed twenty-six (26) weeks in a single twelve (12) month period. Standard leave procedures described below apply to all requests for and designation of leave for this purpose. *However*, in the case of leave to care for a servicemember with a serious injury or illness, the 12-month period begins on the day such leave actually commences.

TYPES OF LEAVE AND CONDITIONS

(a) Full-Time, Intermittent and Reduced Schedule Leave

Full-time leave excuses the employee from work for a continuous period of time. Full-time unpaid leave may be taken for any of the reasons permitted by the Federal FMLA and/or CT FMLA.

Intermittent leave means leave taken due to a single qualifying reason in separate periods of time rather than for one continuous period of time. Examples of intermittent leave include: leave taken one day per week over a period of a few months or leave taken on an occasional/as-needed basis for medical appointments.

Reduced schedule leave is leave that reduces the employee's usual number of work hours per day for some period of time. For example, an employee may request half-time work for a number of weeks so the employee can assist in the care of a seriously ill parent.

Intermittent or reduced schedule Federal FMLA and/or CT FMLA leave may be taken (a) when medically necessary for an employee's or covered family member's

serious health condition, or for a covered servicemember's serious illness or injury, and (b) the need for leave can be best accommodated through an intermittent or reduced schedule leave. In addition, Federal FMLA and/or CT FMLA leave may be taken intermittently or on a reduced schedule basis (1) due to a qualifying exigency, or (2) to effectuate the placement of a child for adoption or foster care before the placement of the child in the home.

If foreseeable intermittent or reduced schedule leave is medically required based upon planned medical treatment of the employee or a covered family member or a covered servicemember, including during a period of recovery from an employee's or covered family member's serious health condition or a serious injury or illness of a covered servicemember, the Board may, in its sole discretion, temporarily transfer the employee to another job with equivalent pay and benefits that better accommodates the type of leave requested.

Under the Federal FMLA, special arrangements may be required of an instructional employee who needs to take intermittent or reduced-schedule leave which will involve absence for more than twenty (20) percent of the work days in the period over which the leave will extend (for example, more than five days over a five-week period), if the leave is to care for a covered family member with a serious health condition, to care for a covered servicemember with a serious injury or illness, or for the employee's own serious health condition, which is foreseeable based on planned medical treatment. In such situations, the Board may require the instructional employee to transfer temporarily to another job or take leave for a particular duration, not to exceed the duration of the planned medical treatment.

(b) Both Spouses Working for the Same Employer

If both spouses are eligible employees of the Board and request Federal FMLA and/or CT FMLA leave for the birth, placement of a child by adoption or for foster care, or to care for a parent (or family member, for purposes of CT FMLA leave) with a serious health condition, they only will be entitled to a maximum combined total leave equal to twelve (12) weeks in the 12-month entitlement period. If either spouse (or both) uses a portion of the total 12-week entitlement for one of the purposes in the preceding sentence, each is entitled to the difference between the amount the employee has taken individually and the 12 weeks for Federal and/or CT FMLA leave for other qualifying reasons in the 12-month entitlement period.

(c) Leave Taken by Instructional Employees Near the End of an Academic Term

If Federal FMLA leave taken by an instructional employee for any reason begins more than five (5) weeks before the end of an academic term, the Board may require that instructional employee to continue the leave until the end of the term if the leave will last at least three (3) weeks and the instructional employee would return to work during the three-week period before the end of the term.

If the instructional employee begins Federal FMLA leave during the five-week period preceding the end of an academic term for a reason other than the instructional employee's own serious health condition, the Board may require the instructional employee to continue taking leave until the end of the term if the leave will last more than two (2) weeks and the instructional employee would return to work during the two-week period before the end of the term.

If the instructional employee begins Federal FMLA leave during the three-week period preceding the end of an academic term for a reason other than the instructional employee's own serious health condition, the Board may require the instructional employee to continue taking leave until the end of the term if the leave will last more than five (5) working days.

REQUESTS FOR LEAVE

(a) Foreseeable Leave

An employee must notify the FMLA Administrator/HR Department of the need for a family or medical leave at least thirty (30) days before the leave is to begin if the need for the leave is foreseeable based on the expected birth of the employee's child, placement of a child with the employee for adoption or foster care, planned medical treatment for the employee's or a covered family member's serious health condition, or the planned medical treatment for a serious injury or illness of a covered servicemember. If 30 days-notice is not practicable, then the employee must provide notice as soon as practicable under the circumstances, usually the same day or the next business day after the employee becomes aware of the need for Federal FMLA and/or CT FMLA leave.

(b) Unforeseeable Leave

When the employee's need for leave is not foreseeable, an employee must provide notice as practicable under the circumstances.

SCHEDULING PLANNED MEDICAL TREATMENT

When planning medical treatment for foreseeable Federal FMLA and/or CT FMLA leave, an employee must consult with the Human Resources Department and make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations, subject to the approval of the health care provider. Similarly, if an employee needs leave intermittently or on a reduced leave schedule for planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations. Ordinarily, the employee should consult with the Human Resources Department prior to scheduling the treatment in order to work out a treatment schedule that best suits the needs of the Board and the employee. The Board and the employee shall attempt to work out a schedule for leave that meets the employee's needs without unduly disrupting the Board's operations, subject to the approval of the health care provider as to any modification of the treatment schedule.

REQUIRED CERTIFICATIONS/DOCUMENTATION

For leaves taken for any Federal FMLA or CT FMLA-qualifying reason, an employee must submit completed certification form(s) supporting the need for leave. The appropriate form(s) will be provided to the employee. The employee must submit a complete and sufficient certification form(s) as required within fifteen (15) calendar days of receiving the request for the completed certification. If it is not practicable for the employee to provide the completed form by the due date despite the employee's diligent, good faith efforts, the employee must inform the Human Resources Department of the reason(s) for delay and what efforts the employee undertook to obtain the required certification. Federal FMLA- and/or CT FMLA-protected leave may be delayed or denied, in accordance with applicable law, if the employee does not provide a complete and sufficient certification as required. Depending on the reason for leave, an employee may be required to submit medical certification from the employee's health care provider, medical certification the employee's family member's health care provider, and/or other documentation (e.g., to establish a family relationship, military active duty orders, etc.). In certain circumstances and under certain conditions, employees may also be required to obtain second or third medical opinions and/or recertifications, in accordance with applicable law.

If an employee takes leave for the employee's own serious health condition (except on an intermittent or reduced-schedule basis), prior to returning to work the employee must provide a medical fitness-for-duty certification that the employee is able to resume work and the health condition that created the need for the leave no longer renders the employee unable to perform the essential functions of the job. This certification must be submitted to Human Resources Department. If the employee is unable to perform one or more of the essential functions of the employee's position, the Board will determine whether the employee is eligible for additional Federal FMLA and/or CT FMLA leave (if the eligible for such leave and such leave has not been exhausted) or whether an accommodation is appropriate, in accordance with the Americans with Disabilities Act.

In connection with the Board's request for medical information, employees must be aware that the Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by Title II of GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Board requests that employees not provide any genetic information when responding to a request for medical information.

USE OF PAID LEAVE

Paid leave, which has been accrued in accordance with applicable law, the relevant collective bargaining agreement (if any), and/or Board policy ("PTO") will be substituted for any unpaid portions of family or medical leave taken for any reason that is also a qualifying reason for using such accrued paid leave. In such instance, the

employee's accrued paid leave and Federal FMLA and/or CT FMLA-qualifying leave will run concurrently. The employee must satisfy any procedural requirements applicable to the use of paid leave, but only in connection with the receipt of such payment. An employee who is approved for CT FMLA leave may retain up to two weeks of their accrued paid time off that would otherwise be required to run concurrently with CT FMLA leave.

Where a noncertified employee's accrued paid leave is not substituted for the entire period of unpaid leave for a qualifying reason under the CT FMLA and/or Connecticut law regarding leave for victims of family violence and sexual assault, the employee may apply for and be provided with compensation through the Paid Family and Medical Leave Insurance Program ("CT Paid Leave") for all or part of any unpaid leave, provided the employee qualifies for payments under the program. Noncertified employees may apply to the Connecticut Paid Medical and Family Leave Insurance Authority ("Authority') for partial income replacement benefits when they need leave for (1) any of the reasons that qualify for CT FMLA; and/or (2) if an employee is a victim of family violence or sexual assault, to seek medical care or psychological or other counseling for physical or psychological injury or disability for the victim; to obtain services from a victim services organization on behalf of the victim; to relocate due to such family violence or sexual assault; or to participate in any civil or criminal proceeding related to or resulting from such family violence or sexual assault. Eligible employees shall apply directly to the Authority, which is responsible for determining an employee's eligibility for CT Paid Leave benefits and the amount of such benefit. The Board will provide the Authority with all requested information regarding an employee's application for CT Paid Leave, in accordance with applicable law.

The Board shall require employees to use applicable PTO concurrently with their CT FMLA leave, subject to their right to retain up to two weeks of accrued PTO. If, after exhausting other applicable PTO, an employee does not wish to retain two weeks of accrued PTO while on approved CT FMLA leave, the Board shall permit the employee to receive these accrued PTO benefits concurrently with their CT Paid Leave benefits, if any, provided the total compensation of such covered employee during such period of leave shall not exceed such covered employee's regular rate of compensation.

In addition, in cases involving absences due to a Workers' Compensation injury that also qualifies as an FMLA serious health condition, and if the employee (and the employee's collective bargaining agent, if applicable) and the Board agree to do so, the Board will apply the employee's available accrued paid leave in increments as a supplement to the Workers' Compensation weekly benefit in an appropriate amount so that the employee can maintain the employee's regular weekly income level.

MEDICAL INSURANCE AND OTHER BENEFITS

During family or medical leaves approved in accordance with the Federal FMLA, the Board will continue to pay its portion of medical insurance premiums for the period of unpaid Federal FMLA. The employee must continue to pay the employee's share of

the premium, and failure to do so may result in loss of coverage. If the employee does not return to work after expiration of the leave, the employee will be required to reimburse the Board for payment of medical insurance premiums during the family or medical leave, unless the employee does not return because of a serious health condition or circumstances beyond the employee's control.

During a Federal FMLA and/or CT FMLA leave, an employee shall not accrue seniority, pension benefits, sick or vacation leave, unless otherwise required by any applicable collective bargaining agreement or Board policy. However, unused employment benefits accrued by the employee up to the day on which the leave begins will not be lost upon return to work. Leave taken under this policy does not constitute an absence under the Board's attendance policy, if any.

REINSTATEMENT

Except for circumstances unrelated to the taking of a family or medical leave pursuant to this policy, and unless an exception applies, an employee who returns to work following the expiration of a family or medical leave is entitled to return to the job such employee held prior to the leave or to an equivalent position with equivalent pay and benefits.

COMPLAINTS

The Federal FMLA and CT FMLA prohibit employers from interfering with, restraining, or denying any rights provided by the respective laws. The Federal FMLA and CT FMLA also prohibit employers from terminating or discriminating against any individual for opposing any unlawful practice or being involved in any proceeding related to the Federal FMLA or CT FMLA, respectively. The CT FMLA also prohibits employers from interfering with, restraining, or denying any rights provided by CT Paid Leave and/or terminating or discriminating against an employee for applying for CT Paid Leave benefits.

An employee alleging a violation of the Federal FMLA may file a complaint with the U.S. Department of Labor, Wage and Hour Division. Such complaint should be filed within a reasonable time of when the employee discovers that the employee's Federal FMLA rights have been violated. In no event may a complaint be filed more than two (2) years after the action which is alleged to be a violation of the Federal FMLA occurred, or three years in the case of a willful violation. An employee may also be able to bring a private civil action for violations.

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An employee alleging a violation of the CT FMLA may file a complaint with the Connecticut Department of Labor within one hundred eighty (180) calendar days of the employer action that prompted the complaint, unless good cause exists for the late filing. Upon receipt of any such complaint, the Connecticut Department of Labor Commissioner, or the Commissioner's designee, shall conduct an investigation and make

a finding regarding jurisdiction and whether a violation of the CT FMLA has occurred. An employee alleging a violation of the CT FMLA may also bring a civil action in a court of competent jurisdiction against the employer within one hundred eighty (180) calendar days of the employer action alleged to be in violation of the CT FMLA. Such action may be brought by an employee without first filing an administrative complaint.

ADDITIONAL INFORMATION

Questions regarding family or medical leave may be directed to the Superintendent or designee or Human Resources Department. Federal FMLA and CT FMLA do 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.

Legal References:

Connecticut:

Conn. Gen. Stat. § 31-51kk et seq.

Conn. Gen. Stat. § 31-49e et seq.

Regs. Conn. State Agencies 31-51qq, et seq.

Public Act 25-174, "An Act Authorizing and Adjusting Bonds of the State and Concerning Grant Programs, State Grant Commitments for School Building Projects, Revisions to the School Building Projects Statutes and Various Provisions Revising and Implementing the Budget for the Biennium Ending June 30, 2027"

Federal:

Family and Medical Leave Act of 1993, 29 U.S.C. Section 2601 et seq., as amended

29 CFR Part 825.100 et seq.

Title II of the Genetic Information Nondiscrimination Act of 2008, 42 USC 2000ff et seq.

29 CFR 1635.1 et seq.

ADOPTED: _____
REVISED: _____

MODEL NOTICE
CONNECTICUT FAMILY AND MEDICAL LEAVE ACT
and CONNECTICUT PAID FAMILY AND MEDICAL LEAVE

The purpose of this notification is to apprise eligible employees of the Region 10 Board of Education of their rights under the Connecticut Family and Medical Leave Act ("CT FMLA") and applicable Connecticut state law. For additional information about employee family and medical leave rights and responsibilities, please consult the Board's full FMLA policy, available at www.region10ct.org.

Eligibility

An employee working for the Board in a position that does not require a professional certification under Chapter 166 of the Connecticut General Statutes (hereinafter referred to as a "noncertified employee") is eligible for unpaid, job-protected leave under the CT FMLA if such employee has been employed by the Board for at least three (3) months in the twelve (12) months immediately preceding the start of such leave.

Reasons for Leave

Leave under the CT FMLA may be taken for the following reasons:

- upon the birth of the employee's newborn child, and to care for the newborn child;
- upon the placement of a child with the employee for adoption or foster care, and to care for the newly placed child;
- to care for the employee's family member, if such family member has a serious health condition;
- because of the employee's own serious health condition, including any period of incapacity due to pregnancy or for prenatal care, that renders the employee unable to perform the functions of the employee's position;
- to serve as an organ or bone marrow donor;
- to care for a covered injured or ill servicemember who is the employee's spouse, parent, child or next of kin; or
- to address a qualifying exigency arising from a spouse, child, or parent's active duty in the armed forces.

For purposes of determining whether an employee has a qualifying reason for leave under the CT FMLA, "family member" is defined as a spouse, sibling, child, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships.

Length of Leave

If a leave is requested for a CT FMLA-qualifying reason, an eligible employee may take up to a total of twelve (12) weeks of unpaid family or medical leave in the 12-month entitlement period. An employee may take up to two (2) additional workweeks of leave during such 12-month period for a serious health condition resulting in incapacitation that occurs during pregnancy. These additional two (2) weeks are only available during pregnancy.

In addition, an eligible employee may take up to twenty-six (26) workweeks of CT FMLA leave during a 12-month period to care for a covered servicemember who is the employee's spouse, parent, child or next of kin.

To the extent an employee is eligible for and qualifies for leave under the Federal FMLA and CT FMLA, the employee's Federal FMLA and CT FMLA leave will run concurrently.

Requests for Leave

If an employee's need for leave is foreseeable, an employee must notify the district's Human Resources Department of the need for family or medical leave at least thirty (30) days before the leave is to begin. If 30 days' notice is not practicable, then the employee must provide notice as soon as practicable under the circumstances.

When the employee's need for leave is not foreseeable, an employee must provide notice as practicable under the circumstances.

Required Certifications/Documentation

For leaves taken for any CT FMLA-qualifying reason, an employee must submit completed certification form(s) supporting the need for leave. The appropriate form(s) will be provided to the employee.

If an employee takes leave for the employee's own serious health condition (except on an intermittent or reduced-schedule basis), prior to returning to work the employee must provide a medical fitness-for-duty certification that the employee is able to resume work and the health condition that created the need for the leave no longer renders the employee unable to perform the essential functions of the job.

Use of Paid Leave

CT FMLA leave is unpaid. Paid leave, which has been accrued in accordance with applicable law, the relevant collective bargaining agreement (if any), and/or Board policy will be substituted for any unpaid portions of CT FMLA leave taken for any reason that is also a

qualifying reason for using such accrued paid leave. In such instance, the employee's accrued paid leave and CT FMLA-qualifying leave will run concurrently. An employee who is approved for CT FMLA leave may retain up to two weeks of their accrued paid time off that would otherwise be required to run concurrently with CT FMLA leave ("PTO").

Applying for Income Replacement Benefits Under CT Paid Leave

Where accrued paid leave is not substituted for the entire period of unpaid leave for a qualifying reason under the CT FMLA, a noncertified employee may apply for and be provided with compensation through the Paid Family and Medical Leave Insurance Program ("CT Paid Leave") for all or part of any unpaid leave, provided the employee qualifies for payments under the program.

Noncertified employees may apply to the Connecticut Paid Medical and Family Leave Insurance Authority ("Authority') for partial income replacement benefits when they need leave for (1) any of the reasons that qualify for CT FMLA; and/or (2) if an employee is a victim of family violence or sexual assault, to seek medical care or psychological or other counseling for physical or psychological injury or disability for the victim, to obtain services from a victim services organization on behalf of the victim, to relocate due to such family violence or sexual assault, or to participate in any civil or criminal proceeding related to or resulting from such family violence or sexual assault.

Eligible employees shall apply directly to the Authority, which is responsible for determining an employee's eligibility for CT Paid Leave benefits and the amount of such benefit. The Board will provide the Authority with all requested information regarding an employee's application for CT Paid Leave, in accordance with applicable law.

Complaints

The CT FMLA prohibits employers from interfering with, restraining, or denying any rights provided by the CT FMLA or CT Paid Leave. The CT FMLA also prohibits employers from terminating or discriminating against any individual for exercising their rights under the CT FMLA leave or applying for CT Paid Leave benefits, for opposing any unlawful practice, or for being involved in any proceeding related to the CT FMLA.

An employee alleging a violation of the CT FMLA may file a complaint with the Connecticut Department of Labor within one hundred eighty (180) calendar days of the employer action that prompted the complaint, unless good cause exists for the late filing. Upon receipt of any such complaint, the Department of Labor Commissioner, or the Commissioner's designee, shall conduct an investigation and make a finding regarding jurisdiction and whether a violation of the CT FMLA has occurred. An employee alleging a violation of the CT FMLA may also bring a civil action in a court of competent jurisdiction against the employer within one hundred eighty (180) calendar days of the employer action alleged to be in violation of the CT FMLA. Such action may be brought by an employee without first filing an administrative complaint.

Additional Information

Questions regarding family or medical leave may be directed to Carrie Howe, Region 10 Human Resources Office.

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Enclosure 3

P 5118
Student

RESIDENCY POLICY

The Region 10 Board of Education ("Board") shall furnish, by transportation or otherwise, school accommodations in accordance with federal and state law.

If the Regional School District 10 Public Schools ("District") denies school accommodations, including a denial based on an issue of residency, it shall inform the parent or guardian of such child or the child, in the case of an emancipated minor, a student eighteen years of age or older or an unaccompanied youth, of the right to request a hearing by the Board in accordance with Connecticut General Statutes Section 10-186.

To facilitate compliance with Board policy and applicable law, the Board directs the Administration to develop administrative regulations regarding procedures for establishing and verifying residency for purposes of enrollment and school accommodations.

Legal References:

Federal Law:

The McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. §§ 11431 et seq., as amended by Every Student Succeeds Act, Pub. L. 114-95.

Martinez v. Bynum, 461 U.S. 321, 328 (1983)

Plyler v. Doe, 457 U.S. 202 (1982)

U.S. Department of Justice and U.S. Department of Education, Dear Colleague Letter, May 8, 2014

State Law:

Connecticut General Statutes

10-15f	Interstate Compact on Educational Opportunity for Military Children
10-253	School privileges for children in certain placements, nonresident children, children in temporary shelters, homeless children and children in juvenile residential centers. Liaison to facilitate

transitions between school districts and juvenile and criminal justice systems

10-186 Duties of local and regional boards of education re school attendance. Hearings. Appeals to state board. Establishment of hearing board. Readmission. Transfers

State Department of Education, Enrollment Guidance for Parents or Guardians Enrolling Children in a Connecticut Public School, available at https://portal.ct.gov/-/media/SDE/Digest/2022-23/Model-Enrollment-Guidance.pdf.

State Department of Education, Memorandum regarding Guidance for Connecticut School Districts: Enrollment Process and Practice (Aug. 22, 2017), available at https://portal.ct.gov/-/media/SDE/Legal/Enrollment/Enrollment-GuidanceMemo8-22-17.pdf

State Department of Education, Guidance for Connecticut School Districts: Enrollment Process and Practice, available at https://portal.ct.gov/-/media/SDE/Legal/Enrollment/Enrollment-GuidanceAugust-2017Updates.pdf

State Department of Education, Guidance for Connecticut School Districts: Enrollment Process and Practice At-a-Glance Overview, available at portal.ct.gov/-/media/SDE/Legal/Enrollment/EnrollmentAtAGlanceCSDE.pdf

ADOPTED:

DRAFT

ADMINISTRATIVE REGULATIONS REGARDING RESIDENCY

The Region 10 Board of Education ("Board") shall furnish, by transportation or otherwise, school accommodations in accordance with federal and state law. The Board shall provide school accommodations to any child (or eligible individual over the age of eighteen) who, in accordance with Connecticut law, resides in the towns of Harwinton and Burlington, Connecticut, meets the state's age requirements, and has not graduated from high school. The Board's commitment to providing school accommodations to all children (and eligible adults) who reside in the towns of Harwinton and Burlington includes those who are not citizens and/or whose parents are not citizens. In addition, the Board shall provide school accommodations to children who are homeless and unaccompanied youth in accordance with state and federal law and the Board's policy regarding Homeless Students, and in any other circumstances required by law.

The Administration has approved the following procedures to facilitate compliance with Board policy and applicable law, as they relate to establishing and verifying residency for purposes of enrollment and school accommodations. The procedures described in these administrative regulations, including the requirements for the completion of forms, shall be used for all students enrolled in, or seeking to enroll in, the Regional School District 10 Public Schools (the "District"), unless a student is entitled to attend District schools in accordance with the Board's Nonresident Twelfth Grade Student Attendance Policy. Notwithstanding the foregoing, if any procedure or form described in these administrative regulations conflicts with the procedures described in the Board's Policy regarding Homeless Students, the provisions of that policy shall control.

In addition, prior to attending school, in accordance with state law and Board policy, the District will require proof of age and adequate proof of health assessments and immunizations.

I. PROOF OF RESIDENCY

A. Prior to Enrollment

In order for a student to enroll in the District, the student's parent or legal guardian, or the student if the student is eighteen years or older or an emancipated minor (an "adult student"), must show proof of residency.

For children who live in the towns of Harwinton or Burlington with their parents, or for adult students, the District shall require completion of the Board's required enrollment forms to establish residency.

For children or adult students whose parents do not reside in the towns of Harwinton or Burlington, parents, guardians, and/or adult students must demonstrate that the student has established residency in the town of Harwinton or Burlington with "another person" under the following conditions:

1. Residency with another person is intended to be permanent.
2. Residency is provided without pay from the student or the student's family.
3. Residency is not for the sole purpose of obtaining school accommodations in the Regional School District 10 Public Schools.

In such circumstances, the parent or adult student shall submit a notarized residency affidavit Residency Affidavit and Parent's or Adult Student's Statement, and the other person shall sign a notarized affidavit, the Host's Statement, indicating that the student is residing with them.

The District shall carefully review affidavits, documentation, and other available evidence and inform the parent, guardian, or adult student of the results of such review.

B. When There Is Reason to Believe an Enrolled Student Is No Longer Entitled to School Accommodations in the District

The District recognizes that there may be circumstances in which there is reason to believe that a student attending school in the District is not entitled to school accommodations based on residency. In such instances, the District shall seek additional information and documentation from the student's parent or legal guardian, the individual with whom the student lives, and/or the adult student. Depending on the particular facts and circumstances, the District may direct the parent, guardian, other responsible adult and/or adult student to submit and/or complete relevant documentation, including but not limited to documents described in Section I.A of these regulations.

The District shall carefully review affidavits, documentation, and other available evidence and inform the parent, guardian, or adult student of the results of such review.

II. DENIAL OF SCHOOL ACCOMMODATIONS ON THE BASIS OF RESIDENCY

If a student is denied school accommodations for residency reasons, the District shall inform the parent, guardian, or adult student of the right to request a hearing before the Board in writing within ten (10) school days of receiving notice of denial of school accommodations. A copy of the Board's Residency policy and these regulations shall also be provided.

The Board shall provide a hearing within ten (10) days after receipt of such request. The Board may (A) conduct the hearing, (B) designate a subcommittee of the board composed of three board members to conduct the hearing, or (C) establish a local impartial hearing board of one or more persons not members of the Board to conduct the hearing. After such hearing is held, the Board shall (1) make a stenographic record or tape recording of the hearing; (2) make a decision on student eligibility to attend District schools within ten (10) days after the hearing; and (3) notify the parent, guardian, or adult student of its findings. Hearings shall be conducted in accordance with the provisions of Section 10-186 of the Connecticut General Statutes

Any parent, guardian, or adult student aggrieved by the Board's finding shall, upon request, be provided with a transcript of the hearing within thirty (30) days of such request and may take an appeal from the finding to the State Board of Education ("State Board"). If an appeal is not taken to the State Board of Education within twenty (20) days of the mailing of the finding to the aggrieved party, the decision of the Board, subcommittee or local impartial hearing board shall be final.

If a State Board hearing is requested in writing, the student has the right to attend District schools pending a hearing before the State Board. In addition, the Board shall, within ten (10) days after receipt of notice of an appeal, forward the hearing record to the State Board.

If the State Board determines that the student was not a resident of the District and therefore not entitled to school accommodations in the District, a per diem tuition (equal to the District expenditure per student divided by 180) will be assessed for each day the student attended District schools when not eligible to attend.

Legal References:

Federal Law:

The McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. §§ 11431 et seq., as amended by Every Student Succeeds Act, Pub. L. 114-95.

Martinez v. Bynum, 461 U.S. 321, 328 (1983)

Plyler v. Doe, 457 U.S. 202 (1982)

U.S. Department of Justice and U.S. Department of Education, Dear Colleague Letter, May 8, 2014

State Law:

Connecticut General Statutes

10-15f	Interstate Compact on Educational Opportunity for Military Children
10-253	School privileges for children in certain placements, nonresident children, children in temporary shelters, homeless children and children in juvenile residential centers. Liaison to facilitate transitions between school districts and juvenile and criminal justice systems
10-186	Duties of local and regional boards of education re school attendance. Hearings. Appeals to state board. Establishment of hearing board. Readmission. Transfers

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State Department of Education, Enrollment Guidance for Parents or Guardians Enrolling Children in a Connecticut Public School, available at https://portal.ct.gov/-/media/SDE/Digest/2022-23/Model-Enrollment-Guidance.pdf.

State Department of Education, Memorandum regarding Guidance for Connecticut School Districts: Enrollment Process and Practice (Aug. 22, 2017), available at https://portal.ct.gov/-/media/SDE/Legal/Enrollment/Enrollment-GuidanceMemo8-22-17.pdf

State Department of Education, Guidance for Connecticut School Districts: Enrollment Process and Practice, available at https://portal.ct.gov/-/media/SDE/Legal/Enrollment/Enrollment-GuidanceAugust-2017Updates.pdf

State Department of Education, Guidance for Connecticut School Districts: Enrollment Process and Practice At-a-Glance Overview, available at portal.ct.gov/-/media/SDE/Legal/Enrollment/EnrollmentAtAGlanceCSDE.pdf

ADOPTED:

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Regional School District # 10

RESIDENCY REQUIREMENTS

Required Residency Documents: Proof of residency in Regional School District #10 is determined by providing the Main Office of your child/children's school with documentation which includes Parent/Guardian photo identification, one (1) item from Category A, one (1) item from Category B, and one (1) item from Category C. If unable to provide an item from Category B, two (2) items from Category C are required.

RESIDENCY DOCUMENTS SUBMITTED ARE REQUIRED NO MORE THAN 60 DAYS OLD.
If this is a new residency, you will have 30 days to provide (1) item from category B and (1) item from category

CATEGORY A	CATEGORY B	CATEGORY C
Copy of sales contract if purchasing a new home Mortgage statement *Notarized lease/rental agreement-must contain students name, be unexpired, signed by lessor/lessee and dated Copy of property deed if no mortgage statement is available Notarized landlord or homeowner letter acknowledging parent/guardian's and student's current residence if no lease exits, lease is expired, or lease is weekly or month to month	Current utility bill or work order showing service address. Examples: • Electricity • Natural gas • Phone • Cable or satellite	Valid automobile registration Voter registration Current auto or homeowner's insurance declaration page. Payroll stub Bank statement or credit card statement • Court document Letter from any government agency With Burlington or Harwinton address dated for most current tax year W-2 Form Auto tax bill • Property tax bill

*You will be required to provide a notarized rental lease agreement yearly.

* *Additional information may be required for presentation during the registration process, such as but not limited to, a copy of the custodial agreement.

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Regional School District 10
Burlington/Harwinton Connecticut

CERTIFICATION OF RESIDENCY

NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

Parent/Legal Guardian Statement

I (print name) _____the parent or legal guardian of (student/s)
_____ / _____ Grade _____ /_____

Harwinton/Burlington Address _____

certify that the above name student actually lives at the above address.

Phone number _____; Emergency phone number _____

The Owner/Landlord name is _____ phone number _____

Date living at address: _____ to _____ **A current lease needs to be provided yearly.**

The information and documentation provided are accurate. I authorize representatives of Region 10 School to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition.

Parent/Guardian Signature: _____ Date: _____

If you have any questions regarding this form, please contact: Dr. Fran Thompson Superintendent of Schools, Region School District 10 24 Lyon Road, Burlington, CT 06013 860-677-3322

FOR OFFICE USE ONLY

____ 1. **If student resides with parent/guardians (s) or is aged eighteen or older or an emancipated minor.** Copies of the following documents at the address within the district in the parent/guardian's name; or the name of a student aged eighteen or older, or an emancipated minor.

__a. Deed to home or dated rental agreement in Harwinton/Burlington resident's name.
__b. Escrow papers or signed mortgage commitment in Harwinton/Burlington resident's name
__c. Two current utility bills in Harwinton/Burlington resident's name
__d. Complete and have notarized page 4 of the Host's Statement and provide host's residency documentation.

____ 2. **If student resides with person other than parent/guardian(s) and does NOT maintain his/her own residency as an adult or is not an emancipated minor**: Please complete pages 1,2,3, & 4 and have notarized. Residency Affidavit (page 2) is to be filled out by the person with whom the student resides.

____ 3. **In all other cases, * VERIFICATION VISIT BY RESIDENCY CONFIRMATION STAFF WILL FOLLOW ***

Regional School District 10
Burlington/Harwinton Connecticut

CONFIDENTIAL
RESIDENCY AFFIDAVIT

The Region 10 Board of Education, in compliance with statue 10-253(d) of the State of Connecticut, requires this form to be completed for *any student who claims residency in Region 10 and is not residing with his or her parent/guardian(s) and whose parents/guardian(s) are not residing in Region 10.* This form is required when there is a question about the child's actual residency. The student, parent/guardian, and person with whom the student is living must fill out this form together.

Date: _____

Student's Name: _____DOB: _____
(Last) (First) (Middle)

Student's Harwinton/Burlington Address: _____
(# and street)

Phone number: _____

Name of person with whom student lives: _____

Relationship _____

Address: _____
(# and street)

Phone number: _____

Date student moved to Harwinton/Burlington _____
(Month) (Day) (Year)

Student's former address: _____
(# and Street) (Town) (State)

Former school _____Grade: _____

Name of students Father: _____

Father's Address: _____
(# and Street) (Town) (State) (Phone)

Name of Student's Mother _____

Mother's Address: _____
(# and Street) (Town) (State) (Phone)

Name and Address of student's court appointed legal guardian, if applicable: _____
_____
_____

Regional School District 10
Burlington/Harwinton Connecticut

PARENT/GUARDIAN'S STATEMENT

I hereby certify that _____is my _____
(student's name) (relationship)

And he/she resides with _____who is _____
(name of person) (relationship)

at _____
(address) (phone)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for _____days and _____ nights per week and that I am not providing payment for having my child reside with _____.

I further certify that my son/daughter is not living with me because _____

_____

_____

As a parent/guardian of the student named on this form, and as a nonresident of Harwinton or Burlington, I attest to an accuracy of the information contained in this form. Further, I certify that, as a permanent resident of Harwinton or Burlington, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of students' permanent residency in the Town of Harwinton or Burlington, in which events the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending Region 10 schools illegally, Region 10 reserves the right to recover the costs for such education from me, the undersigned.

I understand I am making this statement under oath and any false statements may lead to my prosecution under the criminal statues for the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

I hereby certify that the said _____ has full right to act in my child's behalf concerning any and all school disciplinary, administrative, and medical matters.

_____ _____
Witness (Notary Public) Date Parent/Guardian Signature Date

_____
Print name

Regional School District 10
Burlington/Harwinton Connecticut

HOST'S STATEMENT

Please check only one that applies: STUDENT ONLY (____) OR STUDENT WITH PARENTS (____)

I hereby certify that _____is my _____
(student's name) (relationship)

and that he/she legally resides with me at _____
(address)

I further certify that is intended as a bona fide address and that:

(A) ____ this student will be living with me _____ days and _____ nights per week, and that I am not receiving payment for having this student with me. I certify that this student is residing with me because _____
_____

(B) ____ this student and his/her parents will be living with me ____ days and ___ nights per week and that I am not receiving payment for having this student with me. I certify that this student and his/her parents are residing with me because _____

Please note Host statement - proof of residency needs to be updated yearly

Dates living with host: _____ to _____

As the host of the student named on this form, and as a resident of Harwinton or Burlington, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of Harwinton or Burlington, the student is eligible for free school privileges. I agree to notify school officials immediately regarding the termination of the student's permanent residency in Harwinton or Burlington in which event the student will no longer be eligible for free school privileges. Finally, I understand that, should the student be found to be attending Region 10 schools illegally, Region 10 reserves the right to recover the costs of such education from me, the undersigned. I also authorize the rental agent or landlord or residence owner or lessee to release any information needed to confirm my Harwinton or Burlington residency,

I understand I am making this statement under oath and any false statements may lead to my prosecution under the criminal statutes of the State of Connecticut.

I also understand that this document may be used in a court of law as evidence against me.

** If you are the guardian of the student, please indicate that date and source of your authority:

Date: _____ Authority: _____

I, _____, understand that I have full responsibility for this student concerning any and all school disciplinary, administrative, and medical matters.

_____
Print Host name

_____
Host signature Date

_____
Witness (Notary Public) Date

_____
Parent signature

_____
Print parent name

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