Family Medical Leave

Any employee who has missed/will miss more than 5 consecutive work days for a medical reason must be put on an approved leave (via FML and/or TDL).

Employees are eligible if they have been employed by district for more than 12 months, and worked at least 1,250 hours in the 12 months immediately preceding the need for leave.

FML allows eligible employees a total of 12 work weeks of leave, without loss of any employment benefits, during a 12 month period for 1 or more of the following reasons:

1. The employee’s serious health condition.
2. To care for a spouse, parent, or child with a serious health condition.
3. The birth of a child, to care for a healthy newborn, or placement of a child for adoption or foster care.
4. A qualifying exigency resulting from a covered family member’s active military duty or call to active duty status.
5. To care for a family member who is a covered US servicemember with a serious illness or injury that resulted from active military duty (i.e., military caregiver leave). Covers family members who are current servicemembers and veterans.

FML is unpaid leave. However, district policy requires employees to use all compensable time concurrently with any approved leave.

The district will continue to pay its portion of the employee’s health insurance premium for the approved FML period.

FML runs concurrent (at the same time) with all other leaves.

FML Checklist

30 days before leave you should complete and return to HR:
(a) Request for FMLA and (b) Use of Leave Authorization
If this is not practicable due to unforeseeable circumstances, notice must be given as soon as feasible. Notify your supervisor of the need for leave.

15 days before leave: make sure your physician returns the Medical Certification. This must be completed fully and returned to HR in order for your leave to be approved.

Contact the HR department for information about the number of paid leave days you have available and general salary questions pertaining to leave.

The HR Department can answer any questions about your BISD benefits while on leave, including the Disability Benefit.

Before returning to work: You must provide a completed medical release note from your physician to HR.

Shaynah Deason
Human Resources Specialist
940-569-3328 ext 2010
940-569-4776 fax
shaynah.deason@burkburnettisd.org
Temporary Disability Leave

- Any employee who has missed/will miss more than 5 consecutive work days for a medical reason must be put on an approved leave (FML or TDL).

- TDL is to be used for employees who may or may not qualify for FML, or whose FML has been exhausted and are still not medically cleared to return to work.

  All full time TEA certified employees are eligible for TDL for their own serious health condition that interferes with the performance of their regular duties.

  For the purpose of TDL, pregnancy is considered a temporary disability.

  TDL allows eligible employees medical leave of up to 180 calendar days.

  TDL is an unpaid leave. However, district policy requires employees to use all compensable time concurrently with any approved leave.

  The district will not continue to pay its portion of the employee’s health insurance premium for the approved TDL period.

  TDL runs concurrent (at the same time) with all other leaves, including FML.

TDL Checklist

To request TDL, you will need to submit to HR a letter addressed to the superintendent (Dr. Brad Owen) that includes the reason for leave and the date leave needs to begin, as well as the Leave of Absence Request form. You will be given a medical certification to have your physician complete and return before your leave can be approved. If you qualify for TDL, you will be placed on TDL with or without the written request.

Notify your supervisor of the need for leave.

Contact the HR department for information about the number of paid leave days you have available and general salary questions pertaining to leave.

The HR Department can answer any questions about your BISD benefits while on leave, including the Disability benefit.

Before returning to work, you must provide a completed medical release note from your physician to Terrilynn Nowicki.

Shaynah Deason
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Leave of Absence Request

Completed request with appropriate signatures should be submitted to the Leave Specialist at least 30 days, if possible, prior to the date the requested leave is to begin. Documentation for absences over three (3) consecutive days is required per the Employee Handbook. When seeking leave you must provide medical certification within 15 calendar days.

Name __________________________
Title __________________________ Location/School __________________________
Name of your Supervisor __________________________ Personal Email: __________________________

Leave expected to begin ____/____/____ Anticipated return to work ____/____/____

<table>
<thead>
<tr>
<th>Check One</th>
<th>Reason for Absence – Type of Leave</th>
<th>Documentation Necessary</th>
<th>For HR Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Family Medical Leave (FML) or other approved medical leave</td>
<td>Submit this document with your signature and Medical Certification from your physician.</td>
<td>Eligible</td>
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<tr>
<td></td>
<td>Employees who have been with district for at least 12 months, and have worked 1,250 hours in immediate preceding 12 months from date of leave. Limited to medical leave for employee’s illness or illness within the employee’s family as defined by the Family Medical Leave Act. FML runs concurrently with other leaves. Maximum length is 12 work weeks.</td>
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<td>Not Eligible</td>
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<tr>
<td></td>
<td>Temporary Disability Leave (TDL)</td>
<td>Submit this document with your signature, a Letter to Superintendent, and Medical Certification completed by your treating physician</td>
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<tr>
<td></td>
<td>Any full-time employee whose position requires educator certificate who are not eligible for FML, or who have exhausted FML and still not medically able to return to work. TDL can only be used for the employee’s own serious health condition that interferes with the performance of regular duties. Maximum length is 180 calendar days. TDL runs concurrently with other leaves.</td>
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<tr>
<td></td>
<td>Assault Leave</td>
<td>Work Status Report from HR</td>
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<td></td>
<td>A district employee who is physically assaulted during the performance of regular duties is entitled to time necessary to recuperate from physical injuries sustained as a result of the assault. Assault Leave runs concurrently with other leaves.</td>
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<td>Qualifying Exigency / Military Caregiver Leave</td>
<td>Contact HR</td>
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<td>Employees may take leave to address certain urgent situations that result from a qualifying military member’s covered active duty or call to covered active duty, or to care for a covered service member or serious injury or illness sustained or aggravated by service in the line of duty while on active duty.</td>
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<td>Military Service</td>
<td>Copy of military orders</td>
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<tr>
<td></td>
<td>Employees required to serve in the federal or state military shall be granted leave. Short term state military or federal reserve military leave shall not exceed fifteen days per federal fiscal year.</td>
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<td></td>
</tr>
</tbody>
</table>

Person with medical condition:  
- [ ] Self – Serious Health Condition  
- [ ] Self – Pregnancy  
- [ ] Spouse  
- [ ] Child  
- [ ] Parent/Loco Parentis

Name of spouse/parent/child if leave is taken to care for them: ______________________________________

Leave will be:  
- [ ] Continuous  
- [ ] Intermittent: To be used when leave is not in consecutive days.  

A schedule of your anticipated absences is required.

Employees out for their own medical condition will not be permitted to resume work with the District until a medical release has been received by the HR Department. If you are out to care for a spouse/parent/child, you must notify the HR Department of your return date prior to your return.

I understand that the leave I am requesting is an approved leave except where use of sick leave, personal days, vacation days and compensatory time are available. Any days taken where leave is unavailable are taken without pay. I understand that the District requires use of all accumulated state sick leave, local leave, state personal leave, vacation and compensatory time during leave. I understand that I will not be permitted to resume my position with the District until I provide a doctor’s medical release, specifying the date that I am released to return to work. I understand that if I do not return to work after I exhaust my 12 weeks of leave under FML, I may have to resign. I have read and understand District Policy DEC (LOCAL) and district BISD Employee Handbook. I attest that the above information is true and correct. I have read and understand the terms and conditions of my leave.

Employee’s Signature __________________________ Date __________________________

01/10/2024