

No. 435-AR

SCHOOL DISTRICT OF THE BOROUGH OF MORRISVILLE

THE FAMILY AND MEDICAL LEAVE ACT

1. The FMLA Posting, the FMLA Fact Sheet and the district's Notice of Expectations and Obligations shall be posted and remain posted at all district facilities.
2. A copy of the FMLA United States Department of Labor Fact Sheet No. ESA 95-24 shall be given to all employes
  - a. whenever other written guidance is given by the district to employes concerning employe benefits or leave rights;
  - b. whenever an employe requests leave under the FMLA (regard less of the employe's entitlement to such leave); and
  - c. whenever the district designates a leave as an FMLA leave.
3. The expectations and obligations of a district employe eligible for an FMLA leave are as set forth on the written Notice of Expectations and Obligations. If an employe is eligible for an FMLA leave, or if the district designates a leave as an FMLA leave, the employe shall be provided with the aforesaid written Notice of Expectations and Obligations. The employe shall be required to sign a copy of the Notice of Expectations and Obligations which is to be maintained in the employes' personnel file. If the employe cannot or refuses to sign the notice, appropriate documentation of the situation shall be prepared and maintained in the employe's personnel file, with a copy of the documentation being provided to the employe.

4. An employe may be denied an FMLA leave under the following cir cumstances:
  - a. the employe does not meet the eligibility standards of having actually worked for the district at least twelve (12) months prior to the start of the leave and having worked 1,250 hours during the year prior to the start of the leave;
  - b. if the employe fails to give timely advance notice when the need for FMLA leave is foreseeable; but such leave will be granted if desired by the employe (if the employe is other wise entitled to the leave) thirty (30) days after the date the employe gives notice;
  - c. if the employe fails to provide timely medical certifica tion where required, FMLA leave may be denied until the certification is provided;
  - d. if the employe has exhausted twelve (12) weeks of FMLA leave during the twelve-month period preceding the start of the leave;
  - e. in any case in which the necessity for the leave is in order to care for the spouse, child or parent of the em ploye or because of the employe's own serious health condi tion where the employe fails to make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the district, subject to the approval of the health care provider;
  - f. if both a husband/wife work for the district, and one or the other seeks a leave so that the aggregate number of work weeks taken by both would exceed twelve (12) and the leaves were taken because of the birth or placement of a son or daughter or in order to care for the spouse, child or parent of the employe; and
  - g. if the employe is not qualified for such leave for any reason.

5. The attendance records of each employe shall indicate whether any leaves are designated as FMLA leave and whether FMLA notice was given to the employe in accordance with paragraph 3 hereof.
6. Calculation of the amount of FMLA leave utilized by the employe is to be as follows:
  - a. only the amount of leave actually taken and designated as FMLA leave may be counted;
  - b. for regularly scheduled employes, time taken in less than full-week increments shall be proportionately calculated based upon the amount of time taken off as compared to the employe's normal work week. For example, where an employe who normally works five (5) days a week takes one (1) day off, the employe would use one-fifth of a week of FMLA leave. If a full-time employe who normally works eight- hour days works four-hour days under a reduced leave schedule, the employe would exhaust one-half week of FMLA leave each week;
  - c. for employes whose work-week is varied, a weekly average of the hours worked over the twelve (12) weeks prior to the beginning of the leave period will be used for calculating the employe's normal work-week. If an employe who work thirty (30) hours per week under this calculation works only twenty (20) hours a week as a result of taking FMLA leave, the employe's ten (10) hours of leave would constitute one-third of a week of FMLA leave.
7. All employes requesting a leave of absence, whether for FMLA leave purposes or not, shall complete and submit a written request on the attached form. No employe shall be entitled to a leave of absence unless the form is submitted and completed.
8. FMLA leave cannot be taken intermittently or on a reduced leave schedule for the birth or placement of a child for adoption or foster care.

9. An employe will be denied intermittent leave or leave on a reduced schedule to care for an immediate family member (spouse, child, parent) with a serious health condition or if the employe has a serious health condition, if:
  - a. the employe fails to establish, through medical certification, that there is a medical need for such leave (as distinguished from voluntary treatments and procedures); or
  - b. the employe has failed to establish, through medical certification, that it is medically necessary for the leave to be taken intermittently or on a reduced leave schedule.





LEAVE OF ABSENCE REQUEST

In order to ensure your eligibility for a leave of absence and the district's compliance with applicable law, collective bargaining agreements and policy, you are required to complete this form. Failure to provide any required information may result in a denial of your leave request or other important benefits.

Name: \_\_\_\_\_ Job Classification:

Why are you seeking a leave of absence?

For what period of time are you seeking leave?

What kind of leave are you seeking?

When do you anticipate returning to work?

Please answer the following:

- a. Are you seeking the leave for the birth of a son or daughter or to care for a newborn child? \_\_\_ Yes  
No.
- b. Are you seeking the leave due to the placement of a son or daughter for adoption or foster care? \_\_\_ Yes  
No.
- c. Will you be caring for your spouse, son, daughter or parent with a serious health condition? \_\_\_ Yes  
No.
- d. Do you have a serious health condition which makes you unable to perform the functions of your job? \_\_\_ Yes  
No.

Note: A serious health condition is defined as an illness, injury, impairment or physical or mental condition that involves: (1) any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical facility; (2) any period of incapacity requiring absence from work, school or other regular daily activities, of more than three (3) calendar days, that also involves continuing treatment by or under the supervision of a health care provider; or (3) continuing treatment by or under the 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 (3) calendar days; or for prenatal care.