

Leave of Absence Request Procedure

1. Leave requests must be submitted at least one month before the occurrence. Leaves are not considered approved until formal action is taken by the board at its regular board meeting.
2. Employee should use the form provided by the LEA, (attached) which was modified as appropriate to submit all requests.
3.
 - a. The letter is submitted to the building principal.
 - b. The principal completes the Leave of Absence Request Form and submits to Human Resources.
 - c. Human Resources will verify the employee's actual days available and eligibility status for family leave requests, and complete form as required. Human Resources will submit the forms to Superintendent for final approval.
 - d. Superintendent completes form. If leave is approved, it will be put forward for Board approval at the next meeting.
 - e. Employees will receive verification of Board approval immediately following the Board meeting.

LAKWOOD PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
200 RAMSEY AVENUE
LAKEWOOD, NJ 08701

LEAVE OF ABSENCE REQUEST FORM
FAMILY MEDICAL LEAVE ACT (FMLA)/NJ FAMILY LEAVE ACT (NJFLA)

Name: _____

Building/Office: _____

Job Title: _____

1. I request to take a paid leave of absence as follows:

Sick Days From: _____ To: _____

Extra Consideration
Days From: _____ To: _____

Personal Days From: _____ To: _____

Vacation Days From: _____ To: _____

2. I request an unpaid leave of absence as follows:

FMLA Days From: _____ To: _____

NJFLA Days From: _____ To: _____

Note: If you choose an unpaid leave of absence you will be responsible to make payment for the medical benefits contribution that is deducted from your paycheck so that your benefits do not lapse. Please contact Darlene Deinhardt, ddeinhardt@lakewoodpiners.org to make the arrangement.

Employee Signature

Date

Supervisor Signature

Date

Superintendent Signature

Date

Substitute Needed: Yes _____ No _____

Recommended Sub _____

SAMPLE LETTER

Name
Address
City, State, Zip Code
Phone #
Email

Date

To Whom It May Concern,

I am a/an (job title) in (name of school/department). I respectfully request the use of my sick/personal/vacation days-paid leave commencing (anticipated start date of leave) and terminating (last date of leave). Thereafter, I ask to utilize the Family Medical Leave Act and return to work on or before (return date).

Attached is my medical documentation.

Sincerely,

(Your name)

This is a sample letter, if you are not using or do not have sick/personal/vacation days than you will write UNPAID LEAVE. If you are not eligible for FMLA or NJFLA then do not include the last sentence in the sample letter. If your leave extends beyond your sick/personal/vacation and you are not eligible for FMLA then simply put UNPAID LEAVE in place of the FMLA in the last sentence.

New Jersey Family Leave Benefits Application

Division of Temporary Disability & Family Leave Insurance
 P.O. Box 387, Trenton, NJ 08625-0387
 Fax: 609-984-4138

FLFLFL



PART A YOUR INFORMATION

Internal Code 	Social Security Number	□ □ □ □	□ □ □ □	□ □ □ □	
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Profile Information

1 Last name	First name	Middle	4 Date of Birth	5 Gender
2 Home Address(Street, Apt #, City, State, ZIP Code)			mm dd yy	
3 Mailing Address—if different from home address(Street, Apt #, City, State, ZIP Code)			6 County	
			7 Phone ()	

Questions 8 and 9 are for statistical purposes only and do not affect eligibility

8 With which racial/ethnic group(s) do you most identify? <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Latino/Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	9 Check the highest level of schooling you have completed. <input type="checkbox"/> Have not graduated high school <input type="checkbox"/> Associates/Bachelor's Degree <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Graduate Degree
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Leave Information

10 Date your Family Leave began	11 Date you returned/will return to work
12 Reason for family leave	<input type="checkbox"/> Bond with child <input type="checkbox"/> Care of family member
Complete Parts A & B	Complete Parts A, B, & C
Bonding claims: If you are the birth mother of the child, you may be eligible for Temporary Disability maternity benefits before collecting Family Leave bonding benefits. If you would like to apply for these benefits during your pregnancy and recovery, complete the Temporary Disability Benefits Application (form DS-1).	
13 Person you are caring for or bonding with	
Last name First Relationship Phone ()	
Date of Birth Date of Adoption/Foster Placement (if applicable)	
14 Are you taking all 12 weeks of Family Leave benefits in a row? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete Part D(Partial Leave Schedule) on Page 3	

Additional Benefit Information

15 Do you want 10% of your benefits withheld for federal income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16 During the period of Family Leave covered by this claim, have you received or applied for:	
a Federal Social Security Disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start/application date
b Pension benefits from your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start date Monthly amount \$
c Workers' Compensation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Unemployment Insurance benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Signature

17 I certify I was unavailable to work during the period for which I am claiming benefits. I am aware that if I provide any information in this application that I know to be false, or if I knowingly fail to disclose a material fact, I may be subject to penalties, which may include criminal prosecution. You are hereby authorized to verify my Social Security Number, and obtain any medical, employment and Social Security benefit information necessary to determine my eligibility for benefits.

Sign Here _____ Date | | | |

Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All medical records of the Division, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law are confidential & are not open to public inspection. The Division protects all records that may reveal the identity of the claimant, or the nature or cause of the family leave and the records may only be used in proceedings arising under the law.

Name _____
 Address _____
 Phone (____) _____

Social Security Number
 [][][] [][] [][][][]

PART B EMPLOYMENT INFORMATION

Instructions: Starting with your last employer, provide information for all your employers in the 6 months before your leave began.
 If you need to list more employers, make a copy of this page. Be sure to state the first and last day you physically reported to work. Do not write "present" or "current."

1 Name of your most recent employer _____ **2** Federal Employer Identification Number (FEIN) (see instructions)
 Company _____ [][]-[][][][][][][][]
 Street _____ City _____ State _____

3 Date of hire [][]/[][]/[][] to Last physical day of work before your leave [][]/[][]/[][] **4** Full time
 [][]/[][]/[][] mm | dd | yy mm | dd | yy Part time

5 Union Yes No **6** Occupation _____ **7** Work Location City _____ State _____

8 Separation from this employer is Temporary Permanent **9** Which days do you normally work?
 Sun Mon Tue Wed Thur Fri Sat **10** Regular Weekly Earnings
 S _____

11 Supervisor's Name _____ **12** Phone (____) _____

13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? Yes No

14 Did you collect temporary disability benefits under this employer's approved private plan? Yes No
 If yes, give dates [][]/[][]/[][] to [][]/[][]/[][] S _____ per week

15 Have you been paid for any days after your last day of work? Yes No
 If yes, from [][]/[][]/[][] to [][]/[][]/[][]
 Total amount paid S _____

This pay represents:
 Paid time off (vacation, sick, personal, etc.)
 Difference between regular wages and leave benefits
 Other pay from your employer (explain) _____
 Severance pay With notice In lieu of notice
 Donated Leave

1 Name of other employer (if applicable) _____ **2** Federal Employer Identification Number (FEIN) (see instructions)
 Company _____ [][]-[][][][][][][][]
 Street _____ City _____ State _____

3 Date of hire [][]/[][]/[][] to Last physical day of work before your leave [][]/[][]/[][] **4** Full time
 [][]/[][]/[][] mm | dd | yy mm | dd | yy Part time

5 Union Yes No **6** Occupation _____ **7** Work Location City _____ State _____

8 Separation from this employer is Temporary Permanent **9** Which days do you normally work?
 Sun Mon Tue Wed Thur Fri Sat **10** Regular Weekly Earnings
 S _____

11 Supervisor's Name _____ **12** Phone (____) _____

13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? Yes No

14 Did you collect temporary disability benefits under this employer's approved private plan? Yes No
 If yes, give dates [][]/[][]/[][] to [][]/[][]/[][] S _____ per week

15 Have you been paid for any days after your last day of work? Yes No
 If yes, from [][]/[][]/[][] to [][]/[][]/[][]
 Total amount paid S _____

This pay represents:
 Paid time off (vacation, sick, personal, etc.)
 Difference between regular wages and leave benefits
 Other pay from your employer (explain) _____
 Severance pay With notice In lieu of notice
 Donated Leave

Name _____
 Address _____
 Phone (____) _____

Social Security Number
 [][][] [][] [][][][]

PART C CAREGIVING CLAIMS

SECTION 1 MEDICAL CERTIFICATE: To be completed by the care recipient's healthcare provider

1 Does your patient require full time care? Yes No If no, how many days per week does your patient need care? _____

2 What was the first day that your patient needed care? _____
 mm | dd | yy

3 On what day do you estimate your patient will no longer require care? _____
 mm | dd | yy

4 Diagnosis (condition that requires care) _____ # ICD Code _____

5 I certify the above statements describe the patient's condition, need for care, and the estimated length of disability:
 Print Name _____ Signature _____ Date _____
 Certificate License No. and State _____ Check, if Resident
 Street Address _____
 City _____ State _____ ZIP Code _____
 Phone (____) _____ Fax (____) _____

SECTION 2 CARE RECIPIENT'S CERTIFICATION: To be completed by the care recipient

1 Care Recipient's Name Last _____ First _____

2 Care Recipient's Medical Disclosure Authorization and Confirmation: I authorize my physicians/health care providers to disclose my current personal health information to my care provider, identified above, and to the New Jersey Division of Family Leave Insurance. I make this authorization to support my care provider's claim for Family Leave Insurance benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent the Division of Family Leave Insurance from recovering money to which it is legally entitled. I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature _____ Date _____
 Witness signature if care recipient writes an "X" _____
 (If care recipient is unable to sign, Item 3 below must be completed.)
 Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All of your medical records, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law, are confidential and are not open to public inspection. The Division also protects all records that may reveal your identity or the identity of your care provider.

3 Authorized representative signing on behalf of care recipient must complete the following: I, _____, represent the care recipient in this matter and I am authorized by: _____ print name
 Parental right Power of attorney (attach copy) Court order (attach copy)
 Representative's Signature _____ Date _____ Phone (____) _____

PART D PARTIAL LEAVE SCHEDULE

If you are not claiming your leave in one consecutive 12-week period, mark the Family Leave days claimed below. Week Beginning Date should be the Sunday of the week you are taking leave. No benefits will be approved beyond the date of your signature.

Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Claimant signature _____ Date _____

FILE ONLINE FOR FASTER CLAIM PROCESSING AT myLeaveBenefits.nj.gov

How to Complete the Claim for Family Leave Benefits

- This application (form FL-1) is for family caregiving or bonding leave. If you wish to claim benefits for your own disability or for pregnancy and recovery, complete the application for Temporary Disability Benefits (form DS-1).
- You must complete the first 2 pages of the form (Parts A and B).
- You will need to provide your employer's Federal Employer Identification Number on Part B. You can get this number from either your last year's W-2 form or your Human Resources office. Your employer is not required to complete this form but you can ask them to help you with any questions on Part B.
- Part C must be completed by the care recipient and the doctor *only* if you are caring for an ill family member.
- Part D must be completed *only* if you are not claiming all 12 weeks of Family Leave benefits in a row.
- If your reason for taking leave is related to a domestic violence or sexual violence case in which medical documentation is not applicable, attach documentation related to the case. For more information see myleavebenefits.nj.gov/keepingNJsafe.
- You have 30 days from the first day of your leave to file your claim. If your claim form is received more than 30 days from the first day of your leave, you must provide a reason why the claim was not filed on time. Benefits may be reduced or denied for late applications.

Remember

- You must complete every question accurately and write legibly.
- Any missing information may cause your claim to be denied.
- Demographic questions have no effect on the approval or denial of your claim.
- Write your name and Social Security number on each page of your claim and on all attachments.
- Exact dates must be given. Do not write "present" or "current."
- If you need to list more than 2 employers, make a copy of Part B to list additional employment.
- If you return to work while you are claiming Family Leave benefits, report this date immediately to the Division of Family Leave Insurance to avoid overpayment.

How to Send Us Your Claim Form

There are 2 options for you to submit this form. Choose only one, as sending multiple copies will delay processing. If you filed your claim online, do not also submit a paper application.

1. Fax this completed form to 609-984-4138

- OR -

2. Mail this completed form to: Division of Temporary Disability Insurance / P.O. Box 387 / Trenton, NJ 08625-0387

After Submitting Your Claim

- If you are eligible for Family Leave Insurance benefits but do not initially claim all 12 weeks of leave when filing, we will send you a request for continued claim certification (form FL-3). Use this form if you need to claim benefits for additional periods of leave. Complete and return the form promptly to ensure uninterrupted benefits.
- You can find more information and check your claim status at myLeaveBenefits.nj.gov
- For more help on your claim, call Customer Service: 609-292-7060

Lakewood School District
200 Ramsey Avenue
Lakewood, New Jersey 08701
732-364-2400 X 7003

RETURN TO WORK FORM

To: Human Resource Dept.
Attention: Kari Novatin

From: _____

Date: _____

School: _____

Re: Return to Work Form

I _____ have returned from a Leave of Absence on
_____.

Please have your attendance secretary scan to me via email on the **FIRST DAY** of your return and send the **ORIGINAL inter-office mail to Human Resource Dept.**

Human Resources will notify the Payroll Department to generate your next paycheck.

I understand that a copy of this form will be put in my personnel file.

Signature _____

3431.1 FAMILY LEAVE

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POLICY

LAKESWOOD BOARD OF EDUCATION

TEACHING STAFF MEMBERS
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Family Leave

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A. Introduction

The Board will provide family leave in accordance with the Federal Family and Medical Leave Act (FMLA) and the New Jersey Family Leave Act (NJFLA).

FMLA leave for eligible staff members shall be up to twelve weeks leave of absence in any twelve month period upon advance notice to the district for the birth of a son or daughter of the staff member and in order to care for such son or daughter; for the placement of a son or daughter with the staff member for adoption or foster care; in order to care for the spouse, son, daughter, or parent of the staff member if such spouse, son, daughter, or parent has a serious health condition; or for a serious health condition that makes the staff member unable to perform the functions of the position of such staff member.

NJFLA leave for teaching staff members shall be up to twelve weeks leave of absence in any twenty-four month period upon advance notice to the district so that a staff member may provide care made necessary by the birth of a child of the staff member, the placement of a child with the staff member in connection with adoption of such child by the staff member, and the serious health condition of a spouse, parent, or child.

B. Applicability

The Board will comply with requirements of the New Jersey and Federal Family Leave laws. The laws have similar and different provisions that may provide different rights and obligations for the staff member and/or the Board. The staff member shall be afforded the most favorable rights if there is a conflict in the rights afforded to the staff member under the two laws.

1. If the staff member is eligible for leave for reasons provided under the FMLA and NJFLA, then the time taken shall be concurrent and be applied to both laws.
2. The NJFLA provides twelve weeks leave in a twenty-four month period while the FMLA provides twelve weeks leave in a twelve-month period. A staff member is eligible for up to twelve weeks leave in the first twelve months of the twenty-four month period under the NJFLA. A staff member is eligible for up to twelve weeks leave in the second twelve-month period under the FMLA.



3. In the event the reason for the family leave is recognized under one law and not the other law, the staff member is eligible for each law's leave entitlements within one twelve-month period. (Example: A staff member may use their FMLA leave for a twelve week family leave for their own pregnancy, which is considered a "serious health condition" under FMLA, and upon conclusion of the twelve week FMLA leave, the staff member would be eligible for a twelve week NJFLA leave to care for their newborn or any other reasons pursuant to the NJFLA.)

C. Definitions

1. Federal Family and Medical Leave Act (FMLA)

"Son" or "daughter" means a biological, adopted or foster child, stepchild, legal ward, or a child of a person standing in loco parentis, who is under eighteen years of age or eighteen years of age or older but incapable of self-care because of a mental or physical impairment.

"Parent" means the biological parent of a staff member or an individual who stood in loco parentis to a staff member when the staff member was a son or daughter. This term does not include parents "in law."

"Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical facility or continuing treatment by a health care provider.

"Week" is the number of days an employee normally works each calendar week.

"Staff member" means an employee eligible for family and medical leave in accordance with the Federal Family and Medical Leave Act (FMLA).

2. New Jersey Family Leave Act (NJFLA)

"Child" means a biological, adopted or foster child, stepchild, legal ward, child of a parent who is under eighteen years of age or a child eighteen years of age or older but incapable of self-care because of a mental or physical impairment.

"Parent" is a biological, adoptive, or foster parent; step-parent; parent-in-law; a legal guardian having a "parent-child relationship" with a child as defined by law; or a person who has sole or joint legal or physical custody, care, guardianship, or visitation with a child.



“Serious health condition” is an illness, injury, impairment, or physical or mental condition that requires inpatient care in a hospital, hospice, or residential medical facility or continuing medical treatment or continuing supervision by a health care provider.

“Week” is the number of days an employee normally works each calendar week.

“Staff member” is an employee eligible for family leave in accordance with the New Jersey Family Leave Act.

D. Eligibility

1. Federal Family and Medical Leave Act (FMLA)

A staff member shall become eligible for FMLA leave after he/she has been employed at least twelve months in this district and employed for at least 1250 hours of service during the twelve-month period immediately preceding the commencement of the leave. The twelve months the staff member must have been employed need not be consecutive months pursuant to 29 CFR Part 825 Section 110(b). The minimum 1250 hours of service shall be determined according to the principles established under the Fair Labor Standards Act (FSLA) for determining compensable hours of work pursuant to 29 CFR Part 785. Entitlement to FMLA leave taken for the birth of a son or daughter or placement of a son or daughter with the staff member for adoption or foster care shall expire at the end of the twelve-month period beginning on the date of such birth or placement.

Pursuant to 29 CFR Part 825 Section 202, a husband and wife both employed by the district are limited to a combined total of twelve weeks of leave during the twelve-month period if the leave is taken for the birth of a son or daughter of the staff member or to care for such son or daughter after birth; for placement of a son or daughter with the staff member for adoption or foster care or in order to care for the spouse, son, daughter, or parent of the staff member with a serious health condition.

The method to determine the twelve-month period in which the twelve weeks of FMLA leave entitlement occurs will be a “rolling” twelve-month period measured backward from the date a staff member uses any family leave.



A staff member during any period of FMLA leave is prohibited from performing any services on a full-time basis for any person for whom the staff member did not provide services immediately prior to commencement of the leave. A staff member using FMLA leave may commence part-time employment that shall not exceed half the regularly scheduled hours worked for the district. The staff member may continue the part-time employment that commenced prior to the FMLA leave at the same number of hours that the staff member was regularly scheduled prior to such leave.

2. New Jersey Family Leave Act (NJFLA)

A staff member shall become eligible for NJFLA leave after he/she has been employed at least twelve months in this district for not less than 1,000 base hours, excluding overtime, during the immediate preceding twelve month period. The calculation of the twelve-month period to determine eligibility shall commence with the commencement of the NJFLA leave. NJFLA leave taken for the birth or adoption of a healthy child may commence at any time within a year after the date of the birth or placement for adoption.

A staff member during any period of the NJFLA leave is prohibited from performing any services on a full-time basis for any person for whom the staff member did not provide services immediately prior to commencement of the leave. A staff member on NJFLA leave may commence part-time employment that shall not exceed half the regularly scheduled hours worked for the district. The staff member may continue the part-time employment that commenced prior to the NJFLA leave at the same number of hours that the staff member was regularly scheduled prior to such leave.

The method to determine the twenty-four month period in which the twelve weeks of NJFLA leave entitlement occurs will be a "rolling" twenty-four month period measured backward from the date a staff member uses any leave.



E. Types of Leave

1. Federal Family and Medical Leave Act (FMLA)

A staff member may take FMLA leave in consecutive weeks, as intermittent leave, or as reduced leave. A staff member who requests intermittent or reduced leave shall make a reasonable effort to schedule such leave so as not to unduly disrupt the instructional/educational program.

- a. Leave for the birth of a son or daughter or placement of a son or daughter with the staff member for adoption or foster care may not be taken by a staff member intermittently or on a reduced leave schedule.
- b. Leave may be taken intermittently or on a reduced leave schedule when medically necessary for planned and/or unanticipated medical treatment of a related serious health condition by or under the supervision of a health care provider, or for recovery from treatment or recovery from a serious health condition.
- c. Intermittent leave means leave scheduled for periods of time from one hour or more to several weeks; however, the total time within which the leave is taken can not exceed a twelve month period for each serious health condition episode. Intermittent leave may be taken for a serious health condition that requires periodic treatment by a health care provider, rather than one continuous period of time. Intermittent leave may also be taken for absences where the staff member is incapacitated or unable to perform the essential functions of the position because of a serious health condition even if the staff member does not receive treatment by a health care provider. The staff member shall make a reasonable effort to schedule intermittent leave so as not to unduly disrupt the operations of the instructional/educational program.
- d. Reduced leave means leave scheduled for fewer than the staff member's usual number of hours worked per workweek, but not fewer than a staff member's usual number of hours worked per workday, unless otherwise agreed to by the staff member and the district. A staff member is entitled, at the option of the staff member, to take leave on a reduced leave schedule not exceeding twenty-four consecutive weeks. The staff member shall make a reasonable effort to schedule reduced leave so as not to unduly disrupt the operations of the instructional/educational program.



The staff member shall provide the district prior notice of the care, medical treatment or continuing supervision by a health care provider necessary due to a serious health condition of a family member in a manner that is reasonable and practicable. Leave taken on a reduced leave schedule shall not result in a reduction of the total amount of leave to which a staff member is entitled.

- e. The fact that a holiday may occur within the week taken by a staff member as Family Leave has no effect and the week is counted as a week of Family Leave. However, if the staff member is out on Family Leave and the school district is closed and the staff member would not be expected to report for work for one or more weeks, the weeks the school district is closed for this staff member do not count against the staff member's family leave entitlement.

Any leave time remaining after a staff member has exhausted his/her entitlement to intermittent leave in any twelve month period may be taken as consecutive leave or reduced leave, and any leave time remaining after a staff member has exhausted his/her entitlement to reduced leave in any twelve month period may be taken as consecutive leave or intermittent leave.

- f. "Instructional employees" as defined in 29 CFR 825 Section 600(c) are those staff members whose principal function is to teach and instruct pupils in class, a small group, or in an individual setting. This term includes teachers, athletic coaches, driving instructors, and special education assistants, such as signers for the hearing impaired. Teacher assistants or aides who do not have as their principal job actual teaching or instructing, guidance counselors, Child Study Team members, curriculum specialists, cafeteria workers, maintenance workers and/or bus drivers are not considered instructional employees for the purposes of this policy. Semester as defined in 29 CFR 825 section 602(a)(3)(b) means the school semester that typically ends near the end of the calendar year and the end of the spring each school year. A school district can have no more than two semesters in a school year.
 - i. Leave taken at the end of the school year and continues into the beginning of the next school year is considered consecutive leave.



- ii. In accordance with 29 CFR 825 section 601(a)(1), eligible instructional staff members that need intermittent or reduced leave to care for a family member, or for the staff member's own serious health condition which is foreseeable based on planned medical treatment and the staff member would be on leave more than twenty percent of the total number of working days over the period the leave would extend, the district:
 - (a) May require the staff member to take the leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or
 - (b) Transfer the staff member temporarily to an available alternative position for which the staff member is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of leave than does the staff member's regular position.
- iii. If the instructional staff member does not give the required notice for leave that is foreseeable and desires the leave to be taken intermittently or on a reduced leave schedule, the district may require the staff member to take leave of a particular duration, or to transfer temporarily to an alternative position. Alternatively, the district may require the staff member to delay taking the leave until the notice provision is met.
- iv. In accordance with 29 CFR 825 Section 602, if an instructional staff member begins leave more than five weeks before the end of the school year, the district may require the staff member to continue taking leave until the end of the semester if:
 - (a) The leave will last three weeks, and
 - (b) The staff member would return to work during the three-week period before the end of the semester.
- v. In accordance with 29 CFR 825 Section 602, if an instructional staff member begins leave for a purpose other than the staff member's own serious health condition during the five-week period before the end of the semester, the district may require the staff member to continue taking leave until the end of the semester if:



- (a) The leave will last more than two weeks; and
- (b) The employee would return to work during the two-week period before the end of the semester.

(Example of leave falling within these provisions: If a staff member plans two weeks of leave to care for a family member which will begin three weeks before the end of the term, the district could require the staff member to stay out on leave until the end of the term.)

- vi. In accordance with 29 CFR 825 Section 602, if an instructional staff member begins leave for a purpose other than the staff member's own serious health condition during the three week period before the end of a semester, the district may require the staff member to continue taking leave until the end of the semester if the leave will last more than five working days.
- vii. In the event the district requires the instructional staff member to take additional leave to the end of the semester in accordance with iv., v., or vi. above, the additional leave days shall not be counted as FMLA leave.

2. New Jersey Family Leave Act (NJFLA)

A staff member may take NJFLA leave in consecutive weeks, as intermittent leave, or as reduced leave. A staff member who requests intermittent or reduced leave shall make a reasonable effort to schedule such leave so as not to unduly disrupt the instructional/educational program.

- a. In the case of a family member who has a serious health condition, leave may be taken intermittently when medically necessary. The total time within which the leave is taken, can not exceed a twelve-month period for each serious health condition episode. The staff member will provide the district with prior notice of the leave in a manner which is reasonable and practicable; and the staff member shall make a reasonable effort to schedule the leave so as not to unduly disrupt the operations of the instructional/educational program. In the case of the birth or adoption of a healthy child, the leave may be taken intermittently only if agreed to by the staff member and the district.



- b. Reduced leave means leave scheduled for fewer than the staff member's usual number of hours worked per workweek, but not fewer than a staff member's usual number of hours worked per workday, unless otherwise agreed to by the staff member and the district. A staff member is entitled, at the option of the staff member, to take leave on a reduced leave schedule for a period not exceeding twenty-four consecutive weeks. The staff member is not entitled to take the leave on a reduced leave schedule without an agreement between the staff member and the district if the leave is taken for the birth or adoption of a healthy child. The staff member shall make a reasonable effort to schedule reduced leave so as not to unduly disrupt the operations of the instructional/educational program.

The staff member shall provide the district prior notice of the care, medical treatment or continuing supervision by a health care provider necessary due to a serious health condition of a family member in a manner that is reasonable and practicable. Leave taken on a reduced leave schedule shall not result in a reduction of the total amount of leave to which a staff member is entitled.

- c. The fact that a holiday may occur within the week taken by a staff member as family leave has no effect and the week is counted as a week of family leave. However, if the staff member is out on family leave and the school district is closed and the staff member would not be expected to report for work for one or more weeks, the weeks the school district is closed for this staff member do not count against the staff member's family leave entitlement.

Any leave time remaining after a staff member has exhausted his/her entitlement to intermittent leave in any twelve month period may be taken as consecutive leave or reduced leave, and any leave time remaining after a staff member has exhausted his/her entitlement to reduced leave in any twelve month period may be taken as consecutive leave or intermittent leave.

F. Notice

1. Federal Family and Medical Leave Act (FMLA)



- a. Foreseeable Leave - A staff member eligible for FMLA leave must give at least a thirty day written advance notice to the Assistant Superintendent if the need for the leave is foreseeable based on an expected birth, placement for adoption of foster care, or planned medical treatment for a serious health condition of the staff member or a family member. If thirty days is not practical, the staff member must provide notice "as soon as practicable" which means as soon as both possible and practical, taking into account all the facts and circumstances in the individual case. For foreseeable leave where it is not possible to give as much as thirty days notice "as soon as practical" ordinarily would mean at least verbal notification to the Assistant Superintendent within one or two business days or when the need for leave becomes known to the staff member. The written notice shall include the reasons for the leave, the anticipated duration of the leave and the anticipated start of the leave.

When planning medical treatment, the staff member must consult with the Assistant Superintendent and make a reasonable effort to schedule the leave so as not to unduly disrupt the educational program, subject to the approval of the health care provider. Staff members are ordinarily expected to consult with the Assistant Superintendent prior to scheduling of treatment that would require leave for a schedule that best suits the needs of the district and the staff member.

The district may delay the staff member taking leave for at least thirty days if the staff member fails to give thirty days notice for foreseeable leave with no reasonable excuse for the delay.

- b. Unforeseeable Leave - When the approximate timing of the need for leave is not foreseeable, a staff member should give notice to the Assistant Superintendent for leave as soon as practicable under the facts and circumstances of the particular case. It is expected the staff member will give notice to the Assistant Superintendent within no more than one or two working days of learning of the need for leave, except in extraordinary circumstances where such notice is not foreseeable. The staff member should provide notice to the employer either in person or by telephone, telegraph, facsimile machine or other electronic means.



2. New Jersey Family Leave Act (NJFLA)

- a. Foreseeable Leave - A staff member eligible for NJFLA leave must give at least a thirty day advance written notice to the Assistant Superintendent of the need to take family leave except where the need to take family leave is not foreseeable.
 - i. Notice for leave to be taken for the birth or placement of the child for adoption shall be given at least thirty days prior to the commencement of the leave, except that if the date of the birth or adoption requires leave to begin in less than thirty days, the employee shall provide such notice that is reasonable and practicable.
 - ii. Notice for leave to be taken for the serious health condition of a family member shall be given at least fifteen days prior to the commencement of leave, except that if the date of the treatment or supervision requires leave to begin in less than fifteen days, the staff member shall provide such notice that is reasonable and practicable.
 - iii. When the Assistant Superintendent is not made aware that a staff member was absent for family leave reasons and the staff member wants to request the leave be counted as family leave, the staff member must provide timely notice within two business days of returning to work to have the time considered for family leave in accordance with the Family Leave Act.
- b. Unforeseeable Leave - When the need for leave is not foreseeable, the staff member must provide notice "as soon as practicable" which shall be at least verbal notice to the Assistant Superintendent within one or two business days of the staff member learning of the need to take family leave. Whenever emergent circumstances make written notice impracticable, the staff member may give verbal notice to the Assistant Superintendent, but any verbal notice must be followed by written notice delivered within two working days.



G. Leave Designation

An eligible staff member shall designate FMLA or NJFLA leave upon providing notice of the need for the leave or when the need for leave commences. The Assistant Superintendent shall provide the staff member with this Policy to assist the staff member in determining the type of leave.

H. Benefits

The Federal Family and Medical Leave Act and/or the New Jersey Family Leave Act shall be unpaid leave.

The Board will maintain coverage under any group health insurance policy, group subscriber contract, or health care plan at the level and under the conditions coverage would have been provided if the staff member had continued to work instead of taking the leave. If the staff member was paying all or part of the premium payments prior to the leave, the staff member would continue to pay his/her share during the leave time. Any instructional employee who is on leave under NJFLA or FMLA at the end of the school year will be provided with any benefits over the summer that the employee would normally receive if they had been working at the end of the school year.

I. Returning from Leave

The Federal Family and Medical Leave Act and/or the New Jersey Family Leave Act

A staff member returning from leave shall be entitled to the position he/she held when leave commenced or to an equivalent position of like seniority, status, employment benefits, pay and other conditions of employment. If the district experiences a reduction in force or layoff and the staff member would have lost his/her position had the staff member not been on family leave as a result of the reduction in force or pursuant to the good faith operation of a bona fide layoff and recall system including a system under any collective bargaining agreement, the staff member shall be entitled to reinstatement to the former or an equivalent position in accordance with applicable statutes, codes and laws. The staff member's tenure and seniority rights, if any, and other benefits shall be preserved, but the staff member shall accrue no additional time toward tenure or seniority for the period of the leave, except as may be provided by law.



The return of a staff member prior to the expiration of the requested family leave may be permitted by the Board if the return does not unduly disrupt the instructional program or require the Board to incur the cost of continuing the employment of a substitute under contract.

If leave is taken under FMLA, and the staff member does not return to work after the leave expires, the Board is entitled to recover health insurance costs paid while the staff member was on FMLA. The Board's right to recover premiums would not apply if the staff member fails to return to work due to:

1. The continuation, onset or recurrence of a serious health condition of the staff member; or
2. Circumstances beyond the staff member's control.

J. Ineligible Staff Members

1. Federal Family and Medical Leave Act (FMLA)

The district may deny job restoration after FMLA leave if the staff member is a "key employee" as defined in 29 CFR 825 Section 217 if such denial is necessary to prevent substantial and grievous economic injury to the district or the district may delay restoration to a staff member who fails to provide a fitness for duty certificate to return to work for leave that was the staff member's own serious health condition. A "key employee" is a salaried, staff member who is among the highest paid ten percent of the school district staff employed by the district within 75 miles of the worksite. No more than ten percent of the school district staff within 75 miles of the worksite may be "key employees."

In the event the Assistant Superintendent believes that reinstatement may be denied to a key employee, the Assistant Superintendent must give written notice to the staff member at the time the staff member gives notice of the need for leave, or when the need for leave commences, if earlier, that he/she qualifies as a key employee. The key employee must be fully informed of the potential consequences with respect to reinstatement and maintenance of health benefits if the district should determine that substantial and grievous economic injury to the district's operations will result if the staff member is reinstated from leave. The district's notice must explain the basis for the district's finding that substantial and grievous economic injury will result, and if leave has commenced, must provide the staff member a reasonable time in which to return to work. If the staff member on leave does not return to work in response to the notice of intent to deny restoration, the staff member continues to be entitled to maintenance of health insurance.



A key employee's rights under the FMLA continue unless and until the staff member either gives notice that he/she no longer wishes to return to work or the district actually denies reinstatement at the conclusion of the leave period. A staff member is still entitled to request reinstatement at the end of the leave period even if the staff member did not return to work in response to the district's notice. The district will then again determine whether there will be substantial and grievous economic injury from reinstatement based on the facts at that time. If it is determined that substantial and grievous economic injury will result, the district will notify the staff member in writing (in person or by certified mail) of the denial of the restoration.

2. New Jersey Family Leave Act

The district may deny family leave to the staff member if the staff member is a salaried employee who is among the highest paid five percent of the school district staff or one of the seven highest paid employees of the district, whichever is greater, if the denial is necessary to prevent substantial and grievous economic injury to the school district's operations. The Assistant Superintendent shall notify the staff member of the intent to deny the leave at the time the Assistant Superintendent determines the denial is necessary. If the leave has already commenced at the time of the district's notification of denial, the staff member shall be permitted to return to work within ten working days of the date of notification.

K. Verification of Leave

1. Federal Family and Medical Leave Act (FMLA)

The Board requires a staff member's FMLA leave to care for the staff member's seriously ill spouse, son, daughter, or parent, or due to the staff member's own serious health condition that makes the staff member unable to perform one or more of the essential functions of the staff member's position, be supported by a certification issued by the health care provider of the staff member or the staff member's ill family member. The certification must meet the requirements of 29 CFR Section 825.306 to include: which part of the definition of "serious health condition" applies; the approximate date the serious health condition commenced and its probable duration; whether it will be necessary for the staff member to take intermittent and/or reduced leave; whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity; if additional treatments will be required for the condition; and/or if the patient's



incapacity will be intermittent or will require reduced leave. The certification of a serious health condition of a family member of the staff member shall be sufficient if it states the date on which the condition commenced, the probable duration of the condition, and the medical facts within the provider's knowledge regarding the condition. Certification for the birth or placement of a child need only state the date of birth or date of placement.

In the event the Assistant Superintendent doubts the validity of the certification, in accordance with 29 CFR Section 825.307, the district may require, at the district's expense, the staff member obtain an opinion regarding the serious health condition from a second health care provider designated by the district, but not employed on a regular basis by the district. If the second opinion differs from the staff member's health care provider, the district may require, at the district's expense, the staff member obtain the opinion of a third health care provider designated by the district or approved jointly, in good faith, by the district and the staff member. The opinion of the third health care provider shall be final and binding on the district and the staff member.

The district may require re-certification pursuant to the requirements of 29 CFR Section 825.308. In accordance with 29 CFR Section 825.309, the staff member on leave must provide a written report to the Assistant Superintendent every thirty workdays. The report shall include the staff member's status and intended date to return to work. In the event the staff member's circumstances change, the staff member must provide reasonable notice to the Assistant Superintendent if the staff member intends to return to work on a date sooner than previously noticed to the district. The staff member is not required to take more leave than necessary to resolve the circumstance that precipitated the need for leave. As a condition of returning to work after the leave for the staff member's own serious health condition, and in accordance with 29 CFR Section 825.310, the district requires a staff member to provide a certification from their health care provider that the staff member is able to resume work.

In accordance with 29 CFR Section 825.311, the district may delay the taking of FMLA leave to a staff member who fails to provide certification within fifteen days after being requested to do so by the district. In accordance with 29 CFR Section 825.312, the district may delay the taking of leave until thirty days after the date the staff member provides notice to the district of foreseeable leave or the district may delay continuation of leave if a staff member fails to provide a requested medical certification in a timely manner.



2. New Jersey Family Leave Act

The Board shall require the certification of a duly licensed health care provider verifying the purpose of requested NJFLA leave. Certification of a serious health condition of a family member of the staff member shall be sufficient if it states the date on which the condition commenced, the probable duration of the condition, and the medical facts within the provider's knowledge regarding the condition. Certification for the birth or placement of a child need only state the date of birth or date of placement, whichever is appropriate.

In the event the Assistant Superintendent doubts the validity of the certification for the serious health condition of a family member of the staff member, the district may require, at the district's expense, the staff member to obtain an opinion regarding the serious health condition from a second health care provider designated or approved, but not employed on a regular basis, by the district. If the second opinion differs from the certification the district may require, at the district's expense, that the staff member obtain the opinion of a third health care provider designated or approved jointly by the district and the staff member concerning the serious health condition. The opinion of the third health care provider shall be final and binding on the district and the staff member.

L. Interference with Family Leave Rights

The Federal Family and Medical Leave Act and the New Jersey Family Leave Act prohibit interference with a staff member's rights under the law, and with legal proceedings or inquiries relating to a staff member's rights. Unless permitted by the law, no staff member shall be required to take family leave or to extend family leave beyond the time requested. A staff member shall not be discriminated against for having exercised his/her rights under the Federal Family and Medical Leave Act or the New Jersey Family Leave Act nor discouraged from the use of family leave.

M. Non-Tenured Teaching Staff

Family leave granted to a nontenured staff member cannot extend the employee's employment beyond the expiration of his/her employment contract.



N. Record Keeping

In order that staff member's entitlement to FMLA leave and NJFLA leave can be properly determined, the Superintendent shall ensure the keeping of accurate attendance records that distinguish family leave from other kinds of leave. The Superintendent will publish a notice explaining the Act's provisions and provide information concerning the procedures for filing complaints of violations of the FMLA and NJFLA.

Implementation of FMLA and NJFLA will be consistent with provisions in collective bargaining agreement(s) in the district.

29 U.S.C. 2601 et seq.
29 C.F.R. 825.200 et seq.
N.J.S.A. 34:11B-1 et seq.
N.J.A.C. 13:14-1 et seq.

Adopted: 17 October 2013

