

Leave Request Procedure (Classified Employee)

- Review attached Board approved leave policies for classified personnel.
- Schedule appointment with Payroll Department (Beverly McDonald) and obtain:
 - Current number of sick _____, personal _____, and emergency _____ days available.
 - Deduction amounts for all voluntary payroll deductions.

- Complete FMLA Application and return to Payroll Department prior to leave (this requires Board approval and must be received at Central Office by the first Wednesday of the month).
- Complete leave request letter if requesting other leave.
- Notify Payroll Department of any changes to your approved leave dates and when you have returned to work.

To the extent that an employee is entitled to any paid leave, such leave shall be taken and it shall run concurrently with family and medical leave, except that the employee may request to reserve ten (10) days of sick leave. **Paid leave used by the employee as required under the FMLA policy shall count, as applicable, against the twelve (12) FMLA workweek entitlement.**

Notes: _____



To: Employees on Approved Family Leave

From: Angie Stephens, Insurance Coordinator

Subject: Guidelines for Benefits While on Approved Family Medical Leave (FMLA)

This letter is to inform you of your health insurance responsibilities as an employee on Family Medical Leave (FMLA). As an employee on FMLA, your employer will continue to make the employer contributions for your health insurance or Health Reimbursement Account (HRA), if applicable. It is your responsibility to make timely payments of any employee contributions that had been previously deducted from your check for health insurance and/or Flexible Spending Accounts (FSAs).

Health Insurance

While on FMLA, two conditions must be met in order to qualify for the health insurance employer contribution. First you must maintain the plan option and the coverage level that was in effect before going on leave. Secondly, you must pay the employee contribution, if applicable. To continue your health insurance you must submit a check made payable to the Kentucky State Treasurer in the amount of your monthly premium (employee contribution). Your check must be received by me before the 20th of each month. Please check with the Payroll Department (Beverly McDonald) if you are receiving a payroll check while on FMLA. Your check may be enough to cover your health insurance premium and may be deducted from your check.

Flexible Spending Account (if applicable)

If you are enrolled in KEHP's Flexible Benefits program, you may submit a check in the amount of your monthly premium made payable to the Kentucky State Treasurer. Your check must be received by me before the 20th of each month. If you choose not to continue participating in the Flexible Benefits program, your annual election amount will be reduced by the monthly contribution amounts not deducted during the FMLA period. If you wish to resume your employee contribution when you return from FMLA, you must complete an FSA Enrollment Change Application.

The payments for Health Insurance and Flexible Spending Accounts should be submitted to the following address by the 20th of each month.

Fleming County Schools, 211 West Water Street, Flemingsburg, Kentucky 41041

If you exhaust your FMLA time before you are able to return to work, you will be placed on Leave Without Pay (LWOP) and may be eligible for COBRA. If eligible, you will be sent a COBRA notification letter, which allows you to continue your health insurance, Health Reimbursement Account (HRA) and Healthcare FSA totally at your own expense. Should you opt not to continue under COBRA, you will be restored to your previous benefits on the 1st or the 16th of the month upon your return to work.

If you have any questions, please feel free to contact me at 606-845-5851.

APPLICATION FOR FAMILY AND MEDICAL LEAVE

Employee Name _____

Personnel Number _____

Agency Name _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (____) _____ Work Phone (____) _____

Please check one of the following:

_____ **I request to presently utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b).

_____ **I do not wish to utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). Therefore, I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted all of my accrued paid leave.

_____ **I do not wish to utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). However, in accordance with 101 KAR 2:102 Section 3(6)(a) and/or 101 KAR 3:015 Section 3(6)(a), **I request to reserve _____ (not to exceed 10) days of my accumulated sick leave prior to my commencement of unpaid family and medical leave.** I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted my accrued paid leave in accordance with this election.

Attach supporting documentation, if required.

Anticipated duration of leave from _____ to _____ for a total of _____ work days. In requesting leave, I certify that all information on this application is true and that I will abide by the regulations governing family and medical leave.

Employee Signature _____ Date _____

FOR AGENCY USE ONLY:

Family and Medical Leave Approved _____ for dates _____ to _____

Family and Medical Leave Denied _____

Family and Medical Leave Balance as of this date _____

Date Family and Medical Leave Designation Letter sent _____

Signature of Appointing Authority or Designee _____ Date _____

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.
(Provide at least seven calendar days)

(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

- CLASSIFIED PERSONNEL -**Leaves and Absences****APPROVAL**

Authorization of leave and time taken off from one's job shall be in accordance with specific leave policy. Absence from work that is not based on appropriate leave for which the employee is qualified may lead to disciplinary consequences, up to and including termination of employment.

TEMPORARY LEAVE WITHOUT PAY

The Board may grant an employee's request for temporary leave without pay for a period not to exceed ten (10) working days, provided the leave is for educational or professional purposes, or for illness, maternity, adoption of a child or children, or other disability. Such request must be submitted at least ten (10) working days prior to the date the leave begins.

UNAUTHORIZED LEAVE

When employees are absent from work for more than three (3) consecutive days without authorization from their immediate supervisor, termination proceedings may be instituted.

NOTIFICATION OF RETURN

Employees on leave covered by the related policies listed below shall notify the Superintendent in writing by April 1 of the year the leave terminates of the date of their intent to return to the school system. Failure to do so will render the position vacant.

LEAVE FOLLOWING ASSAULT

The District shall provide leave with pay for employees assaulted while performing their assigned duties when the assault results in injuries that qualify the employee for workers' compensation benefits. The period of leave shall not exceed one (1) calendar year following the assault. During that period, the employee shall not experience loss of income or benefits, including sick leave, under the terms and conditions set forth in KRS 161.155.

FMLA

Eligible employees may apply for leave under the provisions of the Family and Medical Leave Act of 1993.

REFERENCES:

KRS 161.155; KRS 161.770
Family and Medical Leave Act of 1993

RELATED POLICIES:

03.2232, 03.22322, 03.2233, 03.2234, 03.224, 03.27

Adopted/Amended: 07/13/2011

Order #: 9

- CLASSIFIED PERSONNEL -**Sick Leave****NUMBER OF DAYS**

All full-time classified employees shall be entitled to sick leave days with pay, based on the following schedule:

<u>Number of Months Employed</u> <u>Each School Year</u>	<u>Number of Sick Days</u> <u>Each School Year</u>
10	10
11	11
more than 11	12

Persons employed for less than a full year contract shall receive a prorata part of the authorized sick leave days calculated to the nearest 1/2 day.

Persons employed on a full year contract but scheduled for less than a full work day shall receive the authorized sick leave days equivalent to their normal working day.

ACCUMULATION

Sick leave days not taken during the school year in which they were granted shall accumulate without limitation to the credit of the classified employee to whom they were granted.

DEFINITION

Sickness shall mean personal illness, including illness or temporary disabilities arising from pregnancy.

FAMILY ILLNESS/MOURNING

Sick leave can also be taken for illness in the immediate family or for the purpose of mourning a member of the employee's immediate family. Immediate family shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents without reference to the location of residence of said relative and any other blood relative who resides in the employee's home.

TRANSFER OF SICK LEAVE

Classified employees coming to the District from another Kentucky school district or from the Kentucky Department of Education shall transfer accumulated sick leave to the District.

SICK LEAVE DONATION PROGRAM

Under procedures developed by the Superintendent, classified employees who have accrued more than fifteen (15) days of sick leave may request to transfer sick leave days to another employee who is authorized to receive the donation. The number of days donated shall not reduce the employee's sick leave balance to less than fifteen (15) days.

Classified employees are eligible to receive donated days if they meet the criteria established in procedures.

Any sick leave not used shall be returned on a proportionate/pro-rated basis to employees who donated days.

Sick Leave

AFFIDAVIT

Upon return to work, an employee claiming sick leave must file a personal affidavit or a certificate of a physician stating that the employee was ill or that the employee was absent to attend a member of the immediate family who was ill.

REFERENCES:

KRS 161.155

OAG 93-39, OAG 79-148

Family & Medical Leave Act of 1993

RELATED POLICIES:

03.22322; 03.2233; 03.273 (Retirement Compensation)

Adopted/Amended: 09/11/2002

Order #: 282

- CLASSIFIED PERSONNEL -**Personal Leave****NUMBER OF DAYS**

Full-time classified employees shall be entitled to one (1) day of personal leave with pay each school year.

Persons employed for less than a full year contract shall receive a prorata part of the authorized personal leave days calculated to the nearest 1/2 day.

Persons employed on a full year contract but scheduled for less than a full work day shall receive the authorized personal leave days equivalent to their normal working day.

APPROVAL

The Superintendent or designee must approve the leave date, but no reasons shall be required for the leave.

Approval shall be contingent upon the availability of qualified substitute employees. Those employees making earliest application shall be given preference.

AFFIDAVIT

Employees taking personal leave must file a personal affidavit on their return to work stating that the leave was personal in nature.

PROHIBITION

No personal days may be taken the day before or after a holiday (Thanksgiving, Christmas) or extended breaks such as spring break.

ACCUMULATION

On June 30, personal leave days not taken during the current school year shall be transferred and credited to the employee's accumulated sick leave account.

GENERAL

The Superintendent shall develop specific procedures for implementation of this policy.

REFERENCES:

KRS 161.154

OAG 77-115

RELATED POLICY:

03.2232

Adopted/Amended: 07/14/2010

Order #: 9

- CLASSIFIED PERSONNEL -**Emergency Leave****NUMBER OF DAYS**

Full-time classified employees shall be entitled to three (3) days of emergency leave with pay each school year.

Persons employed for less than a full year contract shall receive a prorata part of the authorized emergency leave days calculated to the nearest 1/2 day.

Persons employed on a full year contract but scheduled for less than a full work day shall receive the authorized emergency leave days equivalent to their normal working day.

Emergency leave shall be granted for the following reasons:

BEREAVEMENT

Death of a relative or personal friend.

DISASTERS

Personal disasters of the magnitude of tornados, fires, floods, etc. This applies only in cases not covered by sick leave.

COURT/LEGAL

Appearances as a witness or to produce documents when the employee's presence is required by subpoena. This is not to include appearances in actions in which the employee is a party and the subpoena is obtained by or on behalf of the employee. This also does not include jury duty. (See Policy 03.2237.)

OTHER

Such other reasons of an emergency or extraordinary nature as approved by the Superintendent or designee.

REQUEST FOR LEAVE

Emergency leave must be requested through the Superintendent or designee who will determine if the leave requested meets the Board's criteria.

AFFIDAVIT

Persons taking emergency leave must file a personal affidavit upon their return to work stating the specific reasons for their absence.

ACCUMULATION

Emergency leave days not taken during the school year shall not accumulate.

REFERENCES:

KRS 161.152; OAG 76-427; OAG 72-348

RELATED POLICIES:

03.2232, 03.2237

Adopted/Amended: 08/15/2001

Order #: 024

- CLASSIFIED PERSONNEL -**Family and Medical Leave****REASONS**

In compliance with the Family and Medical Leave Act of 1993 and under procedures developed by the Superintendent, leave shall be granted to eligible employees for the following reasons:

1. For the birth and care of an employee's newborn child or for placement of a child with the employee for adoption or foster care;
2. To care for the employee's spouse, child, or parent who has a serious health condition, as defined by federal law;
3. For an employee's own serious health condition, as defined by federal law, that makes the employee unable to perform the employee's job;
4. To address a qualifying exigency (need) defined by federal regulation arising out of the covered active duty or call to active duty involving deployment to a foreign country of the employee's spouse, son, daughter, or parent who serves in a reserve component or as an active or retired member of the Regular Armed Forces or Reserve in support of a contingency operation; and
5. To care for a covered service member (spouse, son, daughter, parent or next of kin) who has incurred or aggravated a serious injury or illness in the line of duty while on active duty in the Armed Forces that has rendered or may render the family member medically unfit to perform his/her duties or to care for a covered veteran with a serious injury or illness as defined by federal regulations.

NOTICES AND DEADLINES

- Employees who may be eligible for or who request leave for any of the above reasons shall be provided an FMLA notice of eligibility and rights and responsibilities. Requests for family and medical leave entitlement should be made in writing but verbal requests may be made to the immediate supervisor or other designated administrator who shall then document the request. The District may require that a request for leave be supported by a certification for health care or military-related situations as permitted by federal law, but such requirements must be set out in the required notice.

Deadline for Notice to be Provided: Absent extenuating circumstances, within five (5) business days of District receipt of a request or the District being made aware of a potentially qualifying reason.

NOTE: Only the District's human resources professional, leave administrator, or personnel director may contact an employee's health care provider to clarify or authenticate an FML certification in support of an FML request about which there are questions. The employee's direct supervisor shall not contact the provider.

- The District shall designate an employee's leave, paid or unpaid, as FMLA-qualifying and shall provide a designation notice indicating whether the request is approved or if additional information is needed. Leave may be delayed if the employee does not provide proper notice (30 days advance notice for a foreseeable leave; otherwise, notice as soon as the need becomes known).

Deadline for Notice to be Provided: Absent extenuating circumstances, within five (5) business days of learning that an FMLA reason supports the leave.

Family and Medical Leave**ELIGIBILITY**

Employees are eligible for up to twelve (12) workweeks of family and medical leave each school year, if they have been employed by the District for twelve (12) months, have worked at least 1,250 hours during the twelve (12) months preceding the start of the leave, and otherwise qualify for family and medical leave. When family and medical military caregiver leave is taken based on a serious illness or injury of a covered service member, an eligible employee may take up to twenty-six (26) workweeks of leave during a single twelve-month period. This provision also applies to covered service members/veterans that have been on active duty within the past five (5) years as defined by federal regulation.

In determining whether returning veterans meet the minimum 1,250 hour standard, hours actually worked for the District during the twelve-month period are to be combined with hours they would have worked for the District had they not been called for military service.

In situations involving both the Americans with Disabilities Act (ADA) and FMLA, the District shall apply the law affording the employee the greater benefit.

RESTRICTIONS

To the extent that an employee is entitled to any paid leave, such leave shall be taken and it shall run concurrently with family and medical leave, except that the employee may request to reserve ten (10) days of sick leave. (This requirement shall not apply to employees taking workers' compensation leave.) However, when an employee's work-related injury/medical state qualifies as a serious health condition, worker's compensation leave shall run concurrently with the twelve (12) workweek entitlement.

Paid leave used by the employee as required under this policy shall count, as applicable, against the twelve (12) or twenty-six (26) FMLA workweek entitlement.

Entitlement to family and medical leave for the birth and care of a newborn child or placement of a child shall expire twelve (12) months after the date of such birth or placement.

When both husband and wife are employed by the District, the combined amount of family and medical leave for reasons other than personal illness or illness of a child shall be limited to twelve (12) workweeks. In cases of personal illness or illness of a child, each spouse is entitled to twelve (12) workweeks of family and medical leave.

Exception: The limit on the combined amount of family and medical leave shall be twenty-six (26) workweeks when both an eligible husband and wife are employed by the District and are eligible for leave that involves a covered Armed Forces service member/veteran.

Unused family and medical leave shall not accumulate from year to year.

INTERMITTENT LEAVE/REDUCED HOURS

Family and medical leave may be taken intermittently (when medically necessary) or on a reduced hours basis.

Family and Medical Leave**CONTINUATION OF BENEFITS**

While on family and medical leave, employees shall be entitled to all employment benefits accrued prior to the date on which the leave commenced. Health insurance for an employee on family and medical leave shall continue to be provided by the state on the same basis had the employee not taken leave. Other employment benefits and seniority shall not accrue during unpaid family and medical leave.

RETURN TO WORK

As noted by the required notice of eligibility and rights and responsibilities, when family and medical leave is taken due to an employee's own serious health condition, the employee shall provide fitness-for-duty certification before returning to work. This may include certification by the health care provider that the employee is able to perform essential functions specific to the job, as noted by the District in a list attached to the certification form.

Upon return to work, the employee shall be entitled to his/her same position (or an equivalent position with equivalent pay) with corresponding benefits and other terms and conditions of employment.

NOTICE

The District shall notify employees of family and medical leave provisions by posting appropriate notices in conspicuous places in the Central Office and each worksite and distributing notices as required by law.

REFERENCES:

Family and Medical Leave Act of 1993, 29 U.S.C. 2601-2654
Title I of the FMLA, as amended by the National Defense Authorization Act
Code of Federal Regulations, Title 29, Part 825

RELATED POLICIES:

03.223; 03.2232
03.2233; 03.2234
03.2238; 03.224

Adopted/Amended: 07/10/2013
Order #: 5

- CLASSIFIED PERSONNEL -**Maternity Leave****PAID SICK LEAVE**

Childbirth and recovery therefrom, which prevent the employee from performing assigned duties, shall entitle the employee to sick leave benefits as provided in Board Policy 03.2232.

An illness of the newborn shall entitle the employee to sick leave benefits as provided in Board Policy 03.2232.

An employee may use up to thirty (30) days of sick leave immediately following the birth or adoption of a child or children. Additional sick leave days may be used when the need is verified by a physician's statement.

UNPAID MATERNITY LEAVE

On written request, the parent of a newborn or the employee who adopts a child or children shall be granted unpaid leave of absence not to exceed the remainder of the school year in which the birth or placement occurs. Thereafter, leave may be extended in increments of no more than one (1) year.

Employees on maternity leave shall notify the Superintendent in writing of their intent to return to the school system on or before the date prescribed in Policy 03.223. Failure to do so will render the position vacant.

Employees taking a maternity leave will be entitled on return to a comparable position for which they are qualified. Placement in the same position or the same school cannot be guaranteed.

FMLA

In compliance with the Family and Medical Leave Act of 1993, eligible employees are entitled to up to twelve (12) workweeks of unpaid leave to care for the employee's child after birth or placement of a child with the employee for adoption or foster care. Leave to care for an employee's healthy newborn baby or minor child who is adopted or accepted for foster care must be taken within twelve (12) months of the birth or placement of the child.

REFERENCE:

Family & Medical Leave Act of 1993

RELATED POLICIES:

03.223

03.2232

03.22322

Adopted/Amended: 07/14/2010

Order #: 8

- CLASSIFIED PERSONNEL -**Extended Disability Leave**

This policy shall be applied in a manner consistent with policy 03.212 and the Americans with Disabilities Act (ADA), when those provisions are applicable.

UNPAID LEAVE

Unpaid disability leave may be granted by the Board, upon written request, for the remainder of the contract year. Thereafter, leave may be extended by the Board in one (1) year periods.

FMLA

In compliance with the Family and Medical Leave Act of 1993, leave shall be granted in accordance with Board Policy 03.22322.

VERIFICATION

The Superintendent may require the employee to secure a licensed physician's verification of disability.

NOTIFICATION OF RETURN

Employees on extended disability leave shall notify the Superintendent in writing of their intent to return to the school system on or before the date prescribed in Policy 03.223. Failure to do so will render the position vacant.

PLACEMENT UPON RETURN

Employees taking disability leave will, on return, be entitled to a comparable position for which they are qualified. Placement in the same position or the same building cannot be guaranteed.

INVOLUNTARY DISABILITY LEAVE

When, on advice of the Superintendent, there is evidence that an employee is no longer able to perform satisfactorily the assigned duties, the Board may require the employee to provide evidence of ability to perform the essential functions of the position in the form of an examination and report by a physician of the Board's choosing. The Board shall bear the cost of this examination.

REFERENCES:

Consolidated Omnibus Budget Reconciliation Act
Family & Medical Leave Act of 1993
Americans with Disabilities Act

RELATED POLICIES:

03.211
03.212
03.223
03.22322

Adopted/Amended: 10/09/1996
Order #: 060

- CLASSIFIED PERSONNEL -

Educational Leave

Upon recommendation of the Superintendent, the Board may grant classified personnel short-term leave with pay for the purpose of obtaining training to enhance the skills required in performing their job or to obtain training in anticipation of a different position with the school system.

REFERENCE:

OAG 84-43

Adopted/Amended: 09/11/1991

Order #: 289