

## **Guidelines**

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### Family/Medical Leaves of Absence – Policy 3430.01

**Columbus School District**  
**NOTICE OF RIGHTS**  
**UNDER THE FEDERAL FAMILY AND**  
**MEDICAL LEAVE ACT**

The following information concerns your rights and obligations under the federal family and medical leave act and will explain to you the consequences of your failure to meet these obligations. Please read the information carefully, and if you have any questions, please contact the Superintendent's office.

**Leave Entitlement.** The actual amount of time you spend on family and/or medical leave will be subtracted from your 12 work weeks of unpaid leave entitlement under federal law.

**Medical Certification.** If your leave request is based on your own serious health condition or the serious health condition of your son, daughter, spouse or parent, you must provide the District Administrator with a medical certification prepared by the health care provider treating you. The medical certification must be provided to the Superintendent within fifteen (15) days of request of leave, or in the cases of medical emergency or unforeseen circumstances, as soon as practicable after your leave begins. If you fail to provide the Superintendent with a timely medical certification, your leave request, or your continuation of leave, will be denied, until the required certification is provided.

**Additional Certifications.** Upon request by the Superintendent, you must submit to another examination, at the District's expense, by a health care provider selected by the District. If the second opinion differs from the initial certification, a third opinion may be obtained. The third opinion is final and binding.

**Re-certification.** You must provide the Superintendent with subsequent re-certification on a periodic basis that your serious health condition still prevents you from performing your job functions or that you are still needed to care for a family member with a serious health condition.

**Intent to Return to Work.** You must provide the Superintendent with a periodic report on your status and intent to return to work.

**Fitness for Duty Certification.** If you are on medical leave because of your own serious health condition, you must provide the Superintendent with a Fitness for Duty Certification signed by your health care provider before you can return to work. If you fail to provide the

Superintendent with a Fitness for Duty Certification, your reinstatement will be denied until the required certification is provided.

**Substitution.** During your family or medical leave, you may request payment for any paid leave you have earned or accrued at the time of your leave under the District's leave policies and/or the appropriate collective bargaining agreement. When paid leave is substituted for your unpaid leave, this leave will not be available to you later. In addition, the Superintendent may elect that you substitute applicable accrued leave during periods of family and medical leaves covered solely by federal law. Under no circumstances will you be entitled to additional family and/or medical leave as a result of the substitution of paid leave.

**Maintenance of Health Insurance Coverage.** In order to maintain your group health coverage during your family or medical leave, you must continue to pay your share of health insurance premiums, as you did prior to your leave. If you elect to substitute paid leave, or if the Superintendent requires the substitution of paid leave, your share of premiums will be paid through the normal payroll deduction method.

**Employment Protection.** Upon returning to work from family or medical leave, you will be reinstated to the position you held prior to leave or, if your position is no longer available, to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment.

**Recovery of Premiums.** If you fail to return to work after your family or medical leave, you will be liable to the District for any health coverage premiums paid on your behalf by the District during your leave.

**Designation of Leave.** The District will make a preliminary designation that your absence qualifies as family and medical leave. After you provide the Superintendent with the required documentation, the Superintendent will evaluate the information and make a determination as to whether the absence qualifies as family and medical leave. The Superintendent will notify you of his/her final designation. If you fail to provide the Superintendent with the required information within the time specified, your absence will be classified as other than family or medical leave.

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02/15/99

**COLUMBUS SCHOOL DISTRICT  
FAMILY AND MEDICAL LEAVE REQUEST**

I, \_\_\_\_\_, request leave of absence under the Family and Medical Leave Acts.

The Leave of absence is requested for the following reason (check the appropriate reason):

- The Birth of my son or daughter and to care for such child;
- The placement of a son or daughter with me for adoption or foster care;
- To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition;
- My serious health condition.

I will be absent from work from \_\_\_\_\_ to \_\_\_\_\_,

which is a total of \_\_\_\_\_ work days.

*If you checked box 3 or 4, please have a Health Care Provider Certification completed by the Health Care Provider or Christian Science Practitioner indicated below:*

Health Care Provider/Christian Science Practitioner:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Authorization of Release of Medical Information**

By receipt of this Request form, I hereby authorize the Health Care Provider to provide such information and medical records as requested by the District without liability for such release of information.

**Substitution of Paid Leave**

I understand that I may elect to substitute for my unpaid family and medical leave any paid leave that I have accrued under the following paid leave policies (circle one elected):

- Vacation
- Personal Days
- Sick day(s)
- Emergency Leave

The substitution of the above leaves for unpaid family and medical leave will not extend or result in additional family and medical leave being available to me.

**Return to Work Certification**

I understand that if I am requesting medical leave for my own serious health condition, I must not only provide the District with a certification from my health care provider as to the existence of my serious health condition, but must also provide the District, prior to my return to work, with a Return to Work Certification which has been completed by my physician. I understand that failure to provide a Return to Work Certification may result in my being denied reinstatement until such document is provided to the District.

**Alternative Position During Leave**

I understand and agree that if my leave is requested to be taken on a reduced or intermittent basis and I am capable of performing working during my requested leave, the District may place me in alternative employment within the District and I hereby agree to such placement. I understand that the position that I may be placed in may have no relation to my current job responsibilities and that such placement is only temporary. I will be returned to my position or a substantially equivalent employment upon the expiration of my leave.

*If you are requesting intermittent or reduced leave for the birth, adoption or foster care of a son or daughter, please provide a schedule of leave. The Superintendent will notify you if he/she agrees with your intermittent or reduced leave proposed schedule.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Employee Who Received Request: \_\_\_\_\_

Date Notice of Rights Provided to Employee: \_\_\_\_\_