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**GCCBC**

## **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

The Conway School District complies with the Federal Family and Medical Leave Act (FMLA) of 1993 and all applicable State laws related to family and medical leave. This means that, in cases where the law grants you more leave than our leave policies provide, the District will give you the leave required by law.

**FMLA Leave Eligibility:** The FMLA provides up to twelve (12) weeks of unpaid leave every twelve (12) months to eligible employees for certain family and medical reasons. To be eligible, you must have worked for the District for twelve (12) months, and for one thousand two hundred fifty (1,250) hours over the previous twelve (12) months. (See the FMLA regarding exemptions for certain highly compensated employees.) Intermittent leave will be permitted for eligible employees where necessary.

**Reasons for Taking Leave:** If you are an eligible employee you are entitled to FMLA leave for any of the following reasons:

- a) To care for a newborn, an adopted child, or a foster child within a year of the child's arrival;
- b) To care for a spouse, child, or parent who has a serious health condition;  
or
- c) For a serious health condition that makes you unable to perform the functions of your job.

Note – As those terms listed in a, b, and c are defined at 29 Code of Federal Regulations (CFR), Section 825.113.

Where your need for FMLA leave is foreseeable, you must provide notice of your need for leave to the District not less than thirty (30) days before the leave is scheduled to begin. If your need for FMLA is not foreseeable (for example, where a birth or placement of a child or a need for medical treatment requires leave to begin in less than thirty (30) days), you must provide notice as soon as practicable.

If your need for leave is foreseeable based on planned medical treatment, you should make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the District subject to the approval of your health care provider.

The District requires that you provide a medical certification of your need for leave because of a serious health condition (whether your own or that of your child, spouse, or

parent) whenever the leave is expected to extend beyond five (5) consecutive working days or will involve intermittent or part-time leave.

The District requires that you provide a medical certification of your ability to resume work after a FMLA leave for your own serious health condition that extends beyond ten (10) consecutive working days.

Substitution of Paid Leave for FMLA Leave: The District requires employees on FMLA leave to substitute any accrued paid vacation leave, personal leave, or in the case of leave taken for a serious health condition, medical or sick leave for unpaid FMLA leave, as described in individual collective bargaining agreements and/or policies.

Periodic Reporting: If you take leave for more than two (2) weeks, the District requires that you report to your Immediate Supervisor at least every two (2) weeks on your status and intent to return to work.

Measurement of 12 Month Period: [This is the measurement US&S recommends. Several other options are available.]

For purposes of this policy, the “twelve month period” described in the FMLA will be measured forward from the date the employee’s first FMLA leave begins. Accordingly, you are entitled to twelve (12) weeks of leave during the year beginning on the first day you take FMLA leave. The next twelve (12) month period would begin on the first day on which you take FMLA leave after the completion of any previous twelve (12) month period.

The completion provisions of the FMLA are too lengthy to include in this policy. However, if you have questions about the FMLA or would like to review the statute itself, please contact the SAU #9 Assistant Superintendent or the United States Department of Labor.

No Other Work: The taking of another job (including self employment) while on FMLA leave or any other authorized leave may lead to disciplinary action, up to and including termination of employment.

# Request for Family or Medical Leave

(PLEASE PRINT)

Request for Family or Medical Leave should be made, if practical, at least 30 days prior to the date the requested leave is to begin.

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_

Status: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

Date of Hire \_\_\_\_\_ Length of Service \_\_\_\_\_

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I request family or medical leave for one or more of the following reasons:

\_\_\_ Because of the birth of my child and in order to care for him or her.

Expected date of birth \_\_\_\_\_ Actual date of birth \_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

\_\_\_ Because of the placement of a child with me for adoption or foster care. Date of placement \_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

\_\_\_ In order to care for my spouse, child, or parent, who has a serious health condition\*

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

\_\_\_ For a serious health condition that makes me unable to perform my job\* Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

\* A physician's certification may be required for leave due to a serious health condition.

\_\_\_ For other reasons. Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_

\_\_\_ Requested intermittent leave schedule (if applicable, subject to employer's approval) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken a family or medical leave in the past 12 months? \_\_\_ Yes \_\_\_ No

If yes, how many work days? \_\_\_\_\_