

Your Rights

Under The

Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

Reasons For Taking Leave:

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Unlawful Acts By Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information:

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division
Washington, D.C. 20210

WH Publication 1420
June 1993

**CHARLES CITY COUNTY PUBLIC SCHOOLS
CERTIFICATION OF PHYSICIAN OR PRACTITIONER
(Family and Medical Leave Act of 1995)**

1. Employee's Name: _____
2. Patient's Name (If other than employee): _____
3. Diagnosis: _____
4. Date Condition Commenced: _____ 5. Probable Duration of Condition: _____
6. Regimen of treatment to be described (Indicate number of visits, general nature and duration of treatment including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):
 - a. By Physician or Practitioner:
 - b. By another provider of health services, if referred by Physician or Practitioner

IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEES SERIOUSLY ILL FAMILY MEMBER, SKIP ITEMS 7, 8, AND 9 AND PROCEED TO ITEMS 10 THROUGH 14. OTHERWISE, CONTINUE BELOW.

Check Yes or No in the boxes below, as appropriate.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No", skip item 9.) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) |

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEES SERIOUSLY ILL FAMILY MEMBER, COMPLETE ITEMS 10-14 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 15.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical hygiene, nutritional needs, safety, or transportation? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the Employee's signed statement (See Item 14), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |

13. Estimate the period of time care is needed or the employee's presence would be beneficial:

ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING LEAVE.

14. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide an estimate of the time period during which this care will be provided, including a schedule if leave is to be take intermittently or on a reduced leave schedule.

15. Signature of Physician or Practitioner: _____ 16. Date _____

17. Type of Practice (Field of Specialization, if any): _____

Employee Signature: _____ Date _____

Family and Medical Leave Act

provided by
Charles City County Public Schools

Who is eligible?

Any Employee who has worked for the School Board at least 12 months and for a total of 1250 hours in the previous year.

What about instructional assistants, bus drivers, and food service workers?

Normally, full time employees in these categories work a total of only 1,080 hours per year (6 hours per day, 189 days per week).

How long is the leave period?

A total of 12 unpaid work weeks during a school year (July 1 - June 30).

What are the eligible conditions/situations under the FMLA?

Birth of a child (expires 12 months after the birth)

Adoption, placement of a foster care child

The serious health condition of a spouse, child, or parent

The employee's own serious health condition

What is the definition of serious health condition?

An illness, injury, impairment, or physical or mental condition that involve any period of incapacity or treatment in connection with inpatient care or any period of incapacity requiring absence from work, school, or other regular daily activities of more than three calendar days that also involves continuing treatment by a health care provider, or prenatal care.

What does the term "continuing treatment by health care provider" mean?

The employee or family member is treated 2 or more times for the injury or illness by a health care provider or the employee or family member is treated by a health care provider on at least 1 occasion which results in continuing treatment.

What is not covered by FMLA?

The term "serious health condition" is not intended to cover minor illness which requires leave for only a few days. Further, surgical procedures which do not require hospitalization or recovery for more than a few days would not fall under this category.

Intermittent or reduced schedule for leave for the birth or placement of a child requires authorization of the Superintendent.

Intermittent or reduced schedule for personal illness or incapacity is granted when medically necessary. If necessary, the employee may be required to transfer temporarily to another position for which he or she is qualified and which better accommodates the recurring periods of leave than the employees regular position.

Are there any special rules for instructional personnel?

If leave for a serious health condition that is foreseeable based upon planned medical treatment is expected to last more than 20% of the working days over the next 12 months, the employee must elect:

1. to take leave of a particular duration (no longer than the duration of the planned treatment.)
2. to transfer temporarily to an alternative position for which the employee is qualified.

If the employee begins leave for personal illness or incapacity more than 5 weeks prior to the end of the semester, the employee may be required to continue leave until the end of the semester; if

1. the leave is of at least 3 weeks duration; and
2. the return to work would occur during the 3 week period before the end of the semester.

If the employee begins leave for other than his own personal illness or incapacity during the 5 weeks prior to the end of the semester, the employee may be required to continue leave until the end of the semester; if

1. the leave is greater than 2 weeks duration; and
2. the return to work would occur during the 2 week period before the end of the semester.

What initiates the request for Family and Medical Leave?

The employee may initiate the request for leave. The principal or other administrator is responsible for notifying an employee who is out for one of the qualifying events more than 3 days of his or eligibility for Family or Medical Leave.

Who determines eligibility?

Superintendent of Schools

Where can I find out additional information concerning the Family or Medical Leave Act?

For further information and to apply for Family and Medical Leave contact the Superintendent's Office during regular office hours at 829-9219.

CHARLES CITY COUNTY PUBLIC SCHOOLS

Request for Family and Medical Leave

Employee Name:

Work Location:

Position:

Last Hire Date:

Anticipated date for leave to commence:

Anticipated return date:

Reason for request: (check one)

Birth of a child of the employee

Placement of a child with the employee for adoption or foster care

To care for spouse, child or parent who has a serious health condition

A serious health condition that makes the employee unable to perform job functions

Employee's Signature

Date

CHARLES CITY COUNTY PUBLIC SCHOOLS
Notice of Intention to Return from Leave

Name: _____

Position: _____

Date Leave Commenced: _____

Date of Intended Return: _____

Home Address: _____

Home Phone Number: _____

I understand that my restoration to employment is subject to the following conditions:

1. If you were on leave because of your own serious health condition, you must provide a written certification from your health care provider that you are able to resume working.
2. Every attempt will be made to restore you to your original position. If your original position is unavailable, you will be placed in an equivalent position with equivalent pay and benefits.

Employee's Signature

Date

I have examined _____ and can certify that she/he will medically be able to resume work on _____.

Health Care Provider's Signature

Date

ATTACHMENTS

- Attachment 1 **Employee Rights and Responsibilities Under the Family and Medical Leave Act** (WHD Publication 1420)
Please note: a copy of this poster can be downloaded from <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>.
- Attachment 2 **Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)** (Form WH-380-E)
Please note: a copy of the certification form can be downloaded from <http://www.dol.gov/whd/forms/WH-380-E.pdf>.
- Attachment 3 **Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)** (Form WH-380-F)
Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-380-F.pdf>.
- Attachment 4 **Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)** (Form WH-381)
Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-381.pdf>.
- Attachment 5 **Designation Notice (Family and Medical Leave Act)** (Form WH-382)
Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-382.pdf>.
- Attachment 6 **Certification of Qualifying Exigency for Military Family Leave (Family and Medical Leave Act)** (Form WH-384)
Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-384.pdf>.
- Attachment 7 **Certification for Serious Injury or Illness of Covered Servicemember—for Military Family Leave (Family and Medical Leave Act)** (Form WH-385)
Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-385.pdf>.