FAMILY AND MEDICAL LEAVE ACT (FMLA)

Category: Recommended

Consistent with the federal Family and Medical Leave Act of 1993 ("FMLA"), the School District recognizes that eligible employees have access to unpaid family and medical leave for up to twelve (12) weeks during any twelve (12) month period. The intent of this policy is to summarize the Act as it applies to eligible employees of the School District. Employees should consult regulations that implement the Act for more specific definitions and criteria for use. It is not the intent of this Policy to provide additional or different provisions than those specified in the Act and its implementing regulations.

To be eligible for family or medical leave, an employee must have been employed for at least twelve (12) months, have worked at least 900 hours (average of 17.5 per week for full year employees, and 25.75 for school year employees) during the prior twelve months.

Family leave shall be provided when a son or daughter is born to the employee or when one is placed with the employee for adoption or foster care. Medical leave shall be provided for the serious health condition of the employee, or in order for the employee to take care of a spouse, child, or parent who has a serious health condition rendering him/her unable to perform the functions of his/her job.

The District requires an employee to use accrued paid vacation, personal, or family leave for purposes of family leave. The District requires an employee to use accrued vacation, personal, or medical/sick leave for purposes of medical leave.

The employee shall notify the District of his/her request for leave, if foreseeable, at least thirty (30) days prior to the date when the leave is to begin. If such leave is not foreseeable, then the employee shall give such notice as is practical. The District requires a certification from a health care provider if medical leave is requested. When an employee returns following a leave, he/she must be returned to the same or equivalent position of employment. The Superintendent, or his/her designee, may reassign an employee to a different grade level, building, or other assignment (consistent with the employee's certification for professional staff).

The District shall post a notice prepared or approved by the United States Secretary of Labor stating the pertinent provisions of the FMLA, including information concerning the enforcement of the Act.

The user of this policy is also directed to the applicable provisions of any Collective Bargaining Agreements in the district.

Legal References:
> *29 U.S.C. section 2611, et seq. Family and Medical Leave Act of 1993 (Pub. L. 103-3)*
> *RSA 189:73, Family and Medical Leave Coverage*

Adopted by Conway School Board – September 24, 2001
Reviewed with no change – March 18, 2004
Revision Adopted – September 25, 2006
Revision Adopted – June 12, 2017
Revision Adopted – October 13, 2020

Request for Family or Medical Leave

(PLEASE PRINT)

Request for Family or Medical Leave should be made, if practical, at least 30 days prior to the date the requested leave is to begin.

Name_____   Date_____

School_____   Title_____

Status: ___ Full Time ___ Part Time ___ Temporary

Date of Hire_____   Length of Service_____

I request family or medical leave for one or more of the following reasons:

_____ Because of the birth of my child and in order to care for him or her.

    Expected date of birth _____   Actual date of birth _____

        Leave to start_____   Expected return date_____

_____ Because of the placement of a child with me for adoption or foster care. Date of placement_____

        Leave to start_____   Expected return date_____

_____ In order to care for my spouse, child, or parent, who has a serious health condition*

        Leave to start_____   Expected return date_____

_____ For a serious health condition that makes me unable to perform my job* Describe_____

_____

_____

        Leave to start_____   Expected return date_____

   * A physician's certification may be required for leave due to a serious health condition.

_____ For other reasons. Describe_____

_____

_____

_____

        Leave to start_____   Expected return date_____

_____ Requested intermittent leave schedule (if applicable, subject to employer's approval)_____

_____

_____

_____

Have you taken a family or medical leave in the past 12 months? _____ Yes   _____ No

If yes, how many work days? _____