

REQUEST FOR LEAVE PACKET

Important Steps In Applying For Leave of Absence

1. Review the appropriate [Meet and Confer or Terms and Conditions](#) document for explanation of the type of leaves available.
2. Review this **Request for Leave Packet** in its entirety prior to submission.
3. Contact Employee Relations in Human Resource Services for specific information regarding conditions of your leave prior to beginning the leave. Leave should be requested thirty (30) days in advance when foreseeable, and as soon as is reasonable when it is not foreseeable.
4. Contact Employee Benefits for information pertaining to **Workers Compensation** injury or **Short Term Disability Insurance** that may relate to your leave of absence.
5. Once leave has been approved, please notify Employee Relations immediately if you need to adjust your planned leave dates. Failure to do so could cause disruption to your paychecks.
6. Please notify Employee Relations if you need to extend your leave beyond the approved dates. If the leave is related to medical issues, you will be required to provide a note from your physician verifying the need for extended leave.
7. If you are a **Career Ladder participant**, please notify the Career Ladder office of your planned leave dates. Employee Relations will also communicate with the Career Ladder office regarding the dates of your leave.

Please contact the Employee Relations staff if you have any questions or if you would like to make an appointment:

Karla Izzett, Supervisor (480) 783-4007
Confidential Fax: (480) 783-7357
kizzett@kyrene.org

Kim Prina, Technician (480) 783-4013
kprina@kyrene.org

EMPLOYEE RIGHTS AND RESPONSIBILITIES

UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- 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.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

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

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-562
WWW.WAGEHOUR.DOL.GOV
U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division
WHD Publication 1420 Revised January 2009



Important Information About Your Benefits

If you lose benefit eligibility and receive a COBRA continuation notice while on a leave of absence, you must notify the Benefits Office upon returning to work within 31 days in order to re-enroll through the Kyrene Employee Portal or by hardcopy form for benefits. There is no automatic reinstatement. If you do not contact the Benefits Office within 31 days of returning to work, you would be unable to elect benefits until the next Open Enrollment Period or if you experience a qualifying event as stated in the Summary Plan Document (SPD) located online at www.kyrene.org.

This applies to ALL leaves, including Annual Non-Compensable leaves.

Insurance Premiums - While out on leave, you are still responsible for paying for insurance premiums for yourself and/or your dependents for active months of coverage. This will occur through payroll deduction from your accrued time. If you do not have accrued time to cover your premiums you will be charged from your paycheck any amounts due for premiums missed when you return. If you do not return within the school year, or if there is not enough pay to take your premiums from you will be sent a bill for any premiums due. Depending on the length of the leave you may be offered COBRA to continue your benefit elections for medical, dental and vision while on an extended leave, except as noted under FMLA. Check with Employee Benefits concerning these COBRA costs.

Newborn Coverage – If you are covered on a Kyrene medical plan and have a baby, the baby will be covered for the first 30 days of life automatically. If you wish for coverage to continue after the 30 days, you will need to notify the Benefits Department in writing by submitting a hardcopy enrollment form. You will also need to provide a copy of the birth registration form to the Benefits Department to complete the enrollment process. Although newborns can be enrolled within 60 days from the date of birth, we encourage you to complete the enrollment within 30 days of the date of birth, so that the insurance is in place when the bills begin to arrive. If you enroll the baby onto a Kyrene plan after the first 30 days of automatic coverage, you will be charged the monthly premium for coverage from the date of birth.

Please contact Benefits if you have any questions.

Deb Spurgin - Supervisor 480-783-4017

Confidential Fax: 480-783-7318

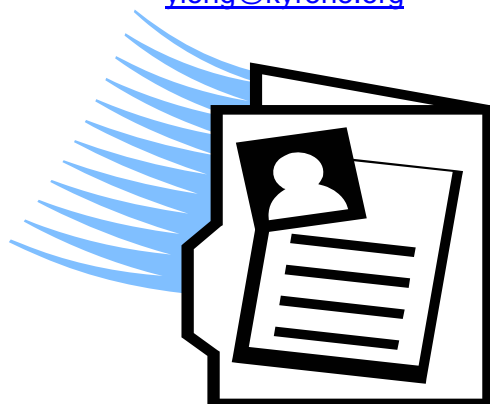
dspurgin@kyrene.org

Diane Waller - Technician 480-783-4105

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Yvonne Long – Specialist 480-783/4010

ylong@kyrene.org



"Kyrene Benefits - Keeping You and Your Family First"

REQUEST FOR LEAVE 2008-09

Complete and submit Leave Request forms and documents to Human Resource Services, Employee Relations

Name: _____ Employee ID: _____

Work Location: _____

Position: _____

Career Ladder participant: Yes _____ No _____

Primary Phone Number: _____

Secondary Phone Number: _____

Home e-mail address: _____

Leave dates: From _____ To _____

Type of Leave: _____

Please provide your written request for leave of absence from work, including the reason for your request:

Employee Signature

Date

You must submit a note from your health care provider certifying if your leave request is related to a medical condition, to include:

- the medical reason a leave is necessary
- the anticipated dates the leave is required
- the anticipated date for return to work.

EMPLOYEE AGREEMENT

- ◆ Employees must first use all accrued ACA, vacation, and other paid leave prior to taking unpaid leave. **Policy GCCC** states that, "A request for leave of absence shall not be denied by the District if the employee is entitled to the leave under the Family and Medical Leave Act. All other application for leave of absence may be granted or denied by the District, in its sole discretion. All accrued sick, vacation, personal, and other paid leave shall be applied to the leave period unless otherwise agreed to by the District or prohibited by the Family Medical Leave Act." *I understand my accrued paid leave time will be applied from the beginning of my leave.*
- ◆ If my leave is unpaid, *I understand I will not earn ACA or Vacation, and I will not receive Career Ladder compensation.*
- ◆ Payroll will adjust my paycheck according to the leave dates that I have requested and have been granted. *I understand it is my responsibility to verify with Payroll any adjustments that may be made to my regular paycheck while on leave.*
- ◆ An employee taking FMLA leave shall be entitled to have the health care plan in which the employee is participating continue under the same terms and conditions applicable to actively working employees. *I understand the District shall require the repayment of any health care premiums paid by the District for continuing coverage during the period of the FMLA leave if I fail to return to work after my FMLA leave expires and the failure to return is due to circumstances within my control.*
- ◆ The continuation of FMLA leave due to a serious health condition may be denied if you fail to provide supporting medical certification.
- ◆ Employees on medical leave are not permitted to be on site for the duration of the leave, unless prior permission is obtained from the supervisor. This is for the purpose of protecting both the employee and the District until such time that a medical release to return to work is presented to Human Resources Services.
- ◆ I give my permission for Employee Relations and Employee Benefits to share pertinent medical information between them to the extent the information has direct bearing on my request for Leave of Absence. _____ (initial)
- ◆ I have read and understand the information contained in this Request for Leave Packet.

Employee Signature

Date