

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 (at the same time) 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, including the Disability Benefit.

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 (at the same time) with all other leaves.

TDL Checklist

To request TDL, you will need to submit to the *Leave Specialist* 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, including the Disability benefit.

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

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Leave of Absence Request

Completed request with appropriate signatures should be submitted to the Leave Specialist 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 # _____

Title _____ Location/School _____

Name of your Supervisor _____ Personal Email: _____

Leave expected to begin ____/____/____
Date

Anticipated return to work ____/____/____
Date

Check One ✓	Reason for Absence – Type of Leave	Documentation Necessary	<i>For Leave Specialist Use</i>	
			<i>Eligible</i>	<i>Not Eligible</i>
✓	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.	Once you submit this document, Leave Specialist will email you a Medical Certification for your doctor to complete.		
	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.	Medical certification completed by your treating physician		
	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 if leave is taken to care for them: _____

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 _____