

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act**

##### **Purpose**

To define the procedure of the Waterford Board of Education with regard to family and medical leave required by the Family and Medical Leave Act of 1993 (FMLA).

##### **Eligibility**

Employees who have worked for the Board at least twelve (12) months and at least 1,250 hours during the twelve (12) months preceding commencement of the leave may take up to twelve (12) weeks of unpaid leave (FMLA leave) for the following reasons:

1. Birth and/or care of a child of the employee;
2. Placement of a child into the employee's family by adoption or by a foster care arrangement;
3. Care of the employee's spouse, child or parent who has a serious health condition; or
4. Inability of the employee to perform the functions of the employee's position due to a serious health condition.

Any FMLA leave taken by an employee during the applicable twelve (12) month period will be used to determine the amount of available leave pursuant to the Family and Medical Leave Act. See "Method for Calculating Twelve Month Period" set forth below.

The right to family leave for the birth and/or placement of a child into an employee's family may be taken only within the twelve (12) months after the date of the birth or placement of the child. In the case of unpaid leave for the birth or placement of a child, intermittent leave or working a reduced number of hours is not permitted, unless both the employee and the Superintendent agree. If both spouses are employed by the Board, the combined leave shall not exceed twelve (12) weeks.

For purposes of this regulation, a serious health condition means an illness, injury, impairment or physical or mental condition that involves:

1. Any period of incapacity or treatment in connection with or consequent to in-patient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility;

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act (continued)**

##### **Eligibility (continued)**

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 continuous treatment by (or under the supervision of) a health care provider,
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
4. Prenatal care.

##### **Intermittent Leave/Reduced Hours**

In the case of unpaid leave for serious health conditions, the leave may be taken intermittently or on a reduced hours basis only if such leave is medically necessary. Where an employee requests intermittent leave or leave on a reduced hours basis due to a family member's or the employee's own serious health condition, the Superintendent has the option, in his/her sole discretion, to require the employee to transfer to a temporary alternative job for which the employee is qualified and which better accommodates the intermittent leave or reduced hours leave than the employee's regular job. The temporary position will have pay and benefits equivalent to the employee's regular job. The shortest period of time (one hour) that the payroll system uses to account for absences or leave shall constitute the minimum intermittent or reduced leave increment.

##### **Substitution of Accrued Leave**

Employees may be required to use their available accrued leave time, such as personal leave and/or vacation time, during the twelve (12) week FMLA leave period, and available sick days when FMLA leave is taken because of a serious health condition of the employee. The Board's policies, practice(s) and/or collective bargaining agreement(s) regarding vacation time, personal days, sick days or other leave time will determine if an employee is eligible to receive accrued paid or unpaid leave. The employee will be notified immediately, in writing, which accrued leave, if any, will be counted towards the twelve (12) weeks of FMLA leave. If written notice is not given to the employee by the date of expiration of the leave, the accrued leave will not be counted towards the employee's available twelve (12) weeks of FMLA leave.

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act (continued)**

#### **Employee Notice - Foreseeable/Unforeseeable Need**

When the necessity of leave is foreseeable due to the expected birth or placement of a child, the employee must provide the Board at least (30) days notice of the employee's intention to take leave. If the date of birth or placement of a child requires the employee's leave to begin in less than thirty (30) days from the date of notice to the Superintendent or Human Resources Director, the employee must provide such notice as soon as practical. Where the necessity for leave is due to a family member's or an employee's own serious health condition and is foreseeable based on planned medical treatment, the employee must:

1. Give at least thirty (30) days notice, or as soon as practical if treatment starts in less than thirty (30) days;
2. Make a reasonable effort to schedule the treatment so as not to unduly disrupt the operation of the Board, subject to the approval of the health care provider, and
3. If an employee fails to provide such notice absent exceptional circumstances, leave will be denied until at least thirty (30) days after such notice is given.

Where the need for leave is unforeseeable, the employee must give notice as soon as practical.

#### **Certification of Physician/Practitioner**

Any leave request based on a family member's or employee's own serious health condition may have to be supported by certification from a health care provider. The employee must provide a copy of the certification to the Superintendent or Human Resources Director in a timely manner. (Fifteen (15) calendar days will be allowed to provide the certification.) Certification from the health care provider must contain:

1. The date the serious health condition began;
2. The possible duration of the condition(s);
3. If the leave is based on the care of a spouse, child or parent, a statement that the employee is needed to provide the care and an estimate of the amount of time that need will continue;
4. In the case of intermittent leave or leave on a reduced hours basis for planned medical treatment, the date the treatment is expected to be given and the duration of the treatment; and
5. Confirmation that the employee is unable to work.

Leave may be denied until such certification is provided.

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act (continued)**

#### **Health Insurance**

During FMLA leaves of absence, the Board will continue to pay its portion of the health insurance premiums, and the employee must continue to pay his/her share of the premiums. Payments are due on the last business day of each month for the next month's coverage. Failure of the employee to pay his/her share of the health insurance premiums may result in loss of coverage. If the employee does not return to work after the expiration of leave, the employee will be required to reimburse the Board for payment of health insurance premiums during the FMLA leave, unless the employee does not return because of the presence of a serious health condition which prevents the employee from performing his/her job, or circumstances beyond the control of the employee.

#### **Other Benefits**

During the FMLA leave, when no other leave is substituted, the employee shall not accrue any additional benefits. Employment benefits accrued by the employee up to the day on which the FMLA leave of absence begins will be available upon return from leave.

With respect to pension and retirement plans, FMLA leave will be treated as continued service for purposes of vesting and eligibility to participate.

#### **Return to Work**

The Superintendent may require an employee on FMLA leave to report to the Human Resources Director periodically on his/her status, and intention to return to work. Also, periodic recertification of the medical condition may be required. At least fifteen (15) days prior to the reported anticipated expiration of the leave the employee must confirm that he/she is returning to work or ask for a modification of the leave.

An employee taking leave due to the employee's serious health condition may be required to obtain certification that the employee is able to resume work prior to returning from any FMLA leave. The Superintendent in consultation with the Human Resources Director will consider the nature of the employee's serious health condition, and the demands of the employee's position, when deciding whether to require certification of ability to resume work. An employee will be denied restoration until the required certification is provided.

Employees who return to work from FMLA leave of absence within or on the business day following the expiration of the twelve (12) weeks are entitled to return to their job or an equivalent position without loss of benefits or pay.

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act (continued)**

#### **Method for Calculating Twelve (12) Month Period**

For purposes of this regulation, the following twelve (12) month period shall apply:

A “rolling” twelve (12) month period measured backward from the date the employee uses any FMLA leave.

That is, the amount of FMLA leave to which an employee is entitled is calculated by subtracting the amount of FMLA leave the employee has taken in the previous twelve (12) months from the twelve (12) week allotment.

If an employee takes leave on an intermittent or reduced leave schedule, only the amount of leave actually taken may be counted toward the twelve (12) weeks of leave to which an employee is entitled. Where an employee normally works a part time schedule, the amount of leave to which an employee is entitled is determined on a pro rata or proportional basis. If any employee’s schedule varies from week to week, a weekly average of the hours worked over the twelve (12) weeks prior to the beginning of the leave period is used for calculating the employee’s normal work week.

#### **Instructional Employees**

“Instructional employees” are those employees whose principle function is to teach and instruct students in a class, a small group, or an individual setting such as teachers, athletic coaches, and certain paraprofessionals. Paraprofessionals who do not have as their principle job actual teaching or instruction are not considered “instructional employees” for purposes of this policy. Other personnel such as counselors or psychologists whose principle function is not teaching or instructing students in a class, small group or individual setting are not considered “instructional employees.” Cafeteria workers, custodial/maintenance workers, secretaries and similar employees also are not “instructional employees.”

#### **Intermittent Leave/Reduced Leave - Instructional Employees**

If an eligible instructional employee requests intermittent leave or leave on a reduced leave schedule to care for a family member, or for the employee’s own serious health condition, which is foreseeable based on planned medical treatment, and the employee would be on leave for more than twenty-percent (20%) of the total number of working days over the period the leave would extend, the Superintendent of Schools, at his/her option, may require the employee to choose either to:

1. Take leave for a period or periods of particular duration, not greater than the duration of the planned treatment; or

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act (continued)**

#### **Intermittent Leave/Reduced Leave - Instructional Employees (continued)**

2. Transfer temporarily to an available alternative position for which the employee is qualified, which has equivalent pay and benefits and better accommodates recurring periods of leave than does the employee's regular position.

An instructional employee who does not give required notice of foreseeable leave to be taken intermittently or on a reduced leave schedule, may be required by the Superintendent of Schools to take leave of a particular duration, or to transfer temporarily to an alternative position. Alternatively, the Superintendent of Schools may require the employee to delay the taking of leave until the notice provision is met. This notice provision, however, shall not be interpreted to be more strict for purposes of FMLA leave than the Board requires from its employees otherwise taking comparable paid or unpaid leave.

#### **Instructional Employees – Academic Term**

The school year is divided into two academic terms. "Academic term" means the school semester which typically ends in mid-January or the end of each school year. An instructional employee who begins leave more than five (5) weeks before the end of a term may be required by the Board to continue taking leave until the end of the term if:

- A. The leave will last at least three (3) weeks; and
- B. The employee would return to work during the three (3) week period before the end of the term.

If an instructional employee begins leave for a purpose other than the employee's own serious health condition during the five (5) week period before the end of the term, the Superintendent of Schools may require the employee to continue taking leave until the end of the term if:

- A. The leave will last more than two (2) weeks; and
- B. The employee would return to work during the two (2) week period before the end of the term.

If the instructional employee begins leave for a purpose other than the employee's own serious health condition, during the three week period before the end of the term, and the leave will last more than five (5) working days, the Superintendent of Schools may require the employee to continue taking leave until the end of the term.

## **Personnel -- Certified/Non-Certified**

### **Personal Leaves**

#### **Family and Medical Leave Act** (continued)

#### **Procedure**

Notice by an employee of the need for a leave of absence under FMLA must be given to an appropriate supervisor at least thirty (30) days before the leave is to commence, or as soon as possible if thirty (30) days notice is not possible. The Board may waive such notice requirement and designate accrued leave as FMLA leave if it would qualify, except for lack of the required notice.

Each employee taking leave which meets the requirements for FMLA leave will be provided a copy of this regulation, the "Request For And/Or Response To Leave Under The Family And Medical Leave Act of 1993" form and the "Certification of Physician or Practitioner" form (if appropriate). Such forms are incorporated in, and made a part of, these regulations.

#### **Records**

The FMLA requires employers to maintain records in accordance with the record keeping requirements of Section 11(c) of the Fair Labor Standards Act and in accordance with FMLA regulations. FMLA regulations require that such records disclose the following:

1. Name, address and occupation of the employee; rate or basis of pay and terms of compensation; daily and weekly hours worked per pay period; additions to or deductions from wages; and total compensation paid;
2. Dates FMLA leave is taken by employee. Leave must be designated in records as FMLA leave;
3. If FMLA leave is taken in increments of less than one (1) full day, the hours of the leave;
4. Any written notice of FMLA leave given by employee, and copies of all notices given to employees as required by law and by this regulation;
5. Any documents describing employee benefits or employer policies and practices regarding the taking of paid and unpaid leaves;
6. Payment of any employee benefits premiums; and
7. Records of any dispute regarding designation of leave as FMLA leave, including any written statement from the Superintendent of Schools, Human Resources Director or an employee of the reasons for the designation and for the disagreement.

**Personnel -- Certified/Non-Certified**

**Personal Leaves**

**Family and Medical Leave Act** (continued)

**Medical Records**

Records and documents relating to medical certifications, recertifications or medical histories of employees or employees' family members, shall be maintained in separate files/records and treated as confidential medical records.

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Request for and/or Response to Leave Under the  
Family and Medical Leave Act of 1993**

**REQUEST**

(An employee wishing to request leave may make such request by filling out the information contained in this box at the top of this form. Use of this form by the employee is not mandatory.)

Employee requesting FMLA leave: \_\_\_\_\_  
(Employee's name)

Please be advised that as of \_\_\_\_\_, I give you notice of my need to take family/medical leave due to:  
(Today's date)

- the birth of a child, or the placement of a child for adoption or foster care; or
- a serious health condition that I need care for, or
- a serious health condition affecting my  spouse,  child,  parent, for which I am needed to provide care.

I need this leave beginning on \_\_\_\_\_, and I expect the leave to continue until on or about \_\_\_\_\_.  
(Date) (Date)

**RESPONSE\***

To: \_\_\_\_\_ From: \_\_\_\_\_  
(Employee's Name) (Name of appropriate Employer representative)

On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:  
(Date)

- the birth of a child, or the placement of a child for adoption or foster care; or
- a serious health condition that you need care for, or
- a serious health condition affecting your  spouse,  child,  parent, for which you are needed to provide care.

You notified us that you need this leave beginning on \_\_\_\_\_, and that you expect the leave to  
(Date)  
continue until on or about \_\_\_\_\_.  
(Date)

\*This response should be used in all cases, even if notice has only been given verbally.

Except as explained below, you have a right under the FMLA to receive up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are  *eligible*  *not eligible* for leave under the FMLA.
2. The requested leave  *will*  *will not* be counted against your annual FMLA leave entitlement.
3. You  *will*  *will not* be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (*must be at least 15 days after you are notified of this requirement*) or we may delay the commencement of your leave until the certification is submitted.
4. You may elect to substitute accrued paid/unpaid leave for unpaid FMLA leave. We  *will*  *will not* require that you substitute accrued paid/unpaid leave for unpaid FMLA leave. If accrued leave will be used, the following conditions will apply: (*Explain which leave will be substituted, and any other relevant conditions.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments by the last business day of the month for coverage for the following month. If payment has not been made in a timely fashion, your group health insurance may be cancelled.
6. You  *will*  *will not* be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until such certification is provided.
7. You  *will*  *will not* be required to furnish us with periodic reports of your status and intent to return to work every 30 days while on FMLA leave.
8. You  *will*  *will not* be required to furnish recertification every 30 days relating to a serious health condition. (*Explain below, if necessary.*)
- 9a. You  *are*  *are not* an “instructional employee” as described in §825.600 of the FMLA regulations.
- 9b. We have determined that your leave request  *will*  *will not* be modified, as permitted by law regarding an instructional employee. If modified, the following conditions or alternatives apply:

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Certification of Physician or Practitioner**  
**(Family and Medical Leave Act of 1993)**

1. Employee's Name: \_\_\_\_\_
2. Patient's Name (if other than employee): \_\_\_\_\_
3. Diagnosis: \_\_\_\_\_
4. Date condition commenced: \_\_\_\_\_
5. Probable duration of condition: \_\_\_\_\_
6. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.):
  - a. By Physician or Practitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. By another provider of health services, if referred by Physician or Practitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If this certification relates to care for the employee's seriously-ill family member, skip items 7, 8 and 9 and proceed to items 10 through 14. Otherwise continue below.*

Check *Yes* or *No* in the boxes below, as appropriate.

- |    | <b>Yes</b>               | <b>No</b>                |   |
|----|--------------------------|--------------------------|---|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required?  |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No," skip Item 9.)   |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) |

***Proceed to Item 15***

*For certification relating to care for the employee's seriously-ill family member, complete items 10 through 14 below as they apply to the family member and proceed to item 15.*

Check *Yes* or *No* in the boxes below, as appropriate.

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the employee's signed statement (See Item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |
| 13. |                          |                          | Estimate the period of time care is needed or the employee's presence would be beneficial:<br>_____  |

*Item 14 is to be completed by the employee needing family leave*

14. When Family Leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Signature of Physician or Practitioner: \_\_\_\_\_
16. Date: \_\_\_\_\_
17. Type of Practice (Field of Specialization, if any): \_\_\_\_\_
18. Employee Signature: \_\_\_\_\_
19. Date: \_\_\_\_\_

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Statement of Insurance Premiums Due**

Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

An employee who is on FMLA leave may retain insurance coverage provided the employee pays his/her share of the premiums by personal check to the Waterford Public Schools. If payment is not received by the last business day of each month, then the insurance coverage may be cancelled for "non-payment of premium."

*Premiums are due on:* \_\_\_\_\_

<b>COVERAGES</b>	
Medical Insurance	
Life Insurance	
Dental Insurance	
Other	
<b>Total Amount Due</b>	

A check for the amount due should be made payable to:

"Town of Waterford" for medical and/or dental insurance and  
"Waterford Public Schools" for life insurance, and mailed to the following address:

Waterford Public Schools  
Human Resources Office  
P.O. Box 284  
15 Rope Ferry Road  
Waterford, CT 06385

**WATERFORD PUBLIC SCHOOLS  
Waterford, Connecticut**

**Physician's Certificate of Termination  
of Long-Term Disability**

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Current Date

The Board of Education recognizes that the disabilities of its employees from illness, injury, surgical and medical procedures, or those caused or contributed to by pregnancy, miscarriage, abortion, childbirth, and recovery therefrom are, for all job-related purposes, long-term disabilities.

The Board of Education extends the benefits of its sick leave program to include such periods of employee absence caused by such disabilities.

It should be recognized that the sick leave benefit is not extended to include days beyond those periods of long-term disability as previously outlined.

To assist the Superintendent of Schools in monitoring the use of the sick leave benefit, you are asked to certify below the date of the termination of this employee's long-term disability; that is, the date on which the employee may resume the normal activities of public school employment.

Date of Termination of Long-Term Disability: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Family and Medical Leave Act**  
**Final Disposition of FMLA Leave**

Employee's name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

Daily hours of pay: \_\_\_\_\_

Weekly hours of pay: \_\_\_\_\_

Additions or deductions from pay during leave: \_\_\_\_\_

Total compensation paid during leave: \_\_\_\_\_

Dates FMLA Leave taken by employee: \_\_\_\_\_

If FMLA Leave was taken in increments of less than one (1) full day, the hours of the leave: \_\_\_\_\_

Payment of employee benefits premiums during the leave: \$ \_\_\_\_\_

Number of days to be counted against the 12-week yearly maximum: \_\_\_\_\_

\_\_\_\_\_  
*Human Resources Director*

\_\_\_\_\_  
*Date*