

Orange County Public Schools Family Medical Leave Act (FMLA) Form

1st leave request Extension to previous leave

EMPLOYEE INFORMATION:

Name _____
(Please Print)

OCPS Personnel Number _____

Home Address _____

City, State, Zip _____

Telephone Number _____

Work Location Name _____

Position Title _____

Check One:

- Instructional Employee
 Classified Employee
 Administrative/Technical Employee

Supervisor's Complete Name

Supervisor's Email Address

I HEREBY REQUEST **ONE** OF THE FOLLOWING TYPE OF LEAVE:

Family Medical Leave for:

- Birth of my son or daughter
 Placement of child with me for Adoption Foster Care
 Anticipated date of birth or placement: _____
- Family leave to care for a spouse, son, daughter, or parent with a serious health condition
 Family member's full name: _____
REQUIRED; Relationship to you: spouse parent son or daughter other (if applicable)
- Medical leave for my own serious health condition (specify): _____

- Servicemember Care
 Exigency Leave

AMOUNT OF LEAVE:

I request that the leave be granted for the following **straight** period of time:

Beginning _____ Ending _____ **OR**
(first day of absence) (last day of absence)

I request that the leave be granted for the following **intermittent** or **reduced** leave schedule:

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.

Signature: _____

Date: _____

Please provide an email address in which we may contact you _____

The **completed** form can be faxed to (407) 317-3276 or emailed to FMLA@ocps.net for processing.

If you have any questions or concerns regarding the FMLA process, please contact the FMLA Office at (407) 317-FMLA (3652), or email the FMLA office at FMLA@ocps.net.

SUPPORT STAFF LEAVES AND ABSENCES

FILE: GDC

TITLE: Family and Medical Leave

POLICY:

Employees who have been employed for at least one (1) year and have worked for at least 1,250 hours during the preceding 12 month period are eligible for family and medical leave. This is not a separate type of leave, but rather runs concurrently with other Orange County Public Schools ("OCPS") leaves. Except for those employees designated as "highly compensated employees," employees will be returned to the same or an equivalent position.

Family or medical leave will consist of appropriate accrued paid leave and unpaid leave. If leave is requested for an employee's own serious health condition or any of the other reasons listed below, an employee must use all of his or her accrued sick leave first. The remainder of the leave period will then consist of unpaid leave.

(1) Reasons for Leave

All employees who meet the eligibility requirements may be granted family or medical leave consisting of appropriate accrued paid leave and unpaid leave, for a period of up to twelve (12) weeks (during any fiscal year) for the following reasons:

- 1) The birth of the employee's child and in order to care for the child;
- 2) The placement of a child with the employee for adoption or foster care;
- 3) To care for a spouse, child or parent who has a serious health condition;
or
- 4) A serious health condition that renders the employee incapable of performing the functions of his or her job, or
- 5) Any qualifying exigency arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call or order to active duty, in the Armed Forces in support of a contingency operation.

The entitlement to leave for the birth or placement of a child for adoption or foster care will expire twelve (12) months from the date of birth or placement, as the case may be.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered employee shall be entitled to a total of 26 weeks of leave during a 12-month period to care for the employee.

(2) Procedure for Requesting Leave

In all cases, employees requesting leave must complete the OCPS approved Request for Leave of Absence form and return it to his or her supervisor. The completed request must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave. A copy will be sent to the OCPS FMLA office for processing and determination of eligibility for FMLA.

An employee intending to take family or medical leave because of an expected birth or child placement, or because of a planned medical treatment, must submit an application for leave at least thirty (30) days before the leave is to begin. If leave is to begin within thirty (30) days, an employee must give notice to his or her supervisor as soon as the necessity for the leave arises.

(3) Medical Certification

Upon receipt, the designated OCPS department forwards copies of all requests for leave of absence to OCPS' FMLA Office for processing. Should the leave request appear to qualify for family and medical leave the OCPS FMLA Office will forward to the requesting employee a Certification of Health Care Provider form ("Certification") to be completed by the appropriate physician. The Certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition. The Certification shall be kept confidential in the OCPS FMLA Office. The employee is not required to send a copy of the Certification to his or her supervisor.

If the employee is needed to care for a spouse, child or parent, the Certification must so state, along with an estimate of the amount of time the employee will be needed. If the employee has a serious health condition, the Certification must state that the employee cannot perform the functions of his or her job.

(4) Benefits Coverage During Leave

During the period of family or medical leave, an employee will be retained on OCPS' health plan under the same conditions that applied before leave commenced. To continue health coverage, the employee must continue to make any contributions that he or she made to the plan before taking leave.

An employee is not entitled to the accrual of any seniority or employment benefits that would not have occurred if not for taking the leave. An employee who takes family or medical leave will not lose any employment benefits that accrued before the date leave began.

(5) Restoration to Employment Following Leave

An employee eligible for family and medical leave, with the exception of those employees designated as "highly compensated employees," will be restored to his or her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. It is not guaranteed that an employee will be returned to his or her original position. A determination as to whether a position is an "equivalent position" will be made by OCPS Employment Services.

SPECIFIC AUTHORITY: 110.221, and 1012.66, Florida Statutes

STATE BOARD OF EDUCATION RULES: 6A-1.081

ADOPTED: 10/12/93
REVISED: 02/12/13

FMLA Frequently Asked Questions

1. What is FMLA (Family Medical Leave Act)

The Family and Medical Leave Act of 1993 is a United States Labor Law allowing an employee to take unpaid, job-protected leave for specified family and medical reasons.

2. What does FMLA cover?

Under the Family and Medical Leave Act (FMLA), OCPs is required to offer **ALL** eligible employees up to a maximum of twelve (12) workweeks during any fiscal year (*beginning July 1st through June 30th within your contractual dates*) of FMLA unpaid, job-protected leave with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. This is not a separate type of leave, but rather runs concurrently with other Orange County Public Schools ("OCPS") leaves. Except for those employees designated as "highly compensated employees," employees will be returned to the same or an equivalent position. If leave of absence extends past the 12 weeks covered and approved by FMLA; the employee will be billed for the cost of continuing your medical insurance through a third party company.

The FMLA also provides certain military family leave entitlements. Eligible employees may take FMLA leave for specified reasons related to certain military deployments of their family members. An eligible employee may take up to a total of 26 workweeks of unpaid, job-protected leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness. The employee must be the spouse, son, daughter, parent, or next of kin of the covered servicemember.

3. What are the eligibility requirements for FMLA?

In order to be eligible to take leave under the FMLA, an employee must:

- Have worked (been an active employee) for OCPS for at least 12 consecutive months;
- Have worked 1,250 hours during the 12 months prior to the start date of leave and;
- Have a qualifying medical condition for the reason of the FMLA request.

4. What are the qualifying conditions for FMLA?

All employees who meet the eligibility requirements may be granted family or medical leave consisting of appropriate accrued paid leave and unpaid leave, for a period of up to twelve (12) weeks (during any fiscal year) for the following reasons:

- for the birth of a son or daughter, and to bond with the newborn child;
- for the placement with the employee of a child for adoption or foster care, and to bond with that child;
 - ***Leave for birth and care, or placement for adoption or foster care must conclude within 12 months of the birth or placement of the child.***
- to care for an immediate family member (spouse, child, or parent – but not a parent "in-law") with a serious health condition;
- to take medical leave when the employee is unable to work because of a serious health condition; or
- for any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.
 - ***An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the servicemember. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons.***

FMLA Frequently Asked Questions

5. What is considered a serious medical condition?

The most common serious health conditions that qualify for FMLA leave are:

- conditions requiring an overnight stay in a hospital or other medical care facility;
- conditions that incapacitate you or your family member (for example, unable to work or attend school) for more than three consecutive days and have ongoing medical treatment (either multiple appointments with a health care provider, or a single appointment and follow-up care such as prescription medication);
- chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year; and
- pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).

6. Are spouses who are both employed with OCPS eligible to take 12 weeks of FMLA leave each for the same FMLA qualifying event?

Spouses who are both employed by OCPS are jointly entitled to a combined total of 12 work-weeks (*6 weeks each*) of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, or to care for a child who has a serious health condition.

7. Does an employee have to take leave all at once or can it be taken intermittently?

When it is medically necessary, employees may take FMLA leave intermittently – taking leave in separate blocks of time for a single qualifying reason – or on a reduced leave schedule – reducing the employee’s usual weekly or daily work schedule. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer’s operation.

Leave to care for or bond with a newborn child or for a newly placed adopted or foster child may only be taken intermittently with the employer’s approval and must conclude within 12 months after the birth or placement.

8. Can an employer change an employee’s job when the employee takes intermittent or reduced schedule leave?

Employees needing intermittent/reduced schedule leave for foreseeable medical treatments must work with their employers to schedule the leave so as not to disrupt the employer’s operations, subject to the approval of the employee’s health care provider. In such cases, the employer may transfer the employee temporarily to an alternative job with equivalent pay and benefits that accommodate recurring periods of leave better than the employee’s regular job.

9. Will my FMLA start once I have exhausted all of my leave time?

FMLA will start on the first day your medical situation started. Annual/Vacation time is the only leave that is not protected under FMLA at this time.

10. What if I do not turn in the required Certification of Health Care Provider by the date that is stated in the letter?

An employee must provide the completed Certification of Health Care Provider by the date stated in the letter or the leave will not be considered for FMLA coverage and the request can be denied. In case of a medical emergency, it may not be practical to provide the documents in a timely manner, you will need to inform the FMLA office of this situation and it will be taken into consideration.

FMLA Frequently Asked Questions

11. As an employee, am I able to take FMLA to provide care for a family member who is in the military?

All eligible employees, are entitled to take a leave of absence under FMLA for Military need due to spouse, child or parent who **a)** are on active duty or **b)** returning from military duty with a serious injury or illness if they have a spouse, parent, son or daughter who has been called or is on active duty in the armed service. The employee must meet the eligibility requirements and experience a qualifying exigency. They are also entitled to a combined 26 weeks of leave in our fiscal year of 7/1 to 6/30.

12. How do I apply for FMLA leave benefits?

Please contact the FMLA office at **407-317-FMLA (3652)** or email FMLA@ocps.net. An employee intending to take family or medical leave because of an expected birth or child placement, or because of a planned medical treatment, must submit an application for leave at least thirty (30) days before the leave is to begin. If leave is required because of a medical emergency or other unforeseeable event, the employee must notify the work location supervisor as soon as possible.

- ***OCPS is required to offer FMLA benefits to all eligible employees.***
- ***Once eligibility is confirmed, more information is mailed to the employee's home.***
- ***Once non-eligibility is confirmed, more information is mailed to their home with a denial letter.***

Additionally in all cases, employees requesting leave must complete the OCPS approved Request for Leave of Absence (LOA) form and return it to his or her supervisor. The completed request must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave. A copy will be sent to the OCPS FMLA office.

13. What happens if I am not eligible for FMLA?

If it is determined that you are not eligible for FMLA, we will not be able to offer the benefits to you and you will be notified by Insurance Benefits for payment of your medical premium.

- ***To find out what your medical premium would be and when the billing cycle will start; please contact the Insurance Department at 407-317-3245.***

14. Will FMLA provide me with some form of compensation while I am out of work?

To receive compensation while on FMLA, you will be required to use accrued sick leave, personal leave, donated sick leave, sick leave bank (if applicable), or disability (if applicable). If you do not have access to these categories your leave will be without pay.

- ***If you are receiving donated leave time, you must complete the appropriate documentation required by Payroll and submit it to the appropriate persons. Please contact the OCPS Payroll Department at (407) 317-3260 to inquire about donated leave time.***
- ***If you are a member/recipient of the Sick Leave Bank you will need to contact Retirement Services to find out what the requirements are for you to take advantage of the services provided for Sick Leave Bank members. OCPS Retirement Services/Sick Leave Bank may be contacted at (407) 317-3227.***

15. Who do I contact if I have any questions or concerns regarding FMLA (Family Medical Leave Act)?

Should you have any questions or concerns regarding the FMLA regulations and/or process, please contact the FMLA office at 407-317-FMLA (3652) or email FMLA@ocps.net.