

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

The Family and Medical Leave Act (FMLA) was enacted by the United States Congress to provide eligible employees with up to twelve (12) weeks of unpaid leave for periods of serious health conditions, childbirth, adoption, or child rearing.

In order to use leave under the FMLA (commonly called "FMLA Leave"), you must first use all available earned paid Sick Leave before unpaid FMLA Leave will be granted.

## How do I become eligible for FMLA Leave?

You are eligible for FMLA Leave if you have:

- completed at least one year of employment in the district, and,
- received pay for 1,250 or more hours from the Board during the 12-month period immediately preceding the unpaid leave.

## What is meant by "received pay" for 1,250 hours during the preceding 12 months?

The 1,250 hours is calculated by using the following time for which you have received pay:

- actual time worked,
- paid holidays,
- absence covered by earned Sick Leave, and
- vacation leave.

## Is there any paid leave that does not count?

The following paid leave time is not included in the calculation of the 1,250 hours:

- Workers' Compensation,
- suspension with pay,
- Sabbatical Leave,
- Sick Leave Bank days, Voluntary Sick Leave Donations and,
- Paid Sick Leave which has been transferred to you from a family member.

The one exception is if you have received days from the Sick Leave Bank. If you apply for FMLA Leave based on your own serious health condition and such leave immediately follows Sick Leave Bank days which were granted for that purpose, the twelve-month period will be calculated prior to the first day of approved Sick Leave Bank.

## Under what reasons may I take FMLA Leave?

If you meet the eligibility requirements, you may take FMLA Leave for any of the following reasons:

- the birth of your child and for care following the child's birth;
- the adoption of a child by you including the events and process leading to adoption, and for care following the adoption;
- the placement of a child with you for foster care, and for care following placement;
- the care of your child, spouse or parent who has a serious health condition; or,
- the treatment of your own serious health condition which prevents you from performing your job.

## What is meant by "spouse"?

"Spouse" means your husband or wife as defined or recognized under Florida State law for purposes of marriage.

## What is meant by "parent"?

"Parent" means your biological parent or an individual who stands or stood *in loco parentis* to you when you were a child. The term does not include your parents "in law."

## What is meant by "son" and "daughter"?

"Son" or "daughter" means your biological, adopted, or foster child, stepchild, legal ward, or other child if you are standing *in loco parentis*. In any case, the child must be under age 18, unless the child is age 18 or older and incapable of self-care because of a mental or physical disability.

## What is meant by "serious health condition"?

"Serious health condition" is a condition that goes beyond the common cold, flu, allergy, abrasion, or stubbed toe. A serious health condition means an illness, injury, impairment or physical or mental condition that involves:

- any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay in a hospital, hospice or residential medical care facility)
- any period of incapacity requiring absence from work, school (for your child), or other regular daily activities, of more than three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider; or
- continuing treatment by (or under supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days; or for prenatal care.

## Are cosmetic treatments included?

Voluntary or cosmetic treatments which are not medically necessary are not considered to be "serious health conditions" unless inpatient hospital care is required.

## If I do need to take FMLA Leave for one of the qualifying reasons, how do I apply?

First, you must submit a request for unpaid leave at your work site.

Secondly, you need to submit an application form. If the leave is for your own or for another's serious health condition, a certification by a health care provider also needs to be submitted. Both forms are available at each work site.

## What happens to my application then?

The leave request, application, and related documents will be reviewed and approved by the Office for Human Resources.

## How many days am I entitled to?

FMLA leave operates on the basis of twelve (12) weeks of leave during the period from July 1 through June 30 of the following year. In some instances, such as the week of Thanksgiving or other weeks which include a holiday, a week with fewer than five days is counted as a whole week.

In some instances you may be able to qualify for FMLA each year, as long as you meet the eligibility requirement of having received pay for at least 1250 hours during the twelve-month period immediately preceding the unpaid leave.

## What if I need leave on an occasional basis instead of for a continuous period?

You may take FMLA Leave on an intermittent or reduced leave schedule as needed in certain cases.

An intermittent leave schedule is one in which you take the allowable leave intermittently, or in blocks of days at a time, as needed. For example, you may need to take leave every Monday and Wednesday afternoon to receive therapy or continued medical treatment.

A reduced leave schedule is one in which your daily or weekly work hours are reduced.

Such leave can be granted in the case of your own serious health condition or of your child, spouse or parent; provided that it is medically necessary and that a certification from a physician is

obtained. However, such leave is not permitted for the sole purpose of child rearing.

#### **Does FMLA coordinate with other leaves?**

Leave for birth, adoption, or placement of a child will be counted toward **Child Rearing Leave**. Such FMLA Leave must conclude within one (1) year from the date of the birth, adoption, or placement of the child.

Leave for your own serious health condition will be counted toward **Health Leave**.

Paid **Sick Leave Bank** days will be counted toward your annual entitlement of FMLA Leave.

Paid Sick Leave which has been transferred to you from a family member will be counted toward your annual entitlement of FMLA Leave.

#### **What responsibilities do I have?**

Your responsibilities include:

- notifying your work site supervisor as soon as you know that such a leave will be needed. For a foreseeable leave, such as for birth, adoption or planned medical treatment, you must provide at least 30 days notice.
- obtaining and submitting the necessary documentation; and,
- submitting medical certification of your fitness before returning to work from a disabling condition.

#### **What happens to my insurance during leave?**

The Board pays the insurance premium which it paid for you prior to the leave, including medical, behavioral health, and life. The cost of these benefits will be paid by the Board based on the expectation that you will return to work following the approved FMLA Leave.

Other insurance premiums which are paid by you for dependents or for any other plan not paid by the Board must be paid by you during your FMLA Leave according to the schedule provided to you by Employee Benefits.

#### **What is meant by "return to work?"**

Return to work means that you must return to work for at least thirty (30) calendar days following the conclusion of approved FMLA Leave (or following the conclusion of other approved leave which immediately follows the FMLA Leave).

Non-contracted days during summer break, and unpaid holidays during winter and spring break are not used in calculating the thirty (30) calendar days.

#### **What if I do not "return to work?"**

If you do not return to work for the School Board after FMLA Leave, you may be required to repay the Board for the insurance premiums paid during your FMLA Leave. This requirement to repay the insurance premiums is waived if:

- your position has been affected by reduction in force and/or layoff;
- you (but not your spouse, child, or parent) have a continuation, recurrence, or onset of a serious health condition which would entitle you to take leave under FMLA; or
- other circumstances beyond your control, such as moving when a spouse is transferred more than 75 miles from your work site.

#### **Who do I call if I have specific questions?**

Kim Glogowski Non Instructional/Admin/Protech 42391

Amber Justice Instructional 42981

Rebekah Raitz Transportation 42368

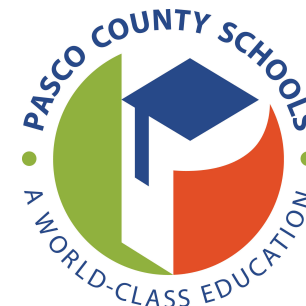
Mackenzie Kistler Benefits 42857

# FMLA

## Family & Medical Leave Act

# Leave

## Questions and Answers



*Dr. John Legg, Superintendent*

Note:

This brochure is intended to provide general information regarding FMLA Leave. More detailed procedures, definitions, and rules which pertain to FMLA Leave are contained within the Instructional and SRP Master Contracts, School Board Policy, and applicable federal regulations.