

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION

Social Security # _____
 Name _____
 Address _____
 City _____ State ____ Zip _____
 Home Phone _____ Cell Phone _____
 School/Department _____
 Position/Title _____

LEAVE DATES

Date Leave to Begin _____
 Date Anticipated Return to Work _____

A Certification of Health Care Provider form must accompany all requests for leaves covered under FMLA. This form can be obtained from the Human Resources Department or on the United States Department of Labor website (<http://www.dol.gov/compliance/laws/comp-fmla.htm>). Both the Request for Leave of Absence and the Health Care Provider forms must be returned to the Human Resources Department prior to your request being reviewed. Updates must be submitted every 30 days to HR.

LEAVE REQUESTED

(select one)
 _____ Educational* (unpaid)
 (Require copy of class schedule)
 _____ Sick/Medical (10+ days)
 (Require Doctor's note)
 _____ Parental (unpaid)
 _____ Military
 (Require copy of orders)
 _____ Sabbatical*
 _____ Unpaid

**will be submitted to committee for approval*

Family Medical Leave Act
(can run concurrently with Sick/Medical Leave)

_____ Self
 _____ Spouse
 _____ Child
 _____ Parent
 _____ Adoption
 _____ Intermittent

Other *(please explain)*

 Employee Signature

 Date

Mail to: Human Resources Department, 3202 N Wisconsin Avenue, Peoria IL 61603

Approved
 Denied _____
 Human Resources Director Signature

 Date

Family and Medical Leave Regulations

(For Board of Education Policy 5:185AP)

Purpose

The purpose of this regulation is to inform and establish guidelines for the Peoria Public Schools District's *Family and Medical Leave* procedure. Employees who would like to request an extended leave of absence from work must follow the procedures contained in this regulation to be considered eligible for a leave under the provisions of the *Family and Medical Leave Act of 1993*.

Eligibility

This FMLA leave regulation applies to all eligible employees of the Peoria Public Schools District.

All employees who have worked for the Peoria Public Schools District for at least 12 months and have worked minimally 1,250 actual hours during the previous 12 month period immediately preceding the commencement of leave are eligible for up to 12 weeks of leave during any 12 month period. The *FMLA* leave may be for consecutive days or intermittent periods.

FMLA leave may be used for:

- employee's serious health condition;
- to care for a child after birth;
- to care for a child after foster care or adoption placement;
- to care for an ill parent, spouse, or child with a serious health condition.

Where the *FMLA* leave is foreseeable, a request must be filed with the Human Resources Department and the immediate supervisor, at least 30 days prior to such leave, or as soon as the leave becomes known.

Employees may elect intermittent leave when medically necessary. The Peoria Public Schools District may, however, require the employee to transfer to an equivalent position that better accommodates recurring periods of absence.

The employee may use accrued compensation days as a corresponding portion of the *FMLA* leave. The balance of the *FMLA* leave remaining after substituting compensation days will be without pay.

Forms

The District will require certification from the employee's or family member's health care provider for any extended leave based on a serious health condition. The *Physician Certificate Form*, or equivalent information, must be submitted to the Human Resources Department for review prior to the approval of the *FMLA* leave.

An employee returning to work at the conclusion of the *FMLA* leave will provide the Human Resources Department a *Return to Work* notice. Or, if the leave period needs to be extended, a request should be submitted to the Human Resources Department. The employee is required to provide updates every 30 days on the intent to return to work.

Forms may be mailed, faxed, or hand delivered to the Human Resources Department.

Employee Obligations

During the *FMLA* leave, the employee may be responsible for the payment of the employee portion of health benefits, as if the employee were not on leave. Failure to pay the employee portion of the premium will result in the cancellation of your enrollment in your health care plan(s). Failure to return to work at the conclusion of any approved *FMLA* leave, including any extension of the leave, will be considered a voluntary resignation by the employee. The employee should refer to the appropriate collective bargaining agreement for other guidelines that may apply to *FMLA* leave.

During the *FMLA* leave retirement and/or social security benefits and contributions will be suspended. The employee has the option of filing with the appropriate provider for lost service credit or a Leave of Absence form to maintain benefits.

Also, during the *FMLA* leave vacation, personal, or sick time will not accrue.

When returning to work, the Employee will be restored to the formerly held position or to an equivalent position with equivalent pay, benefits, and other terms of employment.

Attachments: Board of Education Policy 5:185

U.S. Department of Labor Family and Medical Leave Act

Certification of Health Care Provider for Employee's Serious Health Condition Form:

<http://www.dol.gov/whd/forms/WH-380-E.pdf>

Certification of Health Care Provider for Family Member's Serious Health Condition Form:

<http://www.dol.gov/whd/forms/WH-380-F.pdf>

General Personnel

Family and Medical Leave

This Administrative Procedure sets forth the administration of the Family Medical Leave Act (FMLA) by the Human Resources Department (“HR”) of Peoria Public Schools District 150 (“District”).

Within two (2) days from the date that HR is made aware that an individual has been absent for more than (5) five days, or within two (2) days of receipt by HR of written notice from an employee that the employee’s intent to use FMLA time for medical reasons (unless leave is requested for the birth or adoption of a child), HR will send an FMLA form to the employee to be filled out by the employee’s physician and returned to HR. Based on the information provided by the physician, HR will determine whether the employee’s absence qualifies for FMLA. If HR does not receive the forms within 15 days of its delivery to the employee, HR will make the determination based on the information that it has available.

HR will send a letter to the employee informing them of the District’s decision. If FMLA leave is granted, it will be counted from the first day of the employee’s absence. In the event the employee disagrees with the District’s determination, the employee must provide sufficient documentation to the contrary.

FMLA leave will run concurrently with paid sick leave and time-off for injuries covered by workers compensation. FMLA leave for medical conditions (but not for the birth or adoption of a child) can be used intermittently in half day increments. However if the intermittent leave affects the operations of the department in which the employee works, the District reserves the right to transfer the employee to an alternative position, until the employee returns to full capacity and/or their FMLA time has been exhausted.

The employee is required to provide updates every 30 days as to his or her status and intent to return to work. Eligible employees are entitled to FMLA leave once every 12 months. After all FMLA and other time-off benefits have been exhausted, if the employee is not able to return to work at his/her original position, Peoria Public Schools District 150 has the right to terminate employment.

ADOPTED: May 19, 2008