Employee Leave Request Guidebook

BYRAM TOWNSHIP SCHOOL DISTRICT
12 MANSFIELD DRIVE
STANHOPE, NJ 07874

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Overview

This guidebook is to be used as a resource to assist you in navigating your way through the leave process. District forms that must be completed when requesting a leave are also contained in this manual.

FMLA/NJFLA Information

What is the Family and Medical Leave Act (FMLA)?

A United States (federal) law providing eligible employees with up to 12 weeks of unpaid, job-protected leave annually for specific family and medical reasons, along with continued group health benefits.

Qualifying Reasons

- Your Own Health: To recover from a serious health condition that prevents you from working
- Family Care: To care for an immediate family member (spouse, child, or parent) with a serious health condition.
- Bonding: The birth of a child, or placement of a child with you for adoption of foster care (within the first year.)
- Military Exigency: Specific qualifying need arising from a family member's active military duty or foreign deployment

What is the New Jersey Family Leave Act (NJFLA)?

A New Jersey (state) law that provides eligible employees with up to 12 weeks of unpaid**,** job-protected leave in a 24-month period. It allows workers to care for a seriously ill loved one, bond with a new child, or handle specific public health emergencies without the fear of losing their job

Qualifying Reasons

- Bonding: To bond with a newborn, adopted, or foster child (must begin within 1 year of birth/placement)
- Family Care: To care for a family member (child, parent, parent-in-law, spouse, civil union partner, or equivalent) with a serious health condition
- Public Health Emergencies: To care for a family member isolated/quarantined for a communicable disease, or to care for a child whose school or daycare is closed by an official health emergency.

FMLA/NJFLA Chart

Feature	FMLA (Federal)	NJFLA (NJ)
Primary Purpose	Employee's **own** serious illness, family care, or bonding.	**Family** care, bonding, or child placement.
Own Illness Coverage?	Yes – Covers the employee's own serious health condition	No – **DOES NOT** cover the employee's own illness.
Length of Leave	Up to 12 weeks in a 12-month period	Up to 12 weeks in a 24-month period
Employee Eligibility	12 months employed, and 1,250+ hours worked in the past 12-month period.	3 months employed, and 250 hours worked in past 12-month period (July 17, 2026) 12 months employed, and 1,000 hours worked in past 12-month period

FMLA – Additional Information:

FMLA Information - US Department of Labor

FMLA Information Poster

FMLA Fact Sheet # 28

FMLA Face Sheet # 28S: Rules for Certain School Employees

FMLA Employee Rights

NJFLA – Additional Information:

NJFLA Information – NJ Division of Civil Rights

NJFLA Fact Sheet

Note: If you are eligible for leave for reasons provided under the FMLA and NJFLA, then the time taken shall be concurrent and be applied to both laws.

NJFLI – NJ Family Leave Insurance:

Family Leave Insurance provides New Jersey workers cash benefits to bond with a newborn, newly adopted, newly placed foster child, or to provide care for a seriously ill or injured loved one.

New Jersey Division of Temporary Disability and Family Leave Insurance - Information

New Jersey Family Leave Insurance (NJFLI) Handout

The *employee* is responsible for applying for NJ Family Leave Insurance benefits through the State. The District does not administer or approve NJFLI benefits.

If you are eligible for New Jersey's Family Leave Insurance Program ("NJFLI"), the NJFLI benefits must be taken concurrently with leave taken pursuant to FMLA and/or NJFLA. NJFLI is not leave entitlement only a monetary benefit.

Additional FMLA and NJFLA Information Pertaining to Maternity Leave:

If a staff member wants to utilize FMLA and NJFLA, please keep in mind the following:

Once an employee is no longer disabled, whether presumptively or actually, they are medically cleared to return to work following child birth.

During a period of child bonding, both federal FMLA and NJFLA **run concurrently** as the leave is taken for the care of a family member. This is required by statute. Thus, if the employee used eight (8) weeks of FMLA during the period of disability, they will use four (4) remaining weeks of FMLA during the first four (4) weeks of NJFLA.

Use of Sick Leave: Further, as addressed above, if the employee's newborn or adopted child is healthy, child bonding leave may not qualify for sick leave under N.J.S.A. 18A:30-1. As such, the employee *cannot use their sick leave during this child bonding period*. Instead, the employee can apply for NJFLI and receive partial compensation.

Health Benefits Under FMLA and NJFLA:

Your health benefits will be maintained during your leave period under the same conditions as if you continued to work (while utilizing FMLA and NJFLA). You will be responsible for paying your portion of your health insurance premiums at the beginning of each month while on FMLA and/or NJFLA leave. If you do not return to work after the leave expires, the Board is entitled to recover health insurance costs paid while you were on leave. The Board's right to recover premiums would not apply if you fail to return to work due to (1) continuation, onset or recurrence of a serious health condition that would entitle you to FMLA leave; (2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or (3) circumstances beyond your control. You have the right to reinstatement to the same position, or an equivalent position in terms of pay, benefits and terms and conditions of employment, upon your return from FMLA/NJFLA.

Cobra Information:

Staff who want health insurance beyond FMLA and/or NJFLA may acquire health benefits through Cobra insurance.

Information about Cobra: Cobra Insurance Website

Pension Information:

You are eligible to purchase pension credit for the unpaid time immediately preceding the birth of your child. You can elect to purchase the allowed time from the State as soon as possible when you return. You would do this through the MBOS system. Your pension number can be found on your pay stub. If you have questions about the process, please contact the Division of Pensions and Benefits at 609-292-7524 or your financial advisor.

The NJ Division of Pensions provides a helpful information sheet. While some of the information contained in the guide will not apply to you, it can be helpful as it does provide useful pension information.

Salary Guide Movement During Adoption or Child-Rearing Leave:

As noted in the Byram Education Association collective bargaining agreement, "any teacher who is granted (adoption and-child rearing) leave shall receive credit for one full year on the salary guide if he or she has ***taught 120 school days*** or more in any school year in which the leave is taken. Unpaid leave for teachers who have taught less than 120 days in a school year shall not count towards sabbaticals and longevity pay."

New Jersey Safe Act:

The New Jersey Security and Financial Empowerment Act (u201cNJ SAFE Actu201d), P.L. 2013, c.82, provides that certain employees are eligible to receive an unpaid leave of absence, for a period not to exceed 20 days in a 12-month period, to address circumstances resulting from domestic violence or a sexually violent offense. To be eligible, the employee must have worked at least 1,000 hours during the immediately preceding 12-month period.

Instructions to Complete a Maternity Leave:

Congratulations on the upcoming birth of your baby!

1. Read this employee leave request guidebook in its entirety, Board of Education Policy 1643, and your collective bargaining agreement if applicable.
2. Schedule an appointment with the superintendent's office.
3. Compose a letter to the superintendent requesting a leave of absence. Ensure your building principal is copied on the letter (see sample maternity letter below).
4. Provide a written statement/medical documentation from your physician confirming your pregnancy.
5. Complete district leave request form # 1.
6. Complete maternity leave request form.
7. Submit items 3, 4, 5, and 6 to the superintendent's office.
8. Leave gets Board approved – Note: must get Board approval to be officially approved.
9. If you opt in for district health benefits, contact the business office to arrange payment. Ensure you are submitting premium payments each month as required.
10. After your child is born, provide a letter to the superintendent's office with the child's date of birth.
11. If your personal recovery period is more than 4 weeks after the birth, please contact the superintendent's office and provide physician documentation which documents anticipated recovery date.
12. Provide a written statement from your physician verifying you are cleared, physically capable, and healthy to return to work.
13. If you use the district's health insurance and/or want to elect for health insurance coverage for your newborn child, you must complete the health benefits change form, which can be obtained at the district business office.
14. Return to work.

    - Employees are to provide documentation to the superintendent's office at a minimum (60) days notification prior to the commencement of the leave, which may be waived in case of an emergency.
    -

*** If you need to extend your leave, you must submit an additional request by submitting a letter to the superintendent's office and provide a note from your physician (refer to sample extension letter).

Sample Maternity Leave Request Letter

Date:

From: (Your name, address, and contact information)

To: Superintendent

CC: Business Administrator
Building Principal

Dear Superintendent,

My name is _____ and I teach at _____ school. I am expecting a child and hereby request an approved leave of absence.

My child is expected to be born on _____.
I am anticipating my last day of work will be _____ prior to the birth.
I am anticipating a leave of absence through _____.

I am requesting a Maternity/Disability Leave of Absence to start on _____ and end on _____.

I intend to use _____ days of my accumulated sick days, _____ before birth and _____ after birth.

Following the completion of my maternity/disability leave, I wish to be placed on an unpaid
leave of absence in accordance with the New Jersey Family Leave Act. This leave in anticipated to commence on _____ and end on _____.

Attached is a letter from my physician verifying pregnancy stating the approximate due date of birth, along with the district required request forms.

Thank you.

Sincerely,

Name (Print and sign)

Enclosed is a statement from my physician verifying pregnancy and stating the approximate due date.

BYRAM TOWNSHIP SCHOOL DISTRICT
12 Mansfield Drive
Stanhope, NJ 07874
P: (973) 347-1047
www.byramschools.org

Employee Leave Request Form (# 1)
FMLA / NJFLA / NJFLI / Disability Leave

Please complete this form, print, sign, and submit a hard copy to the Superintendent's office. This form must be accompanied with your request for leave letter and other appropriate documentation as required.

EMPLOYEE INFORMATION

Employee Name: _____

Position: _____

Location (choose one)

Byram Lakes Elementary School ____ **Byram Intermediate School** ____

Central Office District Employee ____

TYPE OF LEAVE REQUESTED

(Select all that apply)
☐ Federal Family and Medical Leave Act (FMLA)
☐ New Jersey Family Leave Act (NJFLA)
☐ Temporary Disability Leave
☐ Pregnancy/Childbirth Related Leave
☐ Intermittent Leave
☐ Reduced Schedule Leave
☐ Other: _____

REASON FOR LEAVE

(Select one)
☐ My own serious health condition
☐ Birth of a child
☐ Bonding with newborn child
☐ Adoption or foster placement
☐ Care for family member with serious health condition
☐ Qualifying military exigency

☐ Care for injured servicemember
☐ Public health emergency/school closure
☐ Other: _____

If leave is to care for a family member, please indicate relationship:
☐ Spouse
☐ Child
☐ Parent
☐ Parent-in-law
☐ Sibling
☐ Grandparent
☐ Grandchild
☐ Domestic Partner/Civil Union Partner
☐ Other: _____

LEAVE DATES

Requested Leave Start Date: _____

Expected Return Date: _____

Leave Schedule Requested

☐ Continuous Leave

☐ Intermittent Leave
(Please attach anticipated schedule)

☐ Reduced Work Schedule
Hours/Days Requested: _____

EMPLOYEE NOTICE
I understand:

- Medical certification is required to be submitted.
- Failure to provide required documentation may delay or deny leave approval.
- NJFLI benefits must be applied for directly through the State of New Jersey.
- Use of accrued sick/personal/vacation time will be determined in accordance with Board policy, applicable agreements, and law.
- I must communicate any changes to my leave dates or status to the Superintendent's office immediately.
- I also acknowledge that I read the district leave request guidebook.

Employee Signature: _____

Date: _____

INTERNAL USE ONLY

MEDICAL CERTIFICATION REQUIREMENT

☐ Certification attached
☐ Certification to follow

Date certification requested by Benefits Admin.: _____

Date certification due: _____

Date Request Received: _____

☐ Eligible for FMLA
☐ Eligible for NJFLA
☐ Employee Not Eligible

Reason if not eligible: _____

Approved Leave Dates:

From: _____ To: _____

Leave Designation:

☐ FMLA
☐ NJFLA
☐ Both Concurrently
☐ Intermittent Leave Approved
☐ Reduced Schedule Approved

Benefits Information Provided: ☐ Yes ☐ No

Superintendent Signature: _____

Date: _____

RETURN TO WORK INFORMATION

Fitness for Duty Certification Required: ☐ Yes ☐ No

Actual Return to Work Date: _____

Clearance Completed: ☐ Yes ☐ No

Comments:

MATERNITY LEAVE REQUEST FORM

FULL NAME: _____

TODAY'S DATE: _____

POSITION/GRADE: _____

SCHOOL: _____

MAILING ADDRESS: _____

PHONE #: _____

EMAIL: _____

Please complete the following chart when requesting your leave:

APPROXIMATE DATE OF BIRTH	

	APROX START DATE	APROX END DATE	TOTAL SICK DAYS YOU WANT TO USE	TOTAL PERSONAL DAYS YOU WANT TO USE
PRIOR TO BIRTH - can use time off if available (usually 20 days) - Must have Dr.'s note clearing to work if it's less than 4 weeks prior to anticipated birthdate. - Must have Dr.'s note if requesting leave longer than 4 weeks prior to anticipated birth.				
AFTER BIRTH - Can use time off if available (usually 20 days) - Must have Dr.'s note if recovery will be longer than 4 weeks.				
FAMILY MEDICAL LEAVE ACT (FMLA) FMLA - up to 12 weeks in 12-month period No pay with benefits (you must pay your portion)			XXXXX	XXXXX
NJ FAMILY LEAVE ACT (NJFLA) NJFLA - up to 12 weeks in 24-month period No pay with benefits (you must pay your portion)			XXXXX	XXXXX
CONTRACTUAL CHILD-REARING LEAVE (BEA – Up to 200 days) Leave of absence without pay or benefits			XXXXX	XXXXX

- If you are eligible for leave for reasons provided under the FMLA and NJFLA, then the time taken shall be concurrent and be applied to both laws.

ANTICIPATED RETURN DATE	

_____

Employee's Signature

Attach medical documentation.

30 Day Notice Given		To be completed by Human Resources Department	Current Health Benefits (Health, prescription, dental)	Circle: Health Presc Dental
All Medical Documentation Received?			Health Benefits Contribution Amount	
Email-Payroll, School Principal			Health Benefits Payment Process Letter to Employee	
(Anticipated) Job Posting Date			Termination of Benefits if Applicable	
Board Agenda for Approval			Notification of Return	

Sample Extension Request Letter

Date:

From: (Your name, address, and contact information)

To: Superintendent

CC: Business Administrator, Building Principal

Dear Superintendent,

My name is _____ and I teach at _____ school. I am currently approved for a _____ leave with a return date of _____. I am requesting an extension through _____. May I please have written notification from the Board of Education that this extension has been granted.

Attached is required medical documentation.

Sincerely,

Name (print and sign)