Family Medical Leave (FMLA)

Family Medical Leave 101

- Any employee who has missed/will miss more than 5 consecutive work days for a medical reason must be put on an approved leave (FML or TDL).
- Employees are eligible if they have been employed by district for more than 12 months, and worked at least 1,250 hours in the 12 months immediately preceding the need for leave.
- FML allows eligible employees a total of 12 work weeks of leave, without loss of any employment benefits, during 12 month period for 1 or more of the following reasons:
    1. The employee's serious health condition.
    2. To care for a spouse, parent, or child with a serious health condition.
    3. The birth of a child, to care for a healthy newborn, or placement of a child for adoption or foster care.
    4. A qualifying exigency resulting from a covered family member's active military duty or call to active duty status.
    5. To care for a family member who is a covered US servicemember with a serious illness or injury that resulted from active military duty (i.e., military caregiver leave). Covers family members who are current servicemembers and veterans.
- FML is an unpaid leave. However, district policy requires employees to use all compensable time concurrently with any approved leave.
- The district will continue to pay its portion of the employee's health insurance premium for the approved FML period.
- FML runs concurrent with all other leaves.

FML Checklist

30 days before leave – complete and return Request for FMLA and Use of Leave Authorization forms to Phyllis Klein. If this is not practicable due to unforeseeable circumstances, notice must be given as soon as feasible.

Notify your supervisor of the need for leave.

Make sure your physician returns the Medical Certification within 15 calendar days of you receiving it. This must be completed fully and returned in order for your leave to be approved.

Contact the payroll department for information about the number of paid leave days you have available and general salary questions pertaining to leave.

The Insurance Department can answer any questions about your DISD benefits while on leave.

Before returning to work, you must provide a completed medical release note from your physician to Phyllis Klein.

Phyllis Klein
Workers' Comp. and Leave Specialist
940-369-0030 direct
940-369-4980 fax
pklein@dentonisd.org
http://www.dentonisd.org/Page/46491

Temporary Disability Leave (TDL)

Temporary Disability Leave 101

- Any employee who has missed/will miss more than 5 consecutive work days for a medical reason must be put on an approved leave (FML or TDL).
- TDL is to be used for employees who do not qualify for FML, or who have exhausted FML and are still not medically cleared to return to work.
- All full time employees are eligible for TDL for their own serious health condition that interferes with the performance of their regular duties.
- For the purpose of TDL, pregnancy is considered a temporary disability.
- TDL allows eligible employees medical leave of up to 180 calendar days.
- TDL is an unpaid leave. However, district policy requires employees to use all compensable time concurrently with any approved leave.
- The district will not continue to pay its portion of the employee's health insurance premium for the approved TDL period.
- TDL runs concurrent with all other leaves.

TDL Checklist

To request TDL, you will need to submit to the *Leave Specialist* a letter addressed to the superintendent (Dr. Jamie Wilson, Ed.D.) that includes the reason for leave and the date leave needs to begin, as well as the Leave of Absence Request form. You will be given a medical certification to have your physician complete and return before your leave can be approved.

Notify your supervisor of the need for leave.

Contact the payroll department for information about the number of paid leave days you have available and general salary questions pertaining to leave.

The Insurance Department can answer any questions about your DISD benefits while on leave.

Before returning to work, you must provide a completed medical release note from your physician to Phyllis Klein.

Phyllis Klein
Workers' Comp. and Leave Specialist
940-369-0030 direct
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DENTON
INDEPENDENT SCHOOL DISTRICT

Fax completed form to: 940-369-4980
***Or* Email to: pklein@dentonisd.org**

Leave of Absence Request

Completed request with appropriate signatures should be submitted to the Insurance Department at least **30** days, if possible, prior to the date the requested leave is to begin. Documentation for absences over five (5) consecutive days is required per the Employee Handbook. When seeking leave you must provide medical certification within 15 calendar days.

Name _____ Employee ID # _____ Contact # _____

Title _____ Location/School _____

Name of Supervisor_____ # of Duty Days per year_____

Leave expected to begin ____ _/___ __/___ __ (Date) Anticipated return to work ___ __/____ _/__ ___ (Date)

Check One ✓	***Reason for Absence – Type of Leave***	***Documentation Necessary***	*For Leave Specialist Use* ***Approval***	***Denial***
	Family Medical Leave (FML) **Employees who have been with district for at least 12 months, and have worked 1,250 hours in immediate preceding 12 months from date of leave. Limited to medical leave for employee's illness or illness within the employee's family as defined by the Family Medical Leave Act. FML runs concurrently with other leaves. Maximum length is 12 work weeks.**	Medical certification completed by your treating physician – provided by Leave Specialist when eligibility is determined.		
	Temporary Disability Leave (TDL) **Employees who are not eligible for FML, or who have exhausted FML and still not medically able to return to work. TDL can only be used for the employee's own serious health condition that interferes with the performance of regular duties. Maximum length is 180 calendar days. TDL runs concurrently with other leaves.**	Letter to Superintendent, Medical certification completed by your treating physician - provided by Leave Specialist when eligibility is determined.		
	Assault Leave **A district employee who is physically assaulted during the performance of regular duties is entitled to time necessary to recuperate from physical injuries sustained as a result of the assault. Assault Leave runs concurrently with other leaves.**	Work Status Report – see Leave Specialist		
	Qualifying Exigency / Military Caregiver Leave **Employees may take leave to address certain urgent situations that result from a qualifying military member's covered active duty or call to covered active duty, or to care for a covered servicemember w/a serious injury or illness sustained or aggravated by service in the line of duty while on active duty.**	See Leave Specialist		
	Military Service **Employees required to serve in the federal or state military shall be granted leave. Short term state military or federal reserve military leave shall not exceed fifteen days per federal fiscal year.**	Copy of military orders		

Person with medical condition: ❑ Self – Serious Health Condition ❑ Self – Pregnancy ❑ Spouse ❑ Child ❑ Parent/Loco Parentis

Name of spouse/parent/child: _____

Leave will be: ❑ Continuous ❑ Intermittent: To be used when leave in not in consecutive days. A schedule of your anticipated absences is required.

Employees out for their own medical condition **will not** be permitted to resume work with the District until a medical release has been received by the Insurance Department. If you are out to care for a spouse/parent/child, you must notify the Insurance Department of your return date prior to your return.

I understand that the leave I am requesting is an unpaid leave except where use of sick leave, personal days, vacation days and compensatory time are required. Any days taken where leave is unavailable are taken without pay. I understand that the District requires use of all accumulated state sick leave, local sick leave, state personal leave, vacation and compensatory time during leave. I understand that the leave begins on the date specified and shall run concurrently with Family Medical Leave (FML) and Temporary Disability Leave (TDL) as it applies. I understand that while I am on FML, the District will continue to pay its contribution toward my medical insurance premium for a maximum of twelve weeks as covered under the Family Medical Leave Act, and I am responsible for continued payment of my portion of the medical premium. I understand that while I am on TDL, the District will not continue to pay its contribution toward my medical insurance premium. I understand that I will not be permitted to resume my position with the District until I provide a doctor's medical release, specifying the date that I am released to return to work. I understand that if I do not return to work after I exhaust my 12 weeks of leave under FML, I may have to resign. I have read and understand ***District Policy DEC (LOCAL) and CRD (LOCAL).*** I attest that the above information is true and correct. I have read and understand the terms and conditions of my leave.

Employee's Signature _____ Date_____

DENTON INDEPENDENT SCHOOL DISTRICT
Insurance Department
P. O. Box 1951
Denton, TX 76202
940-369-0028
940-369-4980 - fax

USE of LEAVE AUTHORIZATION

Employee Name_____ Employee ID #_____
(Please Print)

Job Title_____ Campus_____ Department_____

Employee Signature_____ Date Signed_____

Check Appropriate Box Indicating Type of Leave Requested:

❒ Family Medical Leave ❒ Workers' Compensation ❒ Temporary Disability Leave

Select the order in which earned leave will be taken during your absence. You may also decide on the number of days/hours per category to be charged to your leave balances.

Failure to designate the order will result in your leave being charged as follows:

1) Local leave;
2) State sick leave (accumulated before the 1995-96 school year)
3) State personal leave;
4) Other (vacation, compensatory, etc)

Use of sick leave bank days shall be permitted only after all available state and local leave has been exhausted.

Please circle the order you would like to use your leave and fill in the number of days/hours per category.

1 2 3 I choose to use _____ days/hours of Local leave**.**

1 2 3 I choose to use _____ days/hours of State sick leave (accumulated before the 1995-96 school year)**.**

1 2 3 I choose to use _____ days/hours of State leave**.**

1 2 3 I choose to use _____ days/hours of Other (vacation, compensatory, etc)

FAILURE TO RETURN THIS FORM WILL RESULT IN LEAVE CHARGED AS STATED ABOVE. YOUR SELECTIONS ARE FINAL.

FORM MUST BE RETURNED TO THE INSURANCE DEPARTMENT

DENTON INDEPENDENT SCHOOL DISTRICT

Insurance Department
1314 N. Bolivar Street ● Denton, TX 76201 ● PO Box 1951 ● Denton, TX 76202
Tel 940.369.0028 ● Fax 940.369.4980 ● www.dentonisd.org

MEDICAL RELEASE

(*To be completed by the same Physician who certified your medical leave*)

Due in the Insurance Department at least one week before the employee returns to work.

Employee Name:_____Employee ID#

Campus/Dept:_____Job Title:

Physician must complete the information and sign below.

The above named employee is released to return to work

- ❒ with
- ❒ without restrictions

on _____/_____/_____.
Month Day Year

If restrictions please list:_____

_____

_____

Physician's Signature:_____Date:_____

Physician's Name:_____Phone #:_____

Address:_____

_____

City:_____State:_____Zip:_____

Please return to Phyllis Klein @ fax 940-369-4980