



REQUEST FOR EXTENDED LEAVE OF ABSENCE

FMLA REQUEST

- Family Medical Leave of Absence is UNPAID.
- FMLA is up to 60 “working” days (12 weeks x 5) during a 12-month period to attend to serious medical condition of self, spouse/domestic or civil partner, child or parent, or for the birth or adoption of a child.
- No changes to health benefits. Staff members are still responsible for contributions to health benefits during this time. See the choices below to contribute to your health benefits.
- FMLA can begin the day after your sick days or can be taken up to 1 year after the birth of a child.
- Up to 30 days of unpaid leave of any nature per school year counts toward seniority; the remainder of any unpaid leave **DOES NOT** count toward seniority
- **COUNTS** toward tenure.

NJFLA REQUEST

- New Jersey Family Leave of Absence is UNPAID
- NJFLA is up to 60 “working” days (12 weeks x 5) during a 24-month period. No coverage for employee’s own medical condition.
- No changes to health benefits. Staff members are still responsible for contributions to health benefits during this time. See the choices below to contribute to your health benefits
- Up to 30 days of unpaid leave of any nature per school year counts toward seniority; the remainder of any unpaid leave **DOES NOT** count toward seniority.
- **COUNTS** toward tenure

Note: The above is not a comprehensive description of the provisions of FMLA and NJFLA. Consult the Office of Human Resources for additional information.

NOTE: FMLA/NJFLA will run concurrently if the particular leave event is covered by both laws. There is no change to healthcare coverage during either leave - employees are still responsible for any employee contribution they normally make.

PLOA REQUEST

PLEASE CHECK YOUR COLLECTIVE BARGAINING AGREEMENT TO DETERMINE YOUR ELIGIBILITY FOR A PERSONAL LEAVE OF ABSENCE

PLOA is an unpaid leave and if you currently participate in district health insurance, you will be offered COBRA benefits during this leave of absence.

- Up to 30 days of unpaid leave of any nature per school year counts toward seniority; the remainder of any unpaid leave **DOES NOT** count toward seniority.
- **DOES NOT** count toward tenure

NJ Family Leave Insurance

Please note that FLI (Family Leave Insurance) is a cash benefit offered by the State of New Jersey and has no connection to the School District. You will need to file with the New Jersey Division of Temporary Disability and Family Leave Insurance to receive this benefit.

SICK DAYS FOR PREGNANCY

A pregnant employee is presumed disabled 20 days before and 20 days after the birth of the baby, and may utilize accumulated paid sick leave days for any work days occurring during that period. A doctor's note is required to identify the start of the disability period, but no further documentation needs to be provided unless the disability will extend more than 20 days following the birth. The presumed disability period prior to birth runs up to and includes the day of the birth. "After the birth of the baby" begins the next day after the birth. (Of course, the employee must have sufficient accumulated sick leave days in order to take full advantage of this presumption.)

Additional accumulated sick leave days, if available, may be used more than 20 days before or after the birth upon presentation of a doctor's note confirming the employee's disability.

Sick leave days may not be used after an unpaid leave has commenced. However, sick days may be used immediately after the summer recess if the employee remains disabled following a birth over the summer.

Example: The birth occurs late in the summer, on August 25. The 20-day period of presumed disability following birth begins on August 26 and continues through September 14. A 10-month employee may use sick days beginning on the first day that the employee would otherwise be scheduled to report to work. If the first work day following summer recess is September 1, then the

employee in this example may use paid sick leave days for all work days occurring from September 1 through September 14.

PLEASE READ CAREFULLY

A 10-month employee must actively work at least ninety-two (92) days/a 12-month employee must actively work one-hundred, twenty (120) days in any school year in order to qualify for movement to the next school year's salary guide step. All other paid or unpaid leaves of absences, including but not limited to use of paid sick leave, **shall not count toward the period of active work** for purposes of salary guide movement.

REQUEST FOR A LEAVE OF ABSENCE FORM

Name: _____

Date: _____

Location: _____

REASON FOR LEAVE OF ABSENCE

- ☐ Birth/Adoption/Fostering of Child (FMLA/NJFLA)
- ☐ To bond with a child (leave must be taken within one year of the child's birth or placement) (FMLA/NJFLA)
- ☐ To care for a family member with a serious medical condition (FMLA/NJFLA)
- ☐ Employee's own serious health condition (FMLA)
- ☐ To care for a military family member (FMLA)

BIRTH OF CHILD

I will be taking 20 sick days prior to the birth OR _____ days

I will be taking 20 sick days after the birth OR _____ days

I will begin my sick days prior to the birth on: _____

Required doctor's note is attached: Yes _____ No _____

FAMILY MEDICAL LEAVE OF ABSENCE (FMLA)

Have you been employed by the district for at least twelve (12) months and have worked at least 1250 hours in the preceding twelve (12) month period?

Yes _____ No _____

Have you taken a leave within the last twelve (12) months? Yes ____ No ____

FMLA to begin on: _____

FMLA to end on: _____

Is intermittent or reduced work schedule being requested? Yes ____ No ____

NOTE: FMLA/NJFLA will run concurrently if the leave event is covered by both laws.

NEW JERSEY FAMILY LEAVE ACT (NJFLA)

Have you been employed by the district for at least twelve (12) months and have worked at least 1,000 hours in the preceding 12-month period?

Yes _____ No _____

Have you taken a leave within the last twenty-four (24) months? Yes ____ No ____

NJFLA to begin on: _____

NJFLA to end on: _____

Is intermittent or reduced work schedule being requested? Yes ____ No ____

NOTE: FMLA/NJFLA will run concurrently if the leave event is covered by both laws.

EMPLOYEE'S OWN ILLNESS

Sick days to begin on: _____

Number of sick days to be used : _____

I will be taking a FMLA beginning: _____

I will be taking a PLOA beginning: _____

I will be returning on: _____

Required doctor's note is attached: Yes _____ No _____

PERSONAL LEAVE OF ABSENCE (PLOA)

I will be taking a PLOA beginning: _____

I will be returning on: _____

HEALTH BENEFITS PAYMENTS WHILE ON LEAVE

I am selecting the following payment of my required health benefit contribution while I am on an unpaid leave of absence:

- ☐ Pay employee contribution monthly while out on leave
- ☐ Pay a lump sum employee contribution when you return from leave
- ☐ Spread out employee contribution over 6 pay periods when you return from leave

Employee's Signature: _____

Date: _____

Building Principal Signature: _____

Date: _____

RETURN TO THE OFFICE OF HUMAN RESOURCES

Director of Human Resources Signature: _____ Date: _____

Cc: Employee
John Agourides/Health Benefits/Payroll Coord

LEAVE REQUEST INFORMATION/FOR USE BY HUMAN RESOURCES OFFICE

EMPLOYEE NAME: _____

Employee #: _____

REASON FOR LEAVE: _____

Location: _____

CBA: _____

SCHOOL YEAR(S): _____ AND _____

DATE LEAVE BEGINS	SICKS DAYS AVAILABLE	PERSONAL DAYS AVAIL	VACATION DAYS AVAIL	FMLA DAYS AVAIL	NJFLA DAYS AVAIL
PLOA ELIGIBLE (Y/N)	DOCTOR'S NOTE (Y/N)				
SICK DAYS BEGIN	SICK DAYS END	FMLA BEGINS	FMLA ENDS	NJFLA BEGINS	NJFLA ENDS
PLOA BEGINS	PLOA ENDS	RETURNING TO WORK	TOTAL # OF DAYS OUT	MONTHS IN TOTAL	
				(92 DAYS/10 MONTH) (120 DAYS/12 MONTH)	
TOTAL SICK DAYS	TOTAL FMLA DAYS	TOTAL NJFLA DAYS	TOTAL PLOA DAYS	TOTAL DAYS OUT	SALARY INCREASE ELIGIBLE (Y/N)