

# SWEET HOME SCHOOL DISTRICT FAMILY AND MEDICAL LEAVE HANDBOOK

## STEPS TO APPLY FOR OREGON FAMILY LEAVE &/OR FEDERAL MEDICAL LEAVE

## 1. Review handbook

2. Fill out a District Leave Request (attached)

**3.** Fill out the request form for Family and Medical Leave (attached) You must give 30 calendar days notice for **planned** absences (paid or unpaid) related to family and medical leave.

4. After supervisor signature, send District Leave Request to Business Office

5. Sign, date and send Family and Medical Leave form to Business Office

**6.** Your request will be reviewed and a determination will be made whether or not you qualify.

**7.** The District will notify you of the determination in writing within five working days.

**8.** If you qualify, you will also receive a Medical Certification Form which must be completed by the appropriate health care provider and returned to the Business Office within 15 days after notification. If not returned in 15 days, your application may be denied.

**9.** Two days before you return from OFLA/FMLA for your own serious health condition, the District must receive a medical release from your medical provider verifying you are able to return to work. This form will be included with your eligibility letter.

**10.** You will be contacted by the Business Office regarding your insurance status and premium payment arrangements will be made.



# Sweet Home School District Family and Medical Leave Handbook

# Leave for: 1. Serious Health Condition of the Employee or Family Member 2. Parental Leave 3. Sick Child leave

## Please read this statement before proceeding

This packet is a summary of Family and Medical leave policy and procedures. In all cases applicable state and federal laws, rules, policies and collective bargaining agreements govern the employee's and the district's rights and obligations, not this document.

FMLA and OFLA are not optional. The law requires the District to provide these entitlements.

Federal and state law prohibit retaliation against an employee with respect to hiring or any other term or condition of employment because the employee asked about, requested or used Family and Medical Leave.

### Family and Medical Leave follow:

The Federal Family and Medical Leave Act, as amended, 29 USC §§ 2601 <u>et seq</u>; section 585 of the National Defense Authorization Act for FY 2008 and federal regulations 29 CFR Part 825 <u>http://www.dol.gov/whd/regs/statutes/fmla.htm</u>

The Oregon Family Leave Act as amended, Oregon Revised Statutes (ORS) 659A.150 through 659A.186 and ORS 659A.306 <u>http://www.leg.state.or.us/ors/659a.html</u> and Oregon Administrative Rules (OAR) 839-009-0200 through 839-009-035, OAR 166-300-0010 through 166-300-0045, and OAR 101-030-0005 through 101-030-0027 and OAR 839-009-0370 through 839-009-0460 http://arcweb.sos.state.or.us/rules/number\_index.html, and the Oregon Military Family Leave Act

#### For more information contact the Business Office/Payroll Department.

## **Table of Contents**

What Is family and medical leave?	4
Am I eligible for FMLA and OFLA leave?	4
What are qualifying purposes to take serious health condition, Parental, and Sick Child leave under FMLA and OFLA ?	5
What is a serious health condition?	5-6
How much FMLA and OFLA leave do I get?	7
What if I am on time loss due to workers' compensation?	7
Do I have to take all my FMLA and OFLA at once?	7
What if I don't want to use FMLA and OFLA leave?	8
How do I request FMLA or OFLA leave for a serious health condition or parental leave?	8
What happens after I request FMLA or OFLA leave?	8
What else do I need to know about Parental leave?	8
What if I need to be absent for OFLA Sick Child leave?	9
Am I paid during FMLA and OFLA leave?	9
Will my insurance continue?	9
What happens to my job after I take FMLA and OFLA leave?	10
What if I need to extend my leave beyond my FMLA and OFLA entitlement?	10

## What is family and medical leave?

The Family and Medical Leave Act (FMLA) and the Oregon Family and Medical Leave Act (OFLA) protect an eligible employee's absence from work under certain conditions. Federal and state laws determine if you are eligible and if your absence qualifies as FMLA or OFLA and how much leave time you may take.

## Am I eligible for FMLA and OFLA leave?

The District uses a "rolling backward year" to determine an employee's FMLA and OFLA leave eligibility. This means the District looks backward on the calendar for one year from the first day of your requested leave. This method tells the District if you are eligible for FMLA or OFLA leave and how much of this leave you have available to use.

#### To be eligible for FMLA or OFLA leave you must meet the following requirements:

Employees Eligible for FMLA	Employees Eligible for OFLA
Employee must have been employed by Sweet Home School District for a total of at least 12 months (if months are non-consecutive there can be no more than a seven-year break in service) and	To qualify for Parental leave (leave to care for a newborn child or newly placed adopted or foster child) employee must have been employed by Sweet Home School District for a period of 180 calendar days immediately preceding the date leave begins
Employee must have worked for at least 1250 hours during the 12-month period immediately preceding the leave	To qualify for leave for a serious health condition or for Sick Child leave (to care for the employee's child with a non-serious health condition requiring home care), in addition to the 180-day requirement above, the employee must have worked an average of 25 hours per week
Both of the above requirements apply to all types of FMLA leave	To qualify for OFLA Military Family leave, employee must have worked an average of 20 hours per week (there is no 180 day requirement)

When counting the number of hours worked to determine eligibility, the District counts all hours the employee was actually at work, employment as a temporary worker, and qualifying absences for military leave. Paid or unpaid leave time does not count as hours worked for eligibility purposes.

#### This packet specifically addresses FMLA and OLFA leave for:

- Leave for your serious health condition
- Leave for the serious health condition of your family member
- Parental leave
- OFLA Sick Child leave

Qualifying purposes for the above leave-types are outlined in the chart that follows.

## What are qualifying purposes to take serious health condition, Parental, and Sick Child leave under FMLA and OFLA ?

Qualifying purposes under FMLA	Qualifying purposes under OFLA
To recover from or seek treatment for your own serious health condition that renders you incapacitated. This includes pregnancy related disability and absence for prenatal care.	To recover from or seek treatment for your own serious health condition that renders you incapacitated. This includes pregnancy related disability and absence for prenatal care.
To tend to the serious health condition of your:	To tend to the serious health condition of your:
<ul> <li>Spouse: husband or wife as defined under Oregon state law</li> </ul>	<ul> <li>Spouse or same-sex domestic partner as defined under Oregon state law</li> </ul>
<ul> <li>Parent: your biological or adoptive mother or father, or an individual who stood in loco parentis (in place of a parent) when you were a child</li> <li>Son or daughter (child): your biological, adopted, foster or stepchild, a legal ward, or a child of whom you stand in loco parentis who is 17 years of age or younger. The age limit does not apply if the child is incapable of self-care because of a mental or physical disability</li> </ul>	<ul> <li>Parent: your biological or adoptive mother or father, or an individual who stood in loco parentis (in place of a parent) when you were a child, and the parent of your spouse or same- sex domestic partner</li> <li>Son or daughter (child) (of any age): your biological, adopted, foster or stepchild, a legal ward, or a child of whom you stand in loco parentis, and the child of your same-sex domestic partner</li> <li>Grandparent or grandchild</li> </ul>
Parental leave: to care for your newborn, newly adopted child or newly placed foster child	Parental leave: to care for your newborn, newly adopted child or newly placed foster child
	Sick child leave: to care for a child 17 years of age or younger who has a non-serious health condition and requires home care. The age limit does not apply if the child is incapable of self-care because of a mental or physical disability

## What is a serious health condition?

**Serious Health Condition:** An illness, injury, impairment, or physical or mental condition that involves one or more of the following:

- **Hospital care**: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or as a consequence of inpatient care.
- Absence plus treatment: A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves one or both of the following:
  - Treatment received in person, two or more times by a health care provider, a nurse, or a physician's assistant under direct supervision of a health care provider, or a provider of health care services (e.g., physical therapist) under orders of or referred by a health care provider.
  - Treatment by a health care provider on at least one occasion resulting in a regimen of continuing treatment under the supervision of the health care provider.
    - Regimen of Continuing Treatment: includes a course of prescription medication such

as an antibiotic or physical therapy requiring special equipment to resolve or alleviate the health condition. A regimen of continuing treatment does not include taking over-the-counter medications such as aspirin, antihistamines or salves, bed-rest, drinking fluids, exercise, and other similar activities that could be initiated without a visit to a health care provider.

- Any period of incapacity for pregnancy, pregnancy-related illness, or for prenatal care (pregnancy disability). The following absences related to pregnancy disability qualify:
   Part-day or full-day absences for severe morning sickness.
  - Part-day of full-day absences for severe morning sickness.
     Deriede of had root ordered by the physician of the program of the program of the program.
  - Periods of bed rest ordered by the physician of the pregnant employee.
  - $_{\rm O}$  A reduced work schedule because of pregnancy complications.
  - $\circ$  Routine prenatal visits to the doctor.
  - Leave following childbirth if the employee is incapacitated since the definition of pregnancy disability includes incapacity due to pregnancy or childbirth. Pregnancy is a temporary condition and not a covered disability that requires reasonable accommodation under the Americans with Disabilities Act Amendments Act (ADAAA).
- **Chronic conditions:** A chronic condition is one which:
  - Requires periodic in-person treatments by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider.
  - Continues over an extended period of time, including, recurring episodes of a single underlying condition.
  - May cause episodic rather than a continuing period of incapacity; for example, asthma, diabetes, epilepsy.
- **Permanent or long-term conditions requiring supervision:** A period of incapacity that is permanent or long-term due to a condition for which treatment is potentially ineffective. The employee or family member is under supervision of a health care provider, not necessarily receiving active treatment. Examples are Alzheimer's disease, a severe stroke, the terminal stages of a disease.
- **Multiple treatments (non-chronic conditions):** Any period of absence to receive multiple treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider for one or both of the following reasons:
  - $\circ$  Restorative surgery after an accident or other injury.
  - For a condition that in the absence of treatment or medical intervention, will likely result in a period of incapacity of more than three consecutive calendar days. For example: chemotherapy or radiation for cancer, physical therapy for severe arthritis, dialysis for kidney disease.

Some other definitions that are important for understanding what qualifies as a Serious Health Condition include:

- **Incapacity:** The inability to work, attend school or perform other regular daily activities due to a serious health condition or treatment for or recovery from a serious health condition.
- **Treatment:** Includes examinations to determine if a serious health condition exists and for evaluations of the condition. The definition does not include routine physical examinations, eye examinations or dental examinations.

## How much FMLA and OFLA leave do I get?

#### Under both FMLA and OFLA you are entitled to:

Up to 12 weeks of leave during a 12-month period if you meet the eligibility and purpose requirements, measured using the rolling backward method. Some reasons for leave qualify under both leaves and some qualify only as one leave type. Leave qualifying under both FMLA and OFLA are designated at the same time.

#### OFLA may entitle you to additional leave under the following circumstances:

- 1. If you are a female employee and you take any amount of leave for your own pregnancy-related disability, you may take up to an additional 12 weeks of OFLA leave for any OFLA-qualifying purpose.
- 2. If you are a male or female employee and use a full 12 weeks of Parental leave under OFLA, you may qualify for up to 12 additional weeks of OFLA leave in the same leave year for Sick Child leave.

#### Leave entitlement for part-time employees and using FMLA and OFLA leave intermittently

If you are a part-time employee your leave entitlement is pro-rated. For example, if you normally work 30 hours per week, you are entitled to up to 12 weeks of leave at 30 hours per week. Leave taken on an intermittent basis is calculated by the hour. If you are a full-time employee working 40 hours per week, you are entitled to up to 480 hours of leave. A part-time employee's hourly entitlement is prorated. For example, if you normally work 30 hours work 30 hours per week, you are entitled to up to 480 hours of leave. A part-time employee's hourly entitlement is prorated. For example, if you normally work 30 hours per week, your hourly entitlement is 360 hours.

#### More than one qualifying condition

You may need FMLA or OFLA leave for more than one qualifying condition or purpose at the same time or in the same leave year. Having more than one qualifying condition does not extend the amount of your entitlement.

#### Spouses and family members working for the District

The District is one employer for purposes of OFLA and FMLA.

If you and your spouse both work for Sweet Home School District you must share the 12-week FMLA entitlement for Parental leave (for the birth, adoption, or foster child placement) or to care for a parent with a serious health condition.

### What if I am on time loss due to workers' compensation?

Only FMLA leave is applied when you are absent from work for a disabling compensable injury or you have a pending determination of a workers' compensation claim, if you meet eligibility and purpose requirements.

If your pending workers' compensation claim is denied, OFLA leave will immediately begin if you meet eligibility and purpose requirements.

If you have a disabling compensable injury and refuse an offer of transitional work, OFLA leave will immediately begin if you meet eligibility and purpose requirements.

## Do I have to take all my FMLA and OFLA at once?

#### There are three types of FMLA and OFLA leave schedules.

- 1. Continuous leave: leave taken in a block of time. For example, you take six weeks of leave due to a serious health condition.
- 2. Intermittent leave: Leave taken sporadically. For example, you miss five various days of work a month due to a serious health condition.
- 3. Reduced schedule/Part-time leave: Leave taken where you are scheduled to work less than your normal work hours in a day or week. For example, you are normally scheduled to work eight hours a day, instead works six hours and takes the remaining two hours as FMLA and OFLA due to a serious health condition.

## What if I don't want to use FMLA and OFLA leave?

If you are an eligible employee who is absent from work for a reason that qualifies as FMLA or OFLA leave, the District has no choice but to designate the absence as FMLA, OFLA or both. The amount of paid leave you have accrued or your desire to "save FMLA and OFLA until later" are not a factor. FMLA and OFLA are not benefits. They are an entitlement that must be applied as the need occurs.

## How do I request FMLA or OFLA leave for a serious health condition or Parental leave?

You must generally give 30 calendar days notice for planned absences (paid or unpaid) related to family and medical leave. Follow District procedures for submitting a request for leave. If you are unable to request leave in advance due to an emergency or unforeseeable event, let the District know as soon as possible. You are not required to specifically state the leave is for FMLA or OFLA, but you must provide enough information so the District can determine if the leave qualifies. The District may ask for more information if necessary.

Because FMLA and OFLA are not optional, the District can provisionally designate leave as FMLA and OFLA without your agreement.

### What happens after I request FMLA or OFLA leave?

#### Notice of eligibility

After you make a request for FMLA or OFLA leave, the District will generally let you know within five business days if you are eligible for the leave entitlement and if the district needs more information such as a medical certification.

#### **Medical certification**

If you are required to provide a medical certification for your own or your family member's serious health condition, the District will give you a medical certification form to take to your medical provider. The District uses this information to determine if your reason for the leave qualifies under FMLA or OFLA. The medical certification must be returned within 15 days or your leave can be denied. Denied leave means you do not have job protection under FMLA and OFLA. You may be asked to provide another medical certification under certain circumstances. At times, the District may have enough information to designate FMLA or OFLA leave without requesting medical certification.

#### **Final determination**

The District will inform you once the District has enough information to determine whether your absence qualifies as FMLA or OFLA leave. The District will tell you how much FMLA and OFLA leave time you have available, requirements to use your paid leave, information about insurance, your reinstatement rights, and if the District will require you to provide a Medical Release or Fitness for Duty Certification before returning to work if you are absent for your own serious health condition.

## What else do I need to know about Parental leave?

Parental leave is time for you to bond with your child after the child's birth, adoption or foster placement in your home. Parental leave must be completed within one year of the birth, adoption or placement. You may take intermittent Parental leave prior to the adoption or placement of a foster child if your presence is required to affect the adoption or placement. In other situations, Parental leave must be taken in a continuous block unless the District agrees to allow you to take it on an intermittent or reduced schedule that is agreed to by the District and you.

## What if I need to be absent for OFLA Sick Child leave?

OFLA Sick Child leave is part of your 12-week OFLA entitlement. It is used intermittently. Follow normal call in procedures and note the time on the Intermittent Tracking Form each time you need to be absent for OFLA Sick Child leave to care for your child 17 years of age or younger (or incapable of self-care due to a mental or physical disability), who has a non-serious health condition (i.e. head cold, ear ache, flu), requiring home care. The District will inform you whether you qualify for OFLA Sick Child leave. The District may require you to provide a medical certification after the third time you take OFLA Sick Child leave in the leave year. You must report all sick child leave on your Intermittent Tracking Form and provide a copy of the form to your supervisor and Human Resources each month within two working days following payroll close. Failure to submit this information timely may result in unprotected leave.

## Am I paid during FMLA and OFLA leave?

FMLA and OFLA are unpaid leaves. However, while on FMLA or OFLA leave, you must use your all paid leave before using leave without pay. All paid and unpaid leave used for FMLA and OFLA purposes counts against your FMLA and OFLA entitlement.

For any FMLA or OFLA absence you do not have to use your accrued paid leave if you are also receiving worker's compensation time loss benefits. For any FMLA or OFLA absence if you are receiving payments from your disability insurance provider, you are not required to use your paid leave except as required by the disability insurance contract.

Under OFLA, Oregon Legislation, H.B. 2485, employers may require the use of available paid vacation and sick leave and may determine the order in which paid leave is to be used. For leaves where you care for someone other than yourself the following will apply:

Group	Order of leave use
Classified Employees	Family Illness, Vacation, Sick Leave, then unpaid
Licensed Employees	Family Illness, Sick Leave, Personal Leave, then unpaid
Confidential Employees	Family Illness, Vacation, Sick Leave, then unpaid
Administrator Employees	Family Illness, Vacation, Sick Leave, then unpaid

## Will My Insurance Continue?

Under FMLA only, if you use any amount of FMLA leave in a month, the district pays its share of premiums for your medical, dental, vision and employee-only basic life insurance for that month. Insurance is not paid if you are on OFLA only. Insurance continues under OFLA only as long as you work sufficient hours or use sufficient paid leave.

Your optional insurances continue under both FMLA and OFLA as long as you use sufficient paid leave to cover the premiums. When you are on FMLA leave without pay you may continue some of your optional insurances by self paying the premiums. If you normally pay a portion of the premiums for your health insurance, you must continue timely payments during the period of leave to avoid cancellation. You may self-pay these premium payments by making arrangements through the benefits office.

If you are only on OFLA leave and on leave without pay, you have the option of continuing coverage under COBRA. You will be notified by a third party administrator, regarding how to continue your health and dental insurances while on leave without pay.

Your insurance will resume if you return from FMLA or OFLA leave immediately following your FMLA or OFLA absence. If you return beyond that timeframe, you must re-enroll and you may have a waiting period before your insurance restarts.

If you do not return to work following family and medical leave, you may be required to reimburse the District for the full premium cost of health care coverage paid on your behalf, unless a recurrence, continuation, or onset of a serious health condition (or a serious illness or injury of a covered servicemember) occurs or the reason for not returning is beyond your control.

## What happens to my job when I take FMLA and OFLA leave?

Before you return from FMLA or OFLA leave for your own serious health condition, the District will require a medical release from your medical provider verifying you are able to return to work. A medical release or certification must show no restrictions. A medical release with restrictions will require approval from the Administrator/Supervisor before return to work is approved. Certification must be received at least two (2) days prior to your scheduled return to work date in the Business Office/Payroll.

If you are returning from OFLA leave, or leave that qualifies for both FMLA and OFLA, you have a right to be restored to the position you held prior to your leave. If you are returning from FMLA-only leave, you have a right to be restored to the position you held prior to your leave or a position with equivalent pay and benefits. The following exceptions apply to both FMLA and OFLA:

If your position was eliminated through a District layoff process, you must be treated as if you were not on FMLA or OFLA leave and will be treated the same as similarly situated employees according to District policy or an applicable collective bargaining agreement.

If you are a temporary or limited duration employee, the District will return you to your position to the extent the placement or position still exists.

If you are unable to perform an essential function of your position and reasonable accommodations are not appropriate, FMLA and OFLA job protection ends. You may be subject to termination under an applicable law, rule, policy or collective bargaining agreement.

## What if I need to extend my leave beyond my FMLA or OFLA entitlement?

If you are unable to return to work following your FMLA or OFLA leave or cannot perform all essential functions of your job, you may request an extension of your absence. The District may grant an extension when continuing your leave does not impose undue hardship for the District and continuing your leave complies with law, policy, an applicable collective bargaining agreement, and reasonable accommodation provisions of the Americans with Disabilities Act Amendments Act (ADAAA).