

AVON GROVE  
SCHOOL DISTRICT

NON-INSTRUCTIONAL  
EMPLOYEES

THE FAMILY AND MEDICAL LEAVE ACT

**Notice by the District**

1. The FMLA Posting and any inserts, the FMLA Fact Sheet and the District's Notice of Expectations and Obligations shall be posted and remain posted at all District facilities in conspicuous locations.
2. A copy of the FMLA United States Department of Labor Fact Sheet No. ESA 93-24, or appropriate sheet as amended, shall be given to all employees:
  - a. upon hiring and whenever other written guidance is given by the District to employees concerning employee benefits or leave rights;
  - b. whenever an employee requests leave under the FMLA (regardless of the employee's entitlement to such leave);
  - c. whenever the District designates a leave as an FMLA leave; and
  - d. upon request.
3. The expectations and obligations of a District employee eligible for an FMLA leave are as set forth on the written Notice of Expectations and Obligations. If an employee is eligible for an FMLA leave, or if the District designates a leave as an FMLA leave, the employee shall be provided with the aforesaid written Notice of Expectations and Obligations. The employee shall be required to sign a copy of the Notice of Expectations and Obligations which is to be maintained in the employees' personnel file. If the employee cannot or refuses to sign the notice, appropriate documentation of the situation shall be prepared and maintained in the employee's personnel file, with a copy of the documentation being provided to the employee. The District shall provide an employee with any other forms the District is required to distribute by law.

**Reasons for Leave**

An eligible employee qualifies for FMLA leave for the following reasons:

1. Birth and first-year care of a child.
2. Adoption or foster placement of a child.
3. Serious illness of an employee's spouse, child or parent.
4. Serious health condition that makes the employee unable to perform essential function of

the employee's job.

5. Qualifying exigency arising out of the fact the employee's spouse, child or parent is a covered military member on active duty, or has been notified on an impending call or order to active duty, in support of a contingency operation.
6. Care of covered service member with a serious injury or illness, if the employee is the spouse, child, parent or next of kin of the service member.

### **Ineligibility for Leave**

An employee may be denied an FMLA leave under the following circumstances:

- a. the employee does not meet the eligibility standards of having actually worked for the District at least twelve (12) months prior to the start of the leave and having worked 1,250 hours during the year prior to the start of the leave;
- b. if the employee fails to give timely advance notice when the need for FMLA leave is foreseeable; but such leave will be granted if desired by the employee and if the employee is otherwise entitled to the leave thirty (30) days after the date the employee gives notice;
- c. if the employee fails to provide complete, sufficient and timely medical certification where required, FMLA leave may be denied until the certification is provided;
- d. if the employee fails to provide complete, sufficient and timely certification for a qualified exigency related to active duty or call to active duty where required, FMLA may be denied until certification is provided;
- e. if the employee has exhausted twelve (12) weeks of FMLA leave during the twelve-month period preceding the start of the leave or has exhausted twenty six (26) weeks of leave in a single twelve-month period in regard to covered service member family leave or combined leave totals preceding the start of the leave;
- f. in any case in which the necessity for the leave is in order to care for the spouse, child or parent of the employee, because of the employee's own serious health condition or because of covered service member family leave where the employee fails to make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the District, subject to the approval of the health care provider;
- g. if both a husband/wife work for the District, and one or the other seeks a leave so that the aggregate number of work weeks taken by both would exceed twelve (12) and the leaves were taken because of the birth or placement of a son or daughter or in order to care for the child or parent of the employee;
- h. if both a husband/wife work for the District, and one or the other seeks a leave so that the aggregate number of work weeks taken by both would exceed twenty six (26) and the leaves were taken because of covered service member family leave

or combined leave totals; or

- i. if the employee is not qualified for such leave for any reason.

### **Notice by the Employee**

All employees requesting a leave of absence, whether for FMLA leave purposes or not, shall complete and submit a written request on the attached form. No employee shall be entitled to a leave of absence unless the form is submitted and completed.

Employees must give thirty (30) days notice of their need for FMLA where the need for the leave is foreseeable, or such notice as is practicable under the circumstances.

Employees have an obligation to respond to the district's questions designed to determine whether an absence is potentially FMLA qualifying.

The attendance records of each employee shall indicate whether any leaves are designated as FMLA leave and whether FMLA notice was given to the employee in accordance with district policy.

Employees must provide periodic reports during FMLA leave regarding the employee's status and intent to return to work.

### **Intermittent/Reduced Schedule Leave**

An employee is eligible for intermittent or reduced schedule leave for the employee's own serious health condition; to care for a seriously ill spouse, child or parent; to care for a seriously injured or covered service member; or for a qualifying exigency. FMLA leave cannot be taken intermittently or on a reduced leave schedule for the birth or placement of a child for adoption or foster care.

An employee will be denied intermittent leave or leave on a reduced schedule to care for an immediate family member (spouse, child, parent) with a serious health condition, to care for a covered service member or if the employee has a serious health condition, if:

- a. the employee fails to establish, through medical certification, that there is a medical need for such leave (as distinguished from voluntary treatments and procedures); or
- b. the employee has failed to establish, through medical certification, that it is medically necessary for the leave to be taken intermittently or on a reduced leave schedule.

When an employee requests intermittent or reduced leave that is foreseeable based on planned medical treatment, the District may temporarily transfer the employee to an available alternative position with equivalent pay and benefits that better accommodates the employee's requested leave. An alternative position for these purposes does not have to have equivalent duties.

If an employee needs leave intermittently or on a reduced leave schedule for planned medical treatment, then the employee must make reasonable effort to schedule the treatments so as not to

unduly disrupt the employer's operation.

### **Certifications**

Employees must provide complete, sufficient and timely medical certification supporting the need for leave due to a serious health condition of the employee or an employee's spouse, child or parent or the serious injury or illness of a covered service member on a form to be provided by the District.

Employees must provide a complete, sufficient and timely certification related to qualifying exigencies arising out of active duty or a call to active duty on a form provided by the District. The employee should attach a copy of the covered service member's active duty orders or other documentation from the military certifying that the covered service member is on active duty or has been notified of an impending call to active duty in support of a contingency operation to the certification.

An employee should provide certification at the time s/he gives notice of a need for leave or within five (5) business days thereof. Regardless, an employee must submit required certification within fifteen (15) days after receiving the employer's request, unless impracticable to do so. In the event the employee submits an incomplete or insufficient certification, the District will notify the employee in writing of additional information necessary to make the certification complete and sufficient. The employee shall have seven (7) days to cure the deficiency. The District may contact the health care provider for purpose of clarification and authentication after the employee has been given opportunity to cure any deficiency.

The District may, pursuant to the terms of FMLA, require a second opinion from a health care provider, but not for qualifying exigency certifications or military caregiver leave certifications.

The District may request recertification as permitted by FMLA.

An employee who takes FMLA leave because of the employee's own serious health condition must provide certification that s/he is able to resume work, except where such a requirement would be in violation of a collective bargaining agreement.

### **Calculation of FMLA Leave Utilized**

Calculation of the amount of FMLA leave utilized by the employee is to be as follows:

- a. only the amount of leave actually taken and designated as FMLA leave may be counted;
- b. for regularly scheduled employees, time taken in less than full-week increments shall be proportionately calculated based upon the amount of time taken off as compared to the employee's normal work week. For example, where an employee who normally works five (5) days a week takes one (1) day off, the employee would use one-fifth of a week of FMLA leave. If a full-time employee who normally works eight- hour days works four-hour days under a reduced leave schedule, the employee would exhaust one-half week of FMLA leave each week;
- c. for employees whose work-week is varied, a weekly average of the hours worked

over the twelve (12) weeks prior to the beginning of the leave period will be used for calculating the employee's normal work-week. If an employee who work thirty (30) hours per week under this calculation works only twenty (20) hours a week as a result of taking FMLA leave, the employee's ten (10) hours of leave would constitute one-third of a week of FMLA leave.

LEAVE OF ABSENCE REQUEST

In order to ensure your eligibility for a leave of absence and the District's compliance with applicable law, collective bargaining agreements and policy, you are required to complete this form. Failure to provide any required information may result in a denial of your leave request or other important benefits. Should you require more than the provided space, please attach additional sheets.

Name: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Why are you seeking a leave of absence?

For what period of time are you seeking leave?

What kind of leave are you seeking?

When do you anticipate returning to work?

Please answer the following:

- a. Are you seeking the leave for the birth of a son or daughter or to care for a newborn child?  Yes  No.
- b. Are you seeking the leave due to the placement of a son or daughter for adoption or foster care?  Yes  No.
- c. Will you be caring for your spouse, son, daughter or parent with a serious health condition?  Yes  No.
- d. Do you have a serious health condition which makes you unable to perform the functions of your job?  Yes  No.
- e. Are you seeking leave due to any qualifying exigency arising from the fact that your spouse, son, daughter or parent is on active duty or has been notified of an impending call or order to active duty in support of a contingency operation?  
 Yes  No.
- f. Will you be caring for your spouse, son, daughter, parent or next of kin who is a covered

service member with a serious injury or illness?  
 Yes  No.

Note: A serious health condition is defined as an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by or under the supervision of a health care provider, as further defined by FMLA.

A serious injury or illness is defined as an injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank or rating.