Iredell - Statesville Schools

Igniting A Passion for Learning

Leave of Absence Request

Any Absence of five (5) days or more must be processed as a request for leave. The Leave Request and FMLA Request Form must be completed and sent to **Jamie Davidson, Benefits Specialist in Human Resources** the day the employee notifies the school or department of the request for leave

Name:_____ **Social Security Number:** _____

Position(s):_____

School or Department: _____

Home Phone:_____ **Cell Phone:**_____

Address:_____
Street **City** **State** **Zip Code**

Type of Leave- Requires a Doctor's Note and FMLA Form

☐ **Medical Leave- Employee's Own Serious Health Condition**
Reason for Leave:_____
Worker's Comp: yes_____ **no**_____

☐ **Family Leave- To Care for a Family Member**
Relationship of employee to family member:_____
Health Condition of family member:_____

☐ **Maternity Leave**
Expected Due Date:_____

☐ **Parental Leave**

Type of Leave- Does not require a doctor's note

☐ **Military Leave- Please attach a copy of orders or supporting documentation** ☐ **Passing of** _____

☐ **Personal Leave** ☐ **Professional Leave** ☐ **Educational Leave- Please attach a Letter of Intent**

Expected Dates of Leave:
Start Date:_____ **End Date:**_____ **Expected Return to Work Date:**_____

_____ _____
Employee's Signature **Date** **Supervisor's Signature** **Date**

For Benefits Department Use Only

FMLA Qualified: yes_____ **no**_____ **Effective Date of FMLA:**_____ **Expiration Date:**_____

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Family and Medical Leave Act of 1993

To be eligible for Family and Medical Leave, an employee must have been **employed for 12 months** (actual hours worked do not include annual leave, sick leave or other absences for which the employee may have been paid). **The absence must be to care for the employee's own serious health condition or that of an immediate family member** (spouse, son or daughter less than 18 years of age, son or daughter over 18 years of age who is incapable of self-care, or a parent), **the birth of a son or daughter or to care for a newborn child or the placement with the employee of a child for adoption or foster care.**

Completed by Employer

1.) Has this employee been employed for 12 months (does not have to be the last 12 months) YES NO

2.) Has this employee actually worked 1250 hours in the past 12 months? YES NO

3.) Is the request for leave because of:

_____ Employee's own serious health condition?

_____ Serious health condition of an immediate family member?

- _____ Spouse
- _____ Son under 18 (Does not include in-laws)
- _____ Daughter under 18 (Does not include in-laws)
- _____ Son over 18 who is incapable of self-care (Does not include in-laws)
- _____ Daughter over 18 who is incapable of self-care (Does not include in-laws)
- _____ Parent(s) (Does not include in-laws)

_____ Birth of a son or daughter and/or the care of a newborn son or daughter

_____ Placement with the employee of a child for adoption or foster care

4.) Has this employee used any of his/her 12-workweeks annual FMLA entitlement in the past 12 months?

YES NO If yes, how many weeks? _____

If this request and the employee meet the requirements for FMLA stated above, the employee will receive additional information through the mail concerning the specifics of his/her leave of absence. **Please sign and date below as this serves as notice that this and any related leave will be counted against the employee's 12-workweek annual FMLA entitlement if qualified.**

If the school or department has questions concerning whether or not the leave qualifies as Family and Medical Leave, call Jamie Davidson in Human Resources at (704) 924-2008.

_____ _____

Employee's Signature Date School/Department Representative's Signature Date

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Leave of Absence Requirements and Guidelines

Any absence (including worker's comp) of five days or more must be processed as a Request for Leave. The Leave Request Form and FMLA Request Form should be sent to **Jamie Davidson, Benefits Specialist** in **Human Resources** the day the employee notifies the school or department of the request for leave. The employee is required to notify his/her employer 30 days in advance of a foreseeable leave. If the leave is unforeseeable, Human Resources should be notified of the absence if expected to last five days or more and the forms faxed to Jamie Davidson on the first day the employee returns to work.

The following documentation along with the Leave Request and FMLA Request is required so that a leave file and schedule may be completed for each type of leave:

Maternity Leave

1. Meeting – The employee is required to contact Jamie Davidson, Benefits Specialist at 704-924-2008 to set up an appointment at least 30 days prior to expected due date.
2. Doctor's Note – The note must indicate the expected due date and be signed by the employee's physician. The note needs to be clearly written on the doctor's office letterhead or prescription pad. If a c-section is scheduled, please have the doctor indicate this on the note.
3. Letter of Intent – This letter needs to be addressed to the employee's principal or supervisor stating the date the employee's leave is to start, how long they intend to be out of work and what their intentions are as far as returning to employment with I-SS. The principal or supervisor needs to sign and date the original and a copy will suffice for the employee's leave file.

Medical Leave (including Worker's Comp)

1. Required Documents – Along with the **Leave Request** and **Family Medical Leave Act (FMLA) Forms,** the employee must submit a **doctor's note** indicating the start date and expected end date of the requested leave. If the leave needs to be extended, a revised doctor's note must be submitted.
2. Application for Short-Term Disability (S-TD) – If an employee is going to be on a medical leave of absence for more than 60 days, the employee may apply for Short- Term Disability (S-TD) benefits if eligible.

   Who is eligible for S-TD?

   1. Permanent employee's who have one year of Teachers' and State Employee's Retirement System (TSERS) membership, which was earned within 36 months preceding disability.
   2. An employee must be determined to be mentally or physically disabled from performing their usual occupation.
   3. Disability must have occurred at the time of active employment.
   4. Disability must have been continuous and expected to last more than 60 days.
   5. Disability benefits may begin on the 61st day following the date the doctor states that the employee is disabled and unable to work or following the last day the employee worked, whichever is the latter of the two.

   S-TD Facts:

   1. The employee will receive 50% of their salary as of the last day worked.
   2. The employee may receive S-TD benefits for a maximum of 365 days after 60 day waiting period.
   3. If the employee has five or more contributing years to the TSERS then the employer will maintain health benefit coverage while receiving S-TD benefits. If the employee has less than five years of contributory service to the TSERS then the employee will be responsible for the employer portion of health benefit coverage. This amount will be deducted from the employee's monthly S-TD check.
   4. Any supplemental insurance or other deductions an employee may have may continue while receiving S-TD benefits. These deductions will be deducted from the employee's monthly S-TD check.

5. If an employee is on installment pay, they will be paid out the month the employee goes off payroll or the month S-TD benefits begin.

For the above Leaves of Absence

1. If the employee is requesting **Voluntary Shard Leave**, the **Application for Donation (green)** form must be submitted along with **Notice of Donation (blue)** form a month prior to going off payroll. If the days are received after the employee is off payroll, the days may not be able to be used.
    a. Donated days may not be banked or saved for a later date.
    b. Donated days must be used for the medical condition listed on the application.
2. When the leave begins, I-SS will allow the employee to use all applicable leave in order to maintain status on payroll for as long as possible. Sick and extended sick leave (for classroom teachers only) is given only during the period covered by the doctor's note.
3. For any period of time that an employee is protected by FMLA and off payroll, the employee is responsible for any insurance premiums and/or supplemental deductions they may have. The employee must contact **Sheila Weeks** at **704-924-2011** at the Race Street office to make payment arrangements.
4. For any period of time that an employee is not protected by FMLA and off payroll, the employee will be responsible for the employer portion of the State Health Plan, the employee portion of the State Health Plan and any supplemental deductions they may have. The employee must contact Sheila Weeks 704-924-2011 at the Race Street Office to either cancel the coverage or to make arrangement of this payment.
5. 10 month employees enrolled on the 12 month pay plan through I-SS and goes off payroll at anytime during their leave will be removed from the 12 month pay plan and their money will be paid out to them the month they come off of payroll.
6. Licensed Employees (Classroom Teachers), during a leave of absence must consider that their presence is required in the classroom for at least 120 days out of the school year in order to receive credit for the year of experience and to satisfy the terms of their contract with I-SS.

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

1. FMLA is the Family and Medical Leave Act of 1993. To eligible employees, it provides up to 12 weeks of paid or unpaid, job protected leave for personal illness, birth of a child, placement of an adopted or foster child, or care for an immediate family member with a serious health condition.
2. Employees are eligible if they have worked for I-SS at least 1 year, and 1,250 hours over the previous 12 months.
3. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.
4. For the duration of FMLA leave, I-SS must maintain the employee's health coverage under any "group health plan".
5. See the website concerning FMLA to answer other questions: http://www.dol.gov/whd/fmla/
6. Once Human Resources processes leave request, you will be sent a letter indicating if you are eligible for FMLA.