It is the purpose of this policy to set out in summary form the provisions of the Family and Medical Leave Act ("Act") as adopted by the U.S. Congress on February 5, 1993 and which became effective August 5, 1993. This Board does not intend by this policy to create any additional rights to leave not provided by the Act. The Board does intend to elect certain options as the Act authorizes. Any portion of this policy inconsistent or contrary to the Act is unintentional and shall not be given effect. As to the interpretation of this policy, the Board's employees should look to the Act itself and its regulations.

A. ELIGIBLE EMPLOYEES

Employees of the Meriwether County Board of Education who have been employed by the Board for at least 12 months and who have worked at least 1250 hours for the Board during the 12 month period immediately prior to requesting leave are eligible to take 12 weeks of unpaid leave under the Family and Medical Leave Act ("FMLA").

An employee may request leave for one or more of the following reasons:

1. Birth of a child and to care for the newborn child;

2. Adoption or foster placement of a child with the employee;

3. To care for the employee's spouse, son, daughter or parent, if that person has a serious health condition;

4. Serious health condition of employee that prevents the employee from performing the job functions.

In the event of the birth, adoption or foster placement of a son or daughter, all leave must be completed within 12 months after the birth, adoption or foster placement.

B. DEFINITIONS

"Instructional employee" means an employee whose principal function is to teach and instruct students in a class, a small group or an individual setting.

"Parent" means a biological parent or one who acted in place of a parent when the employee was a child. The term "parent" does not include parent "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 care facility or continuing treatment by a health care provider.

"Son or daughter" means a biological, adopted or foster child, a stepchild, a legal ward, or a child for whom the employee acts as a parent. The son or daughter must be under age 18 or, if the son or daughter is age 18 or older, he/she must be incapable of self-care on a daily basis due to a mental or physical disability.

"Spouse" means a husband or wife.

C. AMOUNT AND TYPE OF LEAVE TAKEN

Except as provided below, an employee may take a total of 12 weeks during any twelve-month period. The 12-month period shall be measured backward from the date the employee begins using any FMLA leave. See 29 C.F.R. 825.200(b)(4).

If both spouses work for the Meriwether County Board and both are eligible for FMLA leave, they are authorized to take only a combined total of 12 weeks during any one 12 month period to care for a newborn or adopted child, a child placed with the employee for foster care, or a parent with a serious health condition. Both spouses are authorized unpaid leave to care for a spouse or child with a serious health condition for twelve (12) weeks.

Employees seeking to take Family and Medical Leave to care for a newborn or adopted child, a chiid placed with the employee for foster care, a parent, spouse or child with a serious health condition, or because of their own serious health condition, must substitute any personal leave, paid vacation, applicable accumulated sick leave, and any other applicable paid leave for their Family and Medical Leave.

D. INTERMITTENT OR REDUCED LEAVE

An employee is not permitted to take leave on an intermittent or reduced leave schedule unless it is medically necessary. The Board will require a certification, in the form described in Section G below, to document the medical necessity of such intermittent leave.

E. NOTIFICATION OF LEAVE

If the need for FMLA leave is foreseeable, an employee requesting leave must provide at least 30 days advance notice to the Office of the Superintendent. If such advance notice is not possible, the employee must give said notice as soon as practicable, ordinarily within one or two working days of learning of the need for leave. When planning medical treatment, the employee should make a reasonable effort to schedule the treatment, subject to the approval of the health care provider, so that any corresponding leave will not unduly disrupt the operations of the school district.

F. BENEFITS AND RETURN TO WORK

Employees will be eligible to maintain health care benefits, provided by the school district, while on FMLA leave. The Board will pay the employer's portion, if any, of such benefits. The employee will pay the same portion, if any, of such benefits as the employee paid before beginning the leave.

The Board may recover any health care benefit premiums paid on behalf of an employee if the employee does not return to work after the leave period has expired, unless the employee did not return due to a serious health condition of the employee or the employee's spouse, parent or child, or other circumstances beyond the employee's control. The Board may require certification from the health care provider that a serious health condition of the employee or family member prevented the employee from returning to work.

With the exception of paid vacation, personal, medical or sick leave required to be substituted for unpaid leave under Section C above, the employee's absence during leave will not alter benefits which the employee accrued before taking leave.

Upon return from leave, the employee is entitled to be reinstated to a position equivalent to the one the employee held when he/she left on FMLA leave, with equivalent pay, benefits and other terms and conditions of employment. Upon proper notice, however, the Board may deny reinstatement under this policy to an employee whose salary is in the highest 10% of the employees employed by the school district if such denial is necessary to prevent substantial and grievous economic injury to the District's operation, as determined by the Board.

G. REQUIRED CERTIFICATION AND REPORTING

The Board of Education requires that a request for leave due to a serious health condition be supported by a certification issued by the appropriate health care provider of the eligible employee or of the son, daughter, spouse, or parent of the employee on a form to be provided by the Board of Education.

This certification must include: (1) the date on which the serious health condition commenced, (2) the probable duration of the condition, (3) if the purpose of the leave is to care for a son, daughter, spouse or parent ("family member"), a statement that the employee is needed to care for the family member and the estimated amount of time needed for such care, and (4) if the leave is due to the employee's own serious health condition, a statement that the employee is unable to perform the job functions. The employee may require that the eligible employee obtain subsequent recertification on a reasonable basis as requested by the school district.

The Board, at its own expense, may obtain the opinion of a second health care provider of the Board's choice, if it should choose to do so. If a conflict exists between the opinion in the certification and the second opinion, the Board may, at its own expense, obtain a third opinion from a health care provider upon which the Board and the employee jointly agree. Such a third opinion as to the necessity for the leave is binding on both the Board and the employee.

Upon an employee's return to work after leave for his/her own serious health condition, the Board may require the employee to obtain certification from a health care provider that the employee is able to resume work.

The Board may require an employee on FMLA leave to report periodically to the principal or supervisor on the employee's status and intent to return to work.

H. SPECIAL PROVISIONS

When an instructional employee seeks intermittent leave or leave on a reduced schedule in connection with a family or personal illness that would constitute at least 20% of the total number of working days in the period during which the leave would extend, the Board may require the employee to elect to take leave in a block (not intermittently) for the entire period or to transfer to an available alternative position within the school system that is equivalent in pay, for which the employee is qualified, and which better accommodates the intermittent situation.

If an instructional employee begins leave more than five weeks before the end of a semester, the Board may require the employee to continue taking leave until the end of the semester if:

(i) The leave will last at least three weeks; and

(ii) The employee would return to work during the three-week period before the end of the term.

If an instructional employee begins leave for a purpose other that the employee's own serious health condition during the five-week period before the end of the semester, the Board may require the employee to continue taking leave until the end of the semester if

(i) The leave will last more that two weeks; and

(ii) The employee would return to work during the two-week period before the end of the term.

If an instructional employee begins a leave for a purpose other than the employee's own serious health condition during the three-week period before the end of a semester, and the leave will last more than five working days, the Board may require the employee to continue taking leave until the end of the semester.

ADOPTED DATE: 02-08-05 **EFFECTIVE DATE:** 02-08-05

MERIWETHER COUNTY SCHOOLS

REQUEST FOR FAMILY LEAVE

Social Security Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City, State, Zip: _____

Family Leave is available to qualifying employees for the purpose of childbirth, adoption or foster care placement; care of the employee's child, spouse or parent and for personal disability.

WHEN DO YOU WANT TO TAKE FAMILY LEAVE?

_____ I am requesting Family Leave for _____ to _____
Beginning Ending

_____ I am requesting my previously approved Family Leave be extended through _____

WHY ARE YOU REQUESTING FAMILY LEAVE?

_____ Birth of a child
Name of Mother: _____
NOTE: Attach documentation of birth

_____ Adoption of Foster Care Placement
Name of Child: _____
NOTE: Attach documentation of adoption or foster care

_____ Care of Family Member
Name of Family member: _____
This family member is my ____Child, ____Spouse, _____Parent

_____ Personal Disability
NOTE: Health Care Provider must complete certification on back of this form

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CONTINUATION OF BENEFITS

I agree to pay the employee's part of the following premiums during non-paid leave:

_____ State Merit Health $_____

_____ Dental Insurance$_____

_____ Life Insurance$_____

_____ Any other benefits between employee and agents $ _____

SUPERINTENDENT'S RESPONSE

___ Approved Modified Denied

Date: _____ Signature of Superintendent: _____

THIS FORM IS TO BE COMPLETED BY HEALTH CARE PROVIDER

CERTIFICATION OF HEALTH CARE PROVIDER

Health care provider means a doctor of medicine, doctor of chiropractic or doctor of osteopathy legally authorized to practice by the appropriate examining board.

Physician's Name _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ License Number: _____

CARE OF FAMILY MEMBER

Name of family member: _____

Date(s) Employee's presence is necessary for care of family member:

Beginning _____ Ending _____

Describe the serious health condition of family member. Attach additional page(s) if necessary.

_____

_____

_____

_____

EMPLOYEE DISABILITY

Employee Name: _____

Date Disability Commenced: _____ Probable duration or Ending Date _____

Describe the serious health condition that makes the employee unable to perform the essential functions of his/her employment. Attach additional pages if necessary.

_____

_____

_____

_____

_____ _____

Date Signature of Health Care Provider