

LICENSED EMPLOYEE SUSPENSION

Licensed employees shall perform their assigned job, respect and follow board policy, and obey the law. The superintendent is authorized to suspend a licensed employee either pending board action on a discharge, for investigation of charges against the employee, or for disciplinary purposes. It shall be within the discretion of the superintendent to suspend a licensed employee with or without pay.

In the event of a suspension, appropriate due process shall be followed.

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765 (Iowa 1987).  
McFarland v. Board of Education of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).  
Iowa Code §§ 20.7, .24; 279.13, .15-.19, .27 (1995).

Cross Reference: 404 Employee Conduct and Appearance  
407 Licensed Employee Termination of Employment

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

LICENSED EMPLOYEE REDUCTION IN FORCE

The board has the exclusive authority to determine the appropriate number of licensed employees. A reduction of licensed employees may occur as a result of, but not be limited to, changes in the education program, staff realignment, changes in the size or nature of the student population, financial situation considerations, and other reasons deemed relevant by the board.

The reduction in licensed employees, other than administrators, will be done through normal attrition if possible. If normal attrition does not meet the necessary reduction in force required, the board may terminate licensed employees.

It is the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent shall consider the following criteria in making the recommendations:

- Endorsements and educational preparation within the grade level and subject areas in which the employee is now performing;
- Relative skills, ability and demonstrated performance;
- Qualifications for co-curricular programs; and
- Number of continuous years of service to the school district. This will be considered only when the foregoing factors are relatively equal between licensed employees.

Due process for terminations due to a reduction in force will be followed.

The requirements stated in the Master Contract between employees in that certified collective bargaining unit and the board regarding the reduction in force of such employees will be followed.

Legal Reference: Iowa Code §§ 20.7, .24; 279.13, .15-.19, .27 (2001).

Cross Reference: 407.5 Licensed Employee Suspension  
413.6 Classified Employee Reduction in Force  
703 Budget

Approved 12/10/01

Reviewed 10/10/16

Revised 12/10/01

LICENSED EMPLOYEE PROFESSIONAL DEVELOPMENT

The board encourages licensed employees to attend and participate in professional development activities to maintain, develop, and extend their skills. The board shall maintain and support an in-service program for licensed employees.

Requests for attendance or participation in a development program, other than those development programs sponsored by the school district, shall be made to the superintendent. Approval of the superintendent must be obtained prior to attendance by a licensed employee in a professional development program when the attendance would result in the licensed employee being excused from their duties or when the school district pays the expenses for the program.

The superintendent shall have sole discretion to allow or disallow licensed employees to attend or participate in the requested event. When making this determination, the superintendent will consider the value of the program for the licensed employee and the school district, the effect of the licensed employee's absence on the education program and school district operations and the school district's financial situation as well as other factors deemed relevant in the judgment of the superintendent. Requests that involve unusual expenses must also be approved by the board.

The requirements stated in the Central Lyon Education Association Master Contract between employees in the certified collective bargaining unit and the board regarding professional development of such employees shall be followed.

Legal Reference: Iowa Code § 279.8 (1995).  
281 I.A.C. 12.7.

Cross Reference: 414.9 Classified Employee Professional Purposes Leave

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

LICENSED EMPLOYEE PUBLICATION OR CREATION OF MATERIALS

Materials created by licensed employees and the financial gain therefrom shall be the property of the school district if school materials and time were used in their creation and/or such materials were created in the scope of the licensed employee's employment. The licensed employee must seek prior written approval of the superintendent concerning such activities.

Legal Reference: Iowa Code § 279.8 (1995).

Cross Reference: 401.2 Employee Conflict of Interest  
606.4 Student Production of Materials and Services

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

LICENSED EMPLOYEE TUTORING

Every effort will be made by the licensed employees to help students with learning problems before recommending that the parents/guardians engage a tutor. Since there are exceptional cases when tutoring will help students overcome learning deficiencies, tutoring by licensed employees may be approved by the superintendent.

Licensed employees may only tutor students other than those for whom the teacher is currently exercising teaching, administrative or supervisory responsibility unless approved by the superintendent.

Tutoring for a fee may not take place within school facilities or during regular school hours unless approved by the superintendent.

Legal Reference: Iowa Code §§ 20.7; 279.8 (1995).

Cross Reference: 401.2 Employee Conflict of Interest  
402.6 Employee Outside Employment

Approved 7/17/95

Reviewed 10/10/16

Revised 7/17/95

LICENSED EMPLOYEE VACATION - HOLIDAYS - PERSONAL LEAVE

The requirements stated in the Central Lyon Education Association Master Contract between employees in the certified collective bargaining unit and the board regarding the vacations, holidays and personal leave of such employees shall be followed.

Legal Reference: Iowa Code §§ 1C.1-.2; 4.1(34); 20.9 (1995).

Cross Reference: 414.1 Classified Employee Vacations - Holidays -  
Personal Leave  
601.1 School Calendar

Approved 7/17/95 Reviewed 10/10/16 Revised 12/10/01

LICENSED EMPLOYEE PERSONAL ILLNESS LEAVE

Licensed employees shall be granted ten (10) days of sick leave in their first year of employment. Each year thereafter, one additional day of sick leave will be granted to the licensed employees up to a maximum of fifteen (15) days. The term "day" is defined as one (1) work day regardless of full-time or part-time status of the employee. A new employee shall report for work at least one (1) full work day prior to receiving sick leave benefits. A returning employee will be granted the appropriate number of days at the beginning of each fiscal year.

Sick leave may be accumulated up to a maximum of ninety (90) days for licensed employees who are represented by the Central Lyon Education Association Master Agreement. Other licensed employees shall have the annual allocation and accrual days listed in their contracts.

Evidence may be required regarding the mental or physical health of the employee when the administration has a concern about the employee's health. Evidence may also be required to confirm the employee's illness, the need for the illness leave, the employee's ability to return to work, and the employee's capability to perform the duties of the employee's position. It shall be within the discretion of the superintendent to determine the type and amount of evidence necessary and to notify the board of his/her determination. When an illness leave will be greater than three (3) consecutive days, the employee shall comply with the board policy regarding family and medical leave.

The requirements stated in the Central Lyon Education Association Master Contract between employees in the certified collective bargaining unit and the board regarding the personal illness leave of such employees shall be followed.

Legal Reference: Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
26 U.S.C. § 2601 et seq. (Supp. 1993)  
29 C.F.R. Pt. 825 (1993).  
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (1995).  
1980 Op. Att'y Gen. 605.  
1972 Op. Att'y Gen. 177, 353.  
1952 Op. Att'y Gen. 91.

Cross Reference: 403.2 Employee Injury on the Job  
409.3 Licensed Employee Family and Medical Leave  
409.8 Licensed Employee Unpaid Leave

Approved 7/17/95

Reviewed 10/10/16

Revised 7/17/95

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as fiscal year. Requests for family and medical leave will be made to the superintendent.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

The requirements stated in the Master Contract between employees in the certified collective bargaining unit and the board regarding family and medical leave of such employees will be followed.

***NOTE: This policy is consistent with federal law regarding family and medical leave. The links below are to applicable forms on the U.S. Department of Labor Web site.***

Links: [WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition \(PDF\)](#)  
[WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition \(PDF\)](#)  
[WH-381 Notice of Eligibility and Rights & Responsibilities \(PDF\)](#)  
[WH-382 Designation Notice \(PDF\)](#)  
[WH-384 Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)  
[WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(PDF\)](#)

Legal Reference: *Whitney v. Rural Ind. School. District*, 232 Iowa 61, 4 N.W.2d 394 (1942).  
26 U.S.C. §§ 2601 *et seq.* (2006)  
29 C.F.R. Pt. 825 (2006).  
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (2009).  
1980 Op. Att'y Gen. 605.  
1972 Op. Att'y Gen. 177, 353.  
1952 Op. Att'y Gen. 91.

Cross Reference: 409.2 Licensed Employee Personal Illness Leave  
409.8 Licensed Employee Unpaid Leave  
414.3 Classified Employee Family and Medical Leave

Approved 7/17/95

Reviewed 10/10/16

Revised 8/10/09



## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

## YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### **MILITARY FAMILY LEAVE ENTITLEMENTS**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

### **BENEFITS AND PROTECTION**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### **JOB ELIGIBILITY REQUIREMENTS**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### **DEFINITION OF SERIOUS HEALTH CONDITION**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **USE OF LEAVE**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken.

### **SUBSTITUTION OF PAID LEAVE FOR UNPAID LEAVE**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### **EMPLOYEE RESPONSIBILITIES**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **EMPLOYER RESPONSIBILITIES**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **UNLAWFUL ACTS BY EMPLOYERS**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **ENFORCEMENT**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**NOTE: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

If you have access to the Internet visit FLMA's website: <http://www.dol.gov/esa/whd/fmla>.

To locate your nearest Wage-Hour Office, phone our toll-free information at 1-866-487-9243 or to the Web site at: <http://www.wagehour.dol.gov>.

For a listing of records that must be kept by employers to comply with FMLA visit the U.S. Dept. of Labor's website: [http://www.dol.gov/dol/allcfr/ESA/Title\\_29/Part\\_825/29CFR825.500.htm](http://www.dol.gov/dol/allcfr/ESA/Title_29/Part_825/29CFR825.500.htm)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

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

I, \_\_\_\_\_, request family and medical leave for the following reason:

(check all that apply)

- for the birth of my child;
- for the placement of a child for adoption or foster care;
- to care for my child who has a serious health condition;
- to care for my parent who has a serious health condition;
- to care for my spouse who has a serious health condition; or
- because I am seriously ill and unable to perform the essential functions of my position.
- because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on \_\_\_\_\_ and I request leave as follows:

(check one)

continuous  
I anticipate that I will be able to return to work on \_\_\_\_\_.

intermittent leave for the:

- birth of my child or adoption or foster care placement subject to agreement by the district;
- serious health condition of myself, parent, or child when medically necessary;
- because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

Details of the needed intermittent leave:

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I anticipate returning to work at my regular schedule on \_\_\_\_\_.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

\_\_\_\_\_ reduced work schedule for the:

- \_\_\_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;
- \_\_\_\_\_ serious health condition of myself, parent, or child when medically necessary;
- \_\_\_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

Details of needed reduction in work schedule as follows:

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I anticipate returning to work at my regular schedule on \_\_\_\_\_.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions will be deducted from moneys owed me during the leave period. If no monies are owed me, I will reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

1. Employee's Name \_\_\_\_\_
2. Patient's Name (if different from employee) \_\_\_\_\_
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition, for which the employee is taking FMLA leave, qualify under any of the categories described? If so, please check the applicable category.
  - for the birth of my child (not to exceed twelve (12) weeks); If both spouses are employed by the school district, they may only take a combined total of 12 weeks (see pg. 3)
  - for the placement of a child for adoption or foster care (not to exceed twelve (12) weeks);
  - to care for my child who has a serious health condition (not to exceed twelve (12) weeks);
  - to care for my parent who has a serious health condition (not to exceed twelve (12) weeks);
  - to care for my spouse who has a serious health condition (not to exceed twelve (12) weeks);
  - or
  - because I am seriously ill and unable to perform the essential functions of my position (not to exceed twelve (12) weeks).
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:
5.
  - a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity, i.e. inability to work, attend school or perform other regular activities due to the serious health condition, treatment therefor, or recovery therefrom, if different):
  - b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?  
  
If yes, give the probable duration:
  - c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:
6.
  - a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments:  
If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:
- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):

- 7. a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?
- b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?

If yes, please list the essential functions the employee is unable to perform.

- c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?
- 8. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?
- b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?
- c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Type of Practice)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

To be completed by the employee needing family leave to care for a family member.

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

A serious health condition means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care - In patient 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 consequent to such inpatient care.
2. 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:
  - a. treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g. physical therapist) under the orders of, or on referral by, a health care provider; or
  - b. treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
3. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.
4. Chronic Conditions Requiring Treatments - A chronic condition which:
  - a. requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
  - b. continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - c. may cause episodic rather than a period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).
5. Permanent/Long-term Conditions Requiring Supervision - A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. Multiple Treatments (Non-chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy), radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).



## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Complete this work sheet upon receiving a request for family and medical leave that may qualify under the Family Medical Leave Act. Be sure to note the requirements relating to family and medical leave in the school district's policy/collective bargaining agreement prior to relying on this work sheet as the sole source of the school district's obligations. Also be sure to note the definitions in Regulation 409.3R2.

### **Section I: Eligible Employee.** *(Please check all that apply.)*

Covered by a policy/collective bargaining agreement. *(If checked, please move to Section II.)*

The employee must meet all criteria below to move to Section II.

50 or more employees are on the payroll of or under contract to the school district.

Worked 52 weeks in the school district (consecutive or nonconsecutive). **OR**  
 Worked 12 months in the school district (consecutive or nonconsecutive).

Worked 1250 hours for the school district in 12 months prior to the request. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hours required.

### **Section II: Family and Medical Leave Purpose.** *(One must be checked to move to Section III.)*

Birth and care of newborn prior to first anniversary of child's birth.

Care of adopted child or foster care child prior to first anniversary of placement.

Care for serious health condition of spouse, child, child for which employee is "in loco parentis" and for any of these if they are over eighteen and have a disability which prevents the child from caring for himself or herself.

Requested medical certification for family and medical leave due to a serious health condition of the spouse, parent or child on           (date)          .

Received medical certification within 15 days of the request on           (date)          .

Serious health condition of the employee.

Requested medical certification for family and medical leave due to a serious health condition of the employee on           (date)          .

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

\_\_\_\_\_ Received medical certification within 15 days of the request on \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_ Other purposes contained in a policy/collective bargaining agreement.

**Section III: Timing of Family and Medical Leave Request.**

\_\_\_\_\_ Date of family and medical leave request \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_ Date family and medical leave to begin \_\_\_\_\_ (date) \_\_\_\_\_.

\_\_\_\_\_ Provide FMLA leave information to employee at time of request \_\_\_\_\_ (date) \_\_\_\_\_.

*(If one is checked, please move to Section IV.)*

\_\_\_\_\_ Leave request for foreseeable family and medical leave is 30 days prior to date family and medical leave begins.

\_\_\_\_\_ Leave request for foreseeable family and medical leave is in compliance with policy/collective bargaining agreement.

\_\_\_\_\_ Leave request for foreseeable family and medical leave was made as soon as practicable, and no later than one business day, prior to date family and medical leave begins.

\_\_\_\_\_ Leave request for unforeseeable family and medical leave was made in accordance with the policy/collective bargaining agreement timelines.

**Section IV: Calculation of Available Family and Medical Leave.**

Beginning date for 12-month entitlement period: July 1 (*fiscal year*)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Total family and medical leave for the 12-month entitlement period	<u>12weeks</u>
Leave taken to date in the entitlement period	<u>-</u>
Leave available for the entitlement period	<u>                    </u>

*If sufficient family and medical leave is available and the employee qualifies for family and medical leave, the family and medical leave will be granted in accordance with the policy/collective bargaining agreement.*

*The employee must be informed that the actual family and medical leave taken will be credited to the employee's 12-week entitlement.*

*If both spouses are employed by the school district, they may only take a combined total of 12 weeks during the entitlement period for the birth, adoption or foster care placement prior to the first anniversary of the child's birth or placement and for the care of a parent with a serious health condition.*

*If insufficient family and medical leave is available, the school district may award only the family and medical leave available or award the family and medical leave in accordance with other provisions of the policy/collective bargaining agreement.*

**Section V: Types of Family and Medical Leave.** *(Please check all that apply.)*

- Continuous leave for purposes listed in Section II.
- Intermittent leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.
- Reduced work schedule leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.
- Intermittent leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- Reduced work schedule leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- Others contained in a policy/collective bargaining agreement. *(Please specify.)*  
\_\_\_\_\_



LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

\_\_\_\_\_ The school district can require employee to remain on family and medical leave for leave other than an employee's serious health condition until end of semester if each of the following apply:

- \_\_\_\_\_ Leave begins during last five weeks before end of semester;
- \_\_\_\_\_ Leave is greater than two weeks; **and**
- \_\_\_\_\_ Employee will return during last two weeks of semester.

Last work day of the semester \_\_\_\_\_  
 Date of fifth week before end of the semester \_\_\_\_\_  
 Date of second week before end of the semester \_\_\_\_\_  
 Date of requested leave \_\_\_\_\_  
 Length of requested leave \_\_\_\_\_  
 Date of return from leave \_\_\_\_\_

\_\_\_\_\_ The school district can require the employee to remain on family and medical leave for purpose other than an employee's serious health condition until the end of the semester if each of the following apply:

- \_\_\_\_\_ Leave begins during last three weeks before end of the semester; **and**
- \_\_\_\_\_ Leave is greater than five working days.

Last work day of the semester \_\_\_\_\_  
 Date of third week before end of the semester \_\_\_\_\_  
 Date of requested leave \_\_\_\_\_  
 Length of requested leave \_\_\_\_\_

*The employee must be informed that the actual family and medical leave taken under these rules will be credited to the employee's 12-week entitlement.*

**Section VIII: Paid or Unpaid Family and Medical Leave.**

- \_\_\_\_\_ Provide employee notice whether the family and medical leave is paid or unpaid leave after completing the work sheet in accordance with the policy/collective bargaining agreement.
- \_\_\_\_\_ Policy/collective bargaining agreement allows substitution of paid leave for family and medical leave.
- \_\_\_\_\_ Family and medical leave is unpaid leave.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

**Section IX: Employee Progress Report.**

\_\_\_\_\_ Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave (*please specify*).

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\_\_\_\_\_ Requested medical re-certification for family and medical leave due to a serious health condition of the spouse, parent or child on \_\_\_\_\_ (date)\_\_\_\_\_.

\_\_\_\_\_ Received medical recertification within 15 days of the request on \_\_\_\_\_ (date)\_\_\_\_\_.

**Section X: Employee Benefits During Family and Medical Leave.**

The employee's health insurance coverage must be continued during the period of family and medical leave. The school district may choose to continue other employee benefits to ensure their restoration along with the health insurance upon the employee's return to work. The employee will pay the employee's share of health insurance and other benefits during the leave period.

\_\_\_\_\_ Arrangements have been made with the employee to continue the employee's share of health insurance premiums while on family and medical leave:

\_\_\_\_\_ From monies due to the employee

\_\_\_\_\_ By the first of each month from the employee

\_\_\_\_\_ Other (*please specify*) \_\_\_\_\_

\_\_\_\_\_ Arrangements have been made with the employee to continue the employee's share of the employee's other benefits while on family and medical leave:

\_\_\_\_\_ From monies due to the employee

\_\_\_\_\_ By the first of each month from the employee

\_\_\_\_\_ Other (*please specify*) \_\_\_\_\_

\_\_\_\_\_ The employee has chosen to discontinue all employee benefits while on family and medical leave.

\_\_\_\_\_ Employees who fail to provide payment of the employee's share of benefits premium during the period of family and medical leave have 15 days following notice to pay the employee's share.

\_\_\_\_\_ Employees who fail to pay within 15 days after receiving notice of payment due may have employee benefits discontinued.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

\_\_\_\_\_ The school district will deduct unpaid employee portion of benefits from monies due to the employee upon return to work, and the employee has signed a written statement authorizing the deduction.

\_\_\_\_\_ The school district will seek recovery of unpaid employee portion of benefits through small claims court or other appropriate recovery process.

*Even if the employee chooses to discontinue employee benefits during the period of family and medical leave, the school district should exercise great care before discontinuing employee benefits. The school district is required to restore the employee to full benefits when the employee returns to work, including group health insurance, without any qualifying period, physical examination, exclusion of pre-existing conditions and other similar requirements.*

\_\_\_\_\_ The school district may discontinue the employee's benefits upon receipt of written notice of the employee's intent not to return to work.

**Section XI: Key Employees.**

\_\_\_\_\_ Salaried employees among the highest paid ten percent of a school district's employees are considered key employees of the school district.

Year-to-date earnings for employee	_____
Total weeks of work and paid leave	_____/_____
Highest pay for employee	_____/_____

\_\_\_\_\_ Provide notice to key employees stating they are a key employee and they may not be reinstated at end of the family and medical leave period if substantial and grievous economic injury exists.

\_\_\_\_\_ Compile data to justify substantial and grievous economic injury. Substantial and grievous economic injury does not include minor inconvenience and costs typical to the normal operation of the school district.

\_\_\_\_\_ The key employee is entitled to benefits during the family and medical leave in the same manner as other employees.

**Section XII: Employee's Return to Work.**

\_\_\_\_\_ Employee is fully restored the same or an equivalent position with:

- \_\_\_\_\_ Pay and benefits
- \_\_\_\_\_ Health insurance
- \_\_\_\_\_ Life insurance
- \_\_\_\_\_ Other benefits or requirements in a policy/collective bargaining agreement

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
  - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
  - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
  - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
  - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

Option I:

Employees are eligible for family and medical leave if three criteria are met.

1. The school district has more than 50 employees on the payroll at the time leave is requested;
2. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
3. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

Option III:

The definition in the collective bargaining agreement is incorporated by reference.

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.



## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

- C. Employee requesting leave -- two types of leave.
1. Foreseeable family and medical leave.
    - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
    - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.
    - c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.
  2. Unforeseeable family and medical leave.
    - a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
    - b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
    - c. A spouse or family member may give the notice if the employee is unable to personally give notice.
- D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.
1. Six purposes.
    - a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
    - b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
    - c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
    - d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
    - e. because of a qualifying exigency arising out of the fact that an employee's \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
    - f. because the employee is the spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

## 2. Medical certification.

- a. When required:
  - (1) Employees *shall* be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
  - (2) Employees *shall* be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
  - (3) Employees *shall* be required to present certification of the call to active duty when taking military family and medical leave.
- b. Employee's medical certification responsibilities:
  - (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
  - (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
  - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
- c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.
- d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification will be denied until such certification is provided.

## E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
2. Year is defined as: Fiscal year

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

3. If insufficient leave is available, the school district may:

- a. Deny the leave if entitlement is exhausted
- b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.

2. Intermittent - employee requests family and medical leave for separate periods of time.

a. Intermittent leave is available for:

\_\_\_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;

\_\_\_\_\_ serious health condition of myself, parent, or child when medically necessary;

\_\_\_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;

\_\_\_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.

c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)

3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.

a. Reduced work schedule family and medical leave is available for:

\_\_\_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;

\_\_\_\_\_ serious health condition of myself, parent, or child when medically necessary;

\_\_\_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;

\_\_\_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

b. In the case of foreseeable reduced work schedule leave, the employee must schedule the leave to minimize disruption to the school district operation.

c. During the period of foreseeable reduced work schedule leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)

G. Special Rules for Instructional Employees.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
  - a. Take leave for the entire period or periods of the planned medical treatment; or
  - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.
3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
  - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
  - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
  - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.

## H. Employee responsibilities while on family and medical leave.

1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.
5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

I. Use of paid leave for family and medical leave.

Option I:

An employee may substitute unpaid family and medical leave with appropriate paid leave available to the employee under board policy, individual contracts or the collective bargaining agreement. Paid leave includes, but is not limited to, sick leave, family illness leave, vacation, personal leave, bereavement leave and professional leave. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option II:

1. An employee may substitute unpaid family and medical leave for the serious health condition of the employee with paid sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of the employee is unpaid.
2. An employee may substitute unpaid family and medical leave for the serious health condition of an employee's family member or to care for a family service member with paid sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of an employee's family member is unpaid.
3. An employee may substitute unpaid family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth with sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth is unpaid.
4. An employee may substitute unpaid family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for that child prior to the first anniversary of the child's placement or adoption with sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for the child prior to the first anniversary of the child's placement or adoption is unpaid.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

5. An employee may substitute unpaid family and medical leave when a family service member is called to active duty or on call to active duty with sick, vacation and personal leave. Upon expiration of the paid leave, the leave is unpaid.
6. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option III:

1. An employee may substitute unpaid family and medical leave for the serious health condition of the employee with paid sick leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of the employee is unpaid.
2. An employee may substitute unpaid family and medical leave for the serious health condition of an employee's family member with paid sick leave or to care for a family service member. Upon the expiration of paid leave, the family and medical leave for the serious health condition of an employee's family member is unpaid.
3. An employee may substitute unpaid family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth with sick and vacation leave. Upon the expiration of paid leave, the family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth is unpaid.
4. An employee may substitute unpaid family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for that child prior to the first anniversary of the child's placement or adoption with sick and vacation leave. Upon the expiration of paid leave, the family and medical leave for prior to the first anniversary of the placement of a child with the employee for adoption or foster care is unpaid.
5. An employee may substitute unpaid family and medical leave when a family service member is called to active duty or on call to active duty with sick and vacation leave. Upon expiration of the paid leave, the leave is unpaid.
6. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option IV:

1. Family and medical leave is unpaid.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Active Duty - duty under a call or order to active duty under a provision of law referring to in section 101(a)(13) of title 10, U.S. Code.

Common Law Marriage - according to Iowa law, common law marriages exist when there is a present intent by the two parties to be married, continuous cohabitation, and a public declaration that the parties are husband and wife. There is no time factor that needs to be met in order for there to be a common law marriage.

Contingency Operation - has the same meaning given such term in section 101(a)(13) of title 10, U.S. Code.

Continuing Treatment - a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or in referral by, a health care provider; or
  - treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
  - requires periodic visits for treatment 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); and
  - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- Any period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke or the terminal stages of a disease.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Covered Servicemember - a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

Eligible Employee - the district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

Essential Functions of the Job - those functions which are fundamental to the performance of the job. It does not include marginal functions.

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Employment Benefits - all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an "employee benefit plan."

Family Member - individuals who meet the definition of son, daughter, spouse or parent.

Group Health Plan - any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of such employees or former employees.

Health Care Provider-

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law; and
- Nurse practitioners and nurse-midwives, and clinical social workers who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; and
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts;
- Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
- A health care provider as defined above who practices in a country other than the United States who is licensed to practice in accordance with the laws and regulations of that country.

In Loco Parentis - individuals who had or have day-to-day responsibilities for the care and financial support of a child not their biological child or who had the responsibility for an employee when the employee was a child.

Incapable of Self-Care - that the individual requires active assistance or supervision to provide daily self-care in several of the "activities of daily living" or "ADLs." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

Instructional Employee - an employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily noninstructional employees.

Intermittent Leave - leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave or periods from an hour or more to several weeks.

Medically Necessary - certification for medical necessity is the same as certification for serious health condition.



## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

"Needed to Care For" - the medical certification that an employee is "needed to care for" a family member encompasses both physical and psychological care. For example, where, because of a serious health condition, the family member is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport himself or herself to medical treatment. It also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care.

Next of Kin - an individual's nearest blood relative

Outpatient Status - the status of a member of the Armed Forces assigned to –

- either a military medical treatment facility as an outpatient; or,
- a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Parent - a biological parent or an individual who stands in loco parentis to a child or stood in loco parentis to an employee when the employee was a child. Parent does not include parent-in-law.

Physical or Mental Disability - a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Reduced Leave Schedule - a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

Serious Health Condition -

- An illness, injury, impairment, or physical or mental condition that involves:
- Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from), or any subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:
  - A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
    - Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders or, or on referral by, a health care provider; or
    - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
  - Any period of incapacity due to pregnancy or for prenatal care.
  - Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - Requires periodic visits for treatment 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); and,
    - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

## LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's a severe stroke or the terminal stages of a disease.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).
- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.
- Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.
- Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

Serious Injury or Illness - an injury or illness incurred by a member of the Armed forces, including the National Guard or Reserves in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Son or daughter - a biological child, adopted child, foster child, stepchild, legal ward, or a child of a person standing in loco parentis. The child must be under age 18 or, if over 18, incapable of self-care because of a mental or physical disability.

Spouse - a husband or wife recognized by Iowa law including common law marriages.

LICENSED EMPLOYEE POLITICAL LEAVE

The board will provide a leave of absence to licensed employees to run for elective public office. The superintendent shall grant a licensed employee a leave of absence to campaign as a candidate for an elective public office as unpaid leave.

The licensed employee will be entitled to one (1) period of leave to run for the elective public office, and the leave may commence within thirty (30) days of a contested primary, special, or general election and continue until the day following the election.

The request for leave must be in writing to the superintendent of schools at least thirty (30) days prior to the starting date of the requested leave.

Legal Reference: Iowa Code ch. 55 (1995).

Cross Reference: 401.9 Employee Political Activity  
409 Licensed Employee Vacations and Leaves of  
Absence

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

LICENSED EMPLOYEE JURY DUTY LEAVE

The board will allow licensed employees to be excused for jury duty unless extraordinary circumstances exist. The superintendent has the discretion to determine when extraordinary circumstances exist.

Employees who are called for jury service shall notify the direct supervisor within twenty-four (24) hours after notice of call to jury duty and suitable proof of jury service pay must be presented to the school district. The employee will report to work within one (1) hour on any day when the employee is excused from jury duty during regular working hours.

Licensed employees will receive their regular salary. Any payment for jury duty shall be paid to the school district.

Legal Reference: Iowa Code §§ 20.9; 607A (1995).

Cross Reference: 409 Licensed Employee Vacations and Leaves of Absence

Approved 7/17/95 Reviewed 110/10/16 Revised 7/17/95

LICENSED EMPLOYEE MILITARY SERVICE LEAVE

The board recognizes licensed employees may be called to participate in the armed forces, including the national guard. If a licensed employee is called to serve in the armed forces, the employee shall have a leave of absence for military service until the military service is completed.

The leave shall be without loss of status and without loss of pay during the first thirty (30) calendar days of the leave.

Legal Reference: Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).  
Iowa Code §§ 20; 29A.28 (1995).

Cross Reference: 409 Licensed Employee Vacations and Leaves of Absence

Approved 7/17/95      Reviewed 10/10/16      Revised 7/17/95

## **SUBSTITUTE TEACHERS**

The Central Lyon School Board position is that it is critical to provide the most qualified substitute teachers for the students and staff of the Central Lyon Schools. The substitute shall be licensed by the State of Iowa. It shall be the responsibility of the building principal to fill absences with qualified substitute teachers.

### **Substitute Teaching**

- A. The teacher will inform his/her building principal in case of absence and the building principal will secure a substitute teacher. Teachers will have pertinent written lesson plans available so that a substitute can perform his/her duties in relation to the instructional program in an educational environment beneficial to the students.
- B. The building principal shall attempt to secure a substitute who is certified in the subject area and grade level for which the substitute will be responsible to teach. If that is not feasible, the building principal shall attempt to secure a substitute in either the subject or grade level. If not able to meet this standard, the building principal shall select the best substitute available.
- C. The building principal shall have the discretion to select substitutes who best meet the student, staff, and building needs as to education and disciplinary standards.

### **PER DIEM SUBSTITUTES:**

Substitute teachers shall be reimbursed at the rate set by the Board of Education annually.

### **LONG TERM SUBSTITUTES:**

After ten (10) consecutive workdays the certified substitute (long term) will be placed at the beginning BA level of the Salary Schedule less five dollars (\$5.00) of the daily rate. Long-term subs will be issued a letter of agreement and shall not be considered contracted teachers during their tenure as long term subs unless provided said contract.

When long term substitute's services are no longer needed, the sub will return to per diem substitute rate.

Final decisions on substitute reimbursements shall be made at the discretion of the Superintendent or his/her designee. It is the discretion of the Superintendent to pay long term substitute, who has worked for one full semester or more, the District's beginning teacher wage.

Legal References: Iowa Association of School Boards v. PERB, 400 N.W.2d 571 (Iowa 1987).  
Iowa Code §§ 20.1, .4(5), .9 (1995).  
281 I.A.C. 12.4.

Cross Reference: 405.1 Licensed Employee Defined  
405.2 Licensed Employee Qualifications, Recruitment, Selection

Approved: 7/17/95

Reviewed 10/10/16

Revised: 1/12/15

SUMMER SCHOOL LICENSED EMPLOYEES

The Central Lyon CSD shall offer summer school options in accordance with law and may, in its discretion offer additional programming during the summer recess. Licensed employees who volunteer or who are appointed to deliver the summer education program are compensated in addition to their regular duties during the school academic year, unless such arrangements are made prior to determining the employee's compensation for the year.

Licensed employees will be given the opportunity to volunteer for the positions available. If the board determines a course must be offered and no licensed employee volunteers for the position, the board will make the necessary arrangements to fill the position. The board will consider applications from volunteers of current licensed employees in conjunction with other applications.

It is the responsibility of the superintendent to make a recommendation to the board regarding the need for and the delivery of the summer education program.

Legal Reference: Iowa Code §§ 279.8, .68; 280.14 (20135).

Cross Reference: 603.2 Summer School Instruction  
505.2 Student Promotion – Retention – Acceleration

Approved 7/15/02

Reviewed 10/10/16

Revised 10/10/16

**CLASSIFIED EMPLOYEE DEFINED**

Classified employees are employees who are not administrators or employees in positions which require an Iowa Department of Education teaching license and who are employed to fulfill the duties listed on their job description on a monthly or hourly basis. Classified employees shall include, but not be limited to, teacher and paraprofessionals, custodial and maintenance employees, clerical employees, food service employees, bus drivers, and temporary help for summer or other maintenance. The position may be full-time or part-time.

It shall be the responsibility of the superintendent to establish job specifications and job descriptions for classified employee positions. Job descriptions may be approved by the board.

Classified employees required to hold a license for their position must present evidence of their current license to the board secretary/business manager prior to payment of wages each year.

Legal Reference: Iowa Code §§ 20; 279.8 (1995).

Cross Reference: 405.1 Licensed Employee Defined  
411.2 Classified Employee Qualifications, Recruitment,  
Selection  
412.3 Classified Employee Group Insurance Benefits

Approved 7/17/95

Reviewed 10/10/16

Revised 7/17/95



CLASSIFIED EMPLOYEE - QUALIFICATIONS, RECRUITMENT, SELECTION

Persons interested in a classified employee position will have an opportunity to apply and qualify for classified employee positions in the school district without regard to age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity or disability. Job applicants for classified employee positions will be considered on the basis of the following:

- Training, experience, and skill;
- Nature of the occupation;
- Demonstrated competence; and
- Possession of, or ability to obtain, state license if required for the position.

All job openings shall be submitted to the Iowa Department of Education for posting on Teach Iowa, the online state job posting system. Additional announcements of the position may occur ~~is~~ in a manner which the superintendent believes will inform potential applicants about the position. Whenever possible, the preliminary screening of applicants will be conducted by the administrator who will be directly supervising and overseeing the person being hired.

The superintendent has the authority to hire, without board approval, bus drivers, custodians, education associates, maintenance staff, clerical personnel, and food service workers.

Legal Reference: 29 U.S.C. §§ 621-634.  
42 U.S.C. §§ 2000e; 12101 *et seq.*  
Iowa Code §§ 20; 35C; 216; 256.27; 279.13.  
281 I.A.C. 12.  
282 I.A.C. 14.  
1980 Op. Att'y Gen. 367.

Cross Reference: 401.1 Equal Employment Opportunity  
410.1 Substitute Teachers  
411 Classified Employees - General

***NOTE: Marital status is not protected class for employees. The class may be added at the discretion of the board. The law now gives the board the authority to delegate hiring of classified staff to the superintendent if it's stated in board policy. The board has to specify in policy the classified positions the superintendent is authorized to hire. For more detailed discussion of this issue, see IASB's Policy Primer, Vol. 17 #6 – June 18, 2004.***

Legal Reference: 29 U.S.C. §§ 621-634 (2006).  
42 U.S.C. §§ 2000e *et seq.* (2006)  
42 U.S.C. §§ 12101 *et seq.* (2006)  
Iowa Code §§ 35C; 216; 279.8; 294.1 (2009).

Approved 7/17/95

Reviewed 10/10/16

Revised 10/10/16

CLASSIFIED EMPLOYEE EMPLOYMENT

The board may offer an employment letter with classified employees employed on a regular basis. The employment letter will state the terms of employment.

Either the employee or the board must give notice of the intent to cancel employment with a thirty (30) day notice. This notice will not be required when the employee is terminated during a probationary period or for cause.

Classified employees shall receive a job description stating the specific performance responsibilities of their position.

It shall be the responsibility of the superintendent to draw up and process the classified employment letter and present them to the board for approval.

Under legal guidance from the district's attorney on March 8, 2012, it was recommended that the district should only offer contracts to any employee that is covered by the continuing contract law such as certified teachers. Bus drivers are covered for other legal reasons. Iowa is an at-will state; therefore a contract is not necessary or advised for classified personnel.

Legal Reference: Iowa Code §§ 20; 279.7A; 285.5(9) (2003).

Cross Reference: 411 Classified Employees - General  
412.1 Classified Employee Compensation  
412.2 Classified Employee Wage and Overtime  
Compensation  
413 Classified Employee Termination of Employment

Approved 7/17/95

Reviewed 10/10/16

Revised 10/8/12

CLASSIFIED EMPLOYEE LICENSING/CERTIFICATION

Classified employees who require a special license or other certification shall keep them current at their own expense with the exception of the district bus drivers who shall have their CDL licensing costs paid by the district. Licensing requirements needed for a position will be considered met if the employee meets the requirements established by law and by the Iowa Department of Education for the position.

The special license or certification may be paid for by the District with prior approval and/or at the discretion of the Superintendent.

Legal Reference: Iowa Code §§ 272.6; 285.5(9) (1995).  
281 I.A.C. 12.4(10); 36; 43.12-.24.

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment,  
Selection

Approved 7/17/95 Reviewed 110/10/16 Revised 10/8/12

CLASSIFIED EMPLOYEE ASSIGNMENT

Determining the assignment of each classified employee is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments, the superintendent shall consider the qualifications of each classified employee and the needs of the school district.

It shall be the responsibility of the superintendent to assign classified employees and report such assignments to the board.

Legal Reference: Iowa Code §§ 20; 279.8 (1995).

Cross Reference: 200.2 Powers of the Board of Directors  
411.6 Classified Employee Transfers

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE TRANSFERS

Determining the location where a classified employee's assignment will be performed is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments each year the superintendent shall consider the qualifications of each classified employee and the needs of the school district.

A transfer may be initiated by the employee, the principal, supervisor or the superintendent.

It shall be the responsibility of the superintendent to transfer classified employees and report such transfers to the board.

Legal Reference: 29 U.S.C. §§ 621-634 (1988).  
42 U.S.C. §§ 2000e et seq. (1988)  
42 U.S.C. §§ 12101 et seq. (Supp. 1990).  
Iowa Code §§ 20.9; 35C; 216; 279.8; 294.1 (1995).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment,  
Selection  
411.5 Classified Employee Assignment

Approved 7/17/95      Reviewed 10/10/16      Revised 7/17/95

## CLASSIFIED EMPLOYEE EVALUATION

Evaluation of classified employees on their skills, abilities, and competence is an ongoing process supervised by the superintendent or his/her designee. The goal of the formal evaluation of classified employees is to maintain classified employees who meet or exceed the board's standards of performance, to clarify each classified employee's role, to ascertain the areas in need of improvement, to clarify the immediate priorities of the board, and to develop a working relationship between the administrators and other employees.

It is the responsibility of the superintendent to ensure classified employees are formally evaluated annually. New and probationary classified employees are formally evaluated at least twice a year.

Legal Reference: Aplington Community School District v. PERB, 392 N.W.2d 495 (Iowa 1986).  
Saydel Education Association v. PERB, 333 N.W.2d 486 (Iowa 1983).  
Iowa Code §§ 20.9; 279.14 (2009).  
281 I.A.C. Ch 83; 12.3(4).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection  
411.8 Classified Employee Probationary Status

Approved 7/17/95 Reviewed 10/10/16 Revised 12/6/11

CLASSIFIED EMPLOYEE PROBATIONARY STATUS

The first year of a newly employed classified employee's employment shall be a probationary period. The term "day" shall be defined as one (1) work day regardless of full-time or part-time status of the employee. New employees, regardless of experience, shall be subject to this probationary period.

"New" employees includes individuals who are being hired for the first time by the Central Lyon school district and those who may have been employed by the school district in the past, but have not been employed by the board during the school year prior to the one for which contracts are being issued.

Only the superintendent, upon board approval, may waive the probationary period and must do so in writing.

Legal Reference: Iowa Code §§ 20; 279.8 (1995).

Cross Reference: 411.3 Classified Employee Contracts  
411.7 Classified Employee Evaluation

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE COMPENSATION

The board shall determine the compensation to be paid for the classified employees' positions, keeping in mind the education and experience of the classified employee, the educational philosophy of the school district, the financial condition of the school district and any other considerations as deemed relevant by the board.

It shall be the responsibility of the superintendent to make a recommendation to the board annually regarding the compensation of classified employees.

Legal Reference: Iowa Code §§ 20.1, .4, .7, .9; 279.8 (1995).

Cross Reference: 411.3 Classified Employee Contracts  
412.2 Classified Employee Wage and Overtime  
Compensation

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95



CLASSIFIED EMPLOYEE WAGE AND OVERTIME COMPENSATION

Each non-exempt employee compensated on an hour-by-hour basis, whether full-or part-time, permanent or temporary, will be paid no less than the prevailing minimum wage. Whenever a non-exempt employee must work more than forty (40) hours in a given work week, the employee shall be compensated at one and one-half (1/2) times their regular hourly wage rate. This compensation shall be in the form of overtime pay or compensatory time. Compensatory time shall be accumulated and used in accordance with the Fair Labor Standards Act. Overtime will not be permitted without prior authorization of the building principal of designee.

Each non-exempt employee paid on an hour-by-hour basis must complete, sign, and turn in a daily time record showing the actual number of hours worked. Failure of the employee to maintain, or falsification of, a daily time record will be grounds for disciplinary action.

It is the responsibility of the board secretary/business manager to maintain wage records.

Legal Reference: Garcia v. San Antonio Metropolitan Transit Authority, 469 U.S. 528 (1985).  
29 U.S.C. §§ 206 et seq. (1988).  
29 C.F.R. Pt. 511-800 (1993).

Cross Reference: 411.3 Classified Employee Employment  
412.1 Classified Employee Compensation

Approved 7/17/95      Reviewed 110/10/16      Reviewed 10/8/12

## CLASSIFIED EMPLOYEE GROUP BENEFITS

Classified employees may be eligible for group benefits as determined by the board and required by law. The board will select the group benefit program(s) and the insurance company or third party administrator which will provide or administer the program.

In accordance with the Patient Protection and Affordable Care Act (ACA), the board will offer classified employees, who work an average of at least thirty (30) hours per week or one hundred thirty (130) hours per month, based on the measurement method adopted by the board, with minimum essential coverage that is both affordable and provides minimum value. The board will have the authority and right to change or eliminate group benefit programs, other than the group health plan, for its licensed employees.

Classified employees, who work an average of at least thirty (30) hours per week or one hundred thirty (130) hours per month, based on the measurement method adopted by the board, are eligible to participate in the group health plan. Employers should maintain documents regarding eligible employees acceptance and rejection of coverage.

*NOTE: Beginning on January 1, 2015, school districts that employ an average of at least 50 full-time employees (including an equivalent for part-time employees), are required to offer health coverage to full-time employees (and their dependents) or pay a penalty tax under the ACA Employer Mandate. Districts with 50-99 full-time employees (including an equivalent for part-time employees) may have until their 2016 plan year before compliance is required, if certain conditions are satisfied. Option I assumes a school district employs at least 50 full-time employees (including an equivalent for part-time employees) and is subject to the ACA's Employer Mandate. Boards can edit Option I to reflect their district's actual coverage (e.g., additional group insurance plans offered by the districts, which may include: life and long-term disability group insurance plans).*

NOTE: For a more detailed discussion of this issue, see [IASB's Special Report](#), A School District's Responsibilities

under the Federal Patient Protection and Affordable Care Act (ACA), December 2014. Legal Reference: Iowa Code §§ 20.9; 85; 85B; 279.12; 509; 509A; 509B (2013).

Internal Revenue Code § 4980H(c)(4); Treas. Reg. § 54.4980H-1(a)(21)(ii).

Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54 and 301, 78 Fed. Reg. 217, (Jan 2, 2013).

Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54 and 301, 79 Fed. Reg. 8543 (Feb. 12, 2014).

Cross Reference: 411.1 Classified Employee Defined

Approved 7/17/95

Reviewed 10/10/16

Revised 10/10/16

CLASSIFIED EMPLOYEE TAX SHELTER PROGRAMS

The board authorizes the administration to make a payroll deduction for classified employees' tax sheltered annuity premiums purchased from a company or program chosen by the board and collective bargaining units.

Classified employees wishing to have payroll deductions for tax sheltered annuities will make a written request to the board secretary/business manager.

Legal Reference: Small Business Job Protection Act of 1996, Section 1450(a), repealing portions of  
IRS REG § 1.403(b)-1(b)(3).  
Iowa Code §§ 20.9; 260C; 273; 294.16 (2009).  
1988 Op. Att'y Gen. 38.  
1976 Op. Att'y Gen. 462, 602.  
1966 Op. Att'y Gen. 211, 220.

Cross Reference: 706 Payroll Procedures

Approved 7/17/95

Reviewed 110/10/16

Revised 10/8/12

CLASSIFIED EMPLOYEE RESIGNATION

Classified employees who wish to resign during the school year shall give the board notice of their intent to resign two weeks (14) days prior to their last working day and final date of employment.

Notice of the intent to resign shall be in writing to the superintendent.

Legal Reference: Iowa Code §§ 91A.2, .3, .5; 279.19A; 285.5(9) (1995).

Cross Reference: 411.3 Classified Employee Contracts  
413 Classified Employee Termination of Employment

Approved 7/17/95 Reviewed 10/10/16 Revised 10/10/16

CLASSIFIED EMPLOYEE RETIREMENT

Classified employees who will complete their current work agreement with the board may apply for retirement. No classified employee will be required to retire at any specific age.

Application for retirement will be considered made when the classified employee states in writing to the superintendent the employee's intent to retire.

Board action to approve a classified employee's application for retirement shall be final, and such action constitutes termination of the employee's work agreement effective the day of the employee's retirement.

Classified employees and their spouse and dependents who have group insurance coverage through the school district may be allowed to continue coverage of the school district's group health insurance program if the employee is at least 55 years old and has been employed by the district for a minimum of 10 years. The insurance coverage will be at their own expense by meeting the requirements of the insurer.

Legal Reference: 29 U.S.C. §§ 621 et seq. (1988).  
Iowa Code §§ 91A.2, .3, .5; 97B; 216; 279.19A, .46 (1995).  
581 I.A.C. 21.  
1978 Op. Att'y Gen. 247.  
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 401.8 Recognition for Service of Employees

Approved 7/17/95 Reviewed 10/10/16 Revised 10/8/12

CLASSIFIED EMPLOYEE SUSPENSION

Classified employees shall perform their assigned job, respect and follow board policy and obey the law. The superintendent is authorized to suspend a classified employee, pending board action on a discharge, during investigation of charges against the employee, or for disciplinary purposes. It shall be within the discretion of the superintendent to suspend a classified employee with or without pay.

In the event of a suspension, due process will be followed.

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765 (Iowa 1987).  
McFarland v. Board of Education, of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).  
Iowa Code §§ 20.7, .24 (1995).

Cross Reference: 404 Employee Conduct and Appearance  
413 Classified Employee Termination of Employment

Approved 7/17/95      Reviewed 10/10/16      Revised 7/17/95

CLASSIFIED EMPLOYEE DISMISSAL

The board believes classified employees should perform their jobs, respect board policy and obey the law. Due process procedures shall be followed.

It shall be the responsibility of the superintendent to make a recommendation for dismissal to the board. A classified employee may be dismissed for any reason, including, but not limited to, incompetence, willful neglect of duty, reduction in force, willful violation of board policy or administrative regulations, or a violation of the law or for any other reason which is not in violation of the law.

Legal Reference: Iowa Code §§ 20.7, .24 (1995).

Cross Reference: 404 Employee Conduct and Appearance  
413.3 Classified Employee Suspension  
413.5 Classified Employee Reduction in Force

Approved 7/17/95 Reviewed 10/10/16 Revised 10/8/12

CLASSIFIED EMPLOYEE REDUCTION IN FORCE

It is the exclusive power of the board to determine when a reduction in classified employees is necessary. Employees who are terminated due to a reduction in force shall be given thirty (30) days notice. Due process will be followed for terminations due to a reduction in force.

It shall be the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent will consider the relative qualifications, skills, ability and demonstrated performance through evaluation procedures in making the recommendations.

Legal Reference: Iowa Code §§ 20.7, .24 (1995).

Cross Reference: 407.5 Licensed Employee Reduction in Force  
413.3 Classified Employee Suspension  
413.4 Classified Employee Dismissal  
703 Budget

Approved 7/17/95

Reviewed 10/10/16

Revised 7/17/95



CLASSIFIED EMPLOYEE VACATIONS - HOLIDAYS - PERSONAL LEAVE

The board shall determine the amount of vacation, holidays, and personal leave that will be allowed on an annual basis for classified employees.

The requirements stated in the Central Lyon Classified Employee Benefit Summary regarding the vacations, holidays and personal leave of such employees shall be followed.

Legal Reference: Iowa Code §§ 1C.1-.2; 4.1(34); 20.9 (1995).

Cross Reference: 409.1 Licensed Employee Vacations - Holidays -Personal Leave  
601.1 School Calendar  
Classified Employee Benefit Summary

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE PERSONAL ILLNESS LEAVE

Classified employees shall be granted ten (10) days of sick leave in their first year of employment. Each year thereafter, one (1) additional day of sick leave will be granted to the employees up to a maximum of fifteen (15) days. The term "day" is defined as one (1) work day regardless of full-time or part-time status of the employee. A new employee shall report for work at least one (1) full work day prior to receiving sick leave benefits. A returning employee will be granted the appropriate number of days at the beginning of each fiscal year. Sick leave may be accumulated up to a maximum of 95 days for classified employees.

Evidence may be required regarding the mental or physical health of the employee including, but not limited to, confirmation of the following: the employee's illness, the need for the illness leave, the employee's ability to return to work, and the employee's capability to perform the duties of the employee's position. It shall be within the discretion of the board and the superintendent to determine the type and amount of evidence necessary. When an illness leave will be greater than three (3) consecutive days, the employee shall comply with board policy regarding family and medical leave.

If an employee is eligible to receive workers' compensation benefits, the employee shall contact the board secretary/business manager to implement these benefits.

Legal Reference: Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
26 U.S.C. § 2601 et seq. (Supp. 1993)  
29 C.F.R. Pt. 825 (1993).  
Iowa Code §§ 20; 85.33, .34, .38(3); 279.40 (1995).  
1980 Op. Att'y Gen. 605.  
1972 Op. Att'y Gen. 177, 353.  
1952 Op. Att'y Gen. 91.

Cross Reference: 403.2 Employee Injury on the Job  
414.3 Classified Employee Family and Medical Leave  
414.8 Classified Employee Unpaid Leave

Approved 7/17/95

Reviewed 10/8/12

Revised 7/17/95

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as fiscal year. Requests for family and medical leave will be made to the superintendent.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

The requirements stated in the Master Contract between employees in the certified collective bargaining unit and the board regarding family and medical leave of such employees will be followed.

**NOTE: This policy is consistent with federal law regarding family and medical leave. The links below are to applicable forms on the U.S. Department of Labor Web site.**

Links: [WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition \(PDF\)](#)  
[WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition \(PDF\)](#)  
[WH-381 Notice of Eligibility and Rights & Responsibilities \(PDF\)](#)  
[WH-382 Designation Notice \(PDF\)](#)  
[WH-384 Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)  
[WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(PDF\)](#)

Legal Reference: Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
26 U.S.C. §§ 2601 *et seq.* (2006)  
29 C.F.R. Pt. 825 (2006).  
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (2009).  
1980 Op. Att'y Gen. 605.  
1972 Op. Att'y Gen. 177, 353.  
1952 Op. Att'y Gen. 91.

Cross Reference: 409.2 Licensed Employee Personal Illness Leave  
409.3 Licensed Employee Family and Medical Leave  
409.8 Licensed Employee Unpaid Leave

Approved 2/19/02

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Revised 8/10/09

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

## YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### **MILITARY FAMILY LEAVE ENTITLEMENTS**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

### **BENEFITS AND PROTECTION**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### **JOB ELIGIBILITY REQUIREMENTS**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### **DEFINITION OF SERIOUS HEALTH CONDITION**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **USE OF LEAVE**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule

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when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken.

### **SUBSTITUTION OF PAID LEAVE FOR UNPAID LEAVE**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### **EMPLOYEE RESPONSIBILITIES**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **EMPLOYER RESPONSIBILITIES**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **UNLAWFUL ACTS BY EMPLOYERS**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **ENFORCEMENT**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**NOTE: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

If you have access to the Internet visit FLMA's website: <http://www.dol.gov/esa/whd/fmla>.

To locate your nearest Wage-Hour Office, phone our toll-free information at 1-866-487-9243 or to the Web site at: <http://www.wagehour.dol.gov>.

For a listing of records that must be kept by employers to comply with FMLA visit the U.S. Dept. of Labor's website: [http://www.dol.gov/dol/allcfr/ESA/Title\\_29/Part\\_825/29CFR825.500.htm](http://www.dol.gov/dol/allcfr/ESA/Title_29/Part_825/29CFR825.500.htm)

*US Dept. of Labor – Revised July, 200*

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

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

I, \_\_\_\_\_, request family and medical leave for the following reason:

(check all that apply)

- for the birth of my child;
- for the placement of a child for adoption or foster care;
- to care for my child who has a serious health condition;
- to care for my parent who has a serious health condition;
- to care for my spouse who has a serious health condition; or
- because I am seriously ill and unable to perform the essential functions of my position.
- because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on \_\_\_\_\_ and I request leave as follows: (check one)

continuous

I anticipate that I will be able to return to work on \_\_\_\_\_.

intermittent leave for the:

- birth of my child or adoption or foster care placement subject to agreement by the district;
- serious health condition of myself, parent, or child when medically necessary;
- because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

Details of the needed intermittent leave:

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I anticipate returning to work at my regular schedule on \_\_\_\_\_.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

\_\_\_\_\_ reduced work schedule for the:

- \_\_\_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;
- \_\_\_\_\_ serious health condition of myself, parent, or child when medically necessary;
- \_\_\_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ because I am the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

Details of needed reduction in work schedule as follows:

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I anticipate returning to work at my regular schedule on \_\_\_\_\_.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions will be deducted from moneys owed me during the leave period. If no monies are owed me, I will reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

1. Employee's Name \_\_\_\_\_
2. Patient's Name (if different from employee) \_\_\_\_\_
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition, for which the employee is taking FMLA leave, qualify under any of the categories described? If so, please check the applicable category.  
  - for the birth of my child (not to exceed twelve (12) weeks);
  - for the placement of a child for adoption or foster care (not to exceed twelve (12) weeks);
  - to care for my child who has a serious health condition (not to exceed twelve (12) weeks);
  - to care for my parent who has a serious health condition (not to exceed twelve (12) weeks);
  - to care for my spouse who has a serious health condition (not to exceed twelve (12) weeks);
  - or
  - because I am seriously ill and unable to perform the essential functions of my position (not to exceed twelve (12) weeks).
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:
5.
  - a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity, i.e. inability to work, attend school or perform other regular activities due to the serious health condition, treatment therefor, or recovery therefrom, if different):
  - b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?  
  
If yes, give the probable duration:
  - c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:
6.
  - a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments:



If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:
  - c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):
- 7.
- a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?
  - b. If able to perform some work, is the employee unable to perform any one (1) or more of the essential functions of the employee's job? The employee unable to perform any one (1) or more of the essential functions of the employee's job must provide written information about the essential job functions they are unable to perform to their immediate supervisor. Please provide such documentation within your professional knowledge.  
  
List the essential functions the employee is unable to perform.
  - c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?
- 8.
- a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?
  - b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?
  - c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Type of Practice)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

To be completed by the employee needing family leave to care for a family member.

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

A serious health condition means an illness, injury impairment, or physical or mental condition that involves one (1) of the following:

1. Hospital Care - In patient 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 consequent to such inpatient care.
2. Absence Plus Treatment - A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
  - a. treatment two (2) or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g. physical therapist) under the orders of, or on referral by, a health care provider; or
  - b. treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
3. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.
4. Chronic Conditions Requiring Treatments - A chronic condition which:
  - a. requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
  - b. continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - c. may cause episodic rather than a period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).
5. Permanent/Long-term Conditions Requiring Supervision - A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. Multiple Treatments (Non-chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy), radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).

Approved 7/17/95

Reviewed 10/10/16

Revised 1/8/96

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Complete this work sheet upon receiving a request for family and medical leave that may qualify under the Family Medical Leave Act. Be sure to note the requirements relating to family and medical leave in the school district's policy prior to relying on this work sheet as the sole source of the school district's obligations. Also be sure to note the definitions in Exhibit A-R2.

**Section I: Eligible Employee.** (Please check all that apply.)

- Covered by a policy. (If checked, please move to Section II.)
- The employee must meet all criteria below to move to Section II.
  - 50 or more employees are on the payroll of or under contract to the school district.
  - Worked 52 weeks in the school district (consecutive or nonconsecutive). **OR**
  - Worked 12 months in the school district (consecutive or nonconsecutive).
  - Worked 1250 hours for the school district in 12 months prior to the request.

**Section II: Family and Medical Leave Purpose.** (One must be checked to move to Section III.)

- Birth and care of newborn prior to first anniversary of child's birth.
- Care of adopted child or foster care child prior to first anniversary of placement.
- Care for serious health condition of spouse, child, child for which employee is "in loco parentis" and for any of these if they are over eighteen and have a disability which prevents the child from caring for himself or herself.
  - Requested medical certification for family and medical leave due to a serious health condition of the spouse, parent or child on \_\_\_\_\_(date).
  - Received medical certification within 15 days of the request on \_\_\_\_\_(date).
- Serious health condition of the employee.
  - Requested medical certification for family and medical leave due to a serious health condition of the employee on \_\_\_\_\_(date).

CLASSIFIED - FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Received medical certification within fifteen (15) days of the request on \_\_\_\_\_ (date).

Other purposes contained in a policy/collective bargaining agreement.

**Section III: Timing of Family and Medical Leave Request.**

Date of family and medical leave request \_\_\_\_\_ (date).

Date family and medical leave to begin \_\_\_\_\_(date).

Provide FMLA leave information to employee at time of request \_\_\_\_\_ (date).

(If one is checked, please move to Section IV.)

Leave request for foreseeable family and medical leave is thirty (30) days prior to date family and medical leave begins.

Leave request for foreseeable family and medical leave is in compliance with policy/collective bargaining agreement.

Leave request for foreseeable family and medical leave was made as soon as practicable, and no later than one business day, prior to date family and medical leave begins.

Leave request for unforeseeable family and medical leave was made accordance with the policy/collective bargaining agreement timelines.

**Section IV: Calculation of Available Family and Medical Leave.**

Beginning date for twelve (12)-month entitlement period is the fiscal year.

Total family and medical leave for the twelve (12)-month entitlement period 12weeks  
Leave taken to date in the entitlement period - \_\_\_\_\_

Leave available for the entitlement period \_\_\_\_\_

If sufficient family and medical leave is available and the employee qualifies for family and medical leave, the family and medical leave will be granted in accordance with the board policy.

The employee must be informed that the actual family and medical leave taken will be credited to the employee's twelve (12)-week entitlement.

If both spouses are employed by the school district, they may only take a combined total of twelve (12) weeks during the entitlement period for the birth, adoption or foster care placement prior to the first anniversary of the child's birth or placement and for the care of a parent with a serious health condition.

CLASSIFIED - FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

If insufficient family and medical leave is available, the school district may award only the family and medical leave available or award the family and medical leave in accordance with the board collective bargaining agreement.

**Section V: Types of Family and Medical Leave.** (Please check all that apply.)

- Continuous leave for purposes listed in Section II.
- Intermittent leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the board policy.
- Reduced work schedule leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the board policy.
- Intermittent leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- Reduced work schedule leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.
- Others contained in a policy agreement. (Please specify.)  
\_\_\_\_\_

If the number of days requested exceeds twenty (20) percent of the family and medical leave days, the school district may require the instructional employee to take family and medical leave for the entire leave period OR transfer the instructional employee to an alternate position with equivalent pay and benefits. The employee must be informed that the actual family and medical leave taken will be credited to the employee's twelve (12)-week entitlement.

**Section VI: Paid or Unpaid Family and Medical Leave.**

- Provide employee notice whether the family and medical leave is paid or unpaid leave after completing the work sheet in accordance with the board policy.
- Policy/collective bargaining agreement allows substitution of paid leave for family and medical leave.
- Family and medical leave is unpaid leave.
- Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave (please specify). \_\_\_\_\_
- Requested medical recertification for family and medical leave due to a serious health condition of the spouse, parent or child on \_\_\_\_\_ (date).

CLASSIFIED - FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

\_\_\_ Received medical recertification within fifteen (15) days of the request on \_\_\_\_\_ (date).

**Section VII Employee Progress Report**

\_\_\_ Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave. (*Please specify*) \_\_\_\_\_

\_\_\_ Requested medical recertification for family and medical leave due to a serious health condition of the spouse, parent or child on \_\_\_\_\_ (date)

\_\_\_ Received medical recertification within fifteen (15) days of the request on \_\_\_\_\_ (date)

**Section VIII: Employee Benefits During Family and Medical Leave.**

The employee's health insurance coverage must be continued during the period of family and medical leave. The school district may choose to continue other employee benefits to ensure their restoration along with the health insurance upon the employee's return to work. The employee will pay the employee's share of health insurance and other benefits during the leave period.

\_\_\_ Arrangements have been made with the employee to continue the employee's share of health insurance premiums while on family and medical leave:

- \_\_\_ From monies due to the employee
- \_\_\_ By the first of each month from the employee
- \_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_ Arrangements have been made with the employee to continue the employee's share of the employee's other benefits while on family and medical leave:

- \_\_\_ From monies due to the employee
- \_\_\_ By the first of each month from the employee
- \_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_ The employee has chosen to discontinue all employee benefits while on family and medical leave.

\_\_\_ Employees who fail to provide payment of the employee's share of benefits premium during the period of family and medical leave have fifteen (15) days following notice to pay the employee's share.

\_\_\_ Employees who fail to pay within fifteen (15) days after receiving notice of payment due may have employee benefits discontinued.

CLASSIFIED FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

- The school district will deduct unpaid employee portion of benefits from monies due to the employee upon return to work, and the employee has signed a written statement authorizing the deduction.
- The school district will seek recovery of unpaid employee portion of benefits through small claims court or other appropriate recovery process.

Even if the employee chooses to discontinue employee benefits during the period of family and medical leave, the school district should exercise great care before discontinuing employee benefits. The school district is required to restore the employee to full benefits when the employee returns to work, including group health insurance, without any qualifying period, physical examination, exclusion of pre-existing conditions and other similar requirements.

- The school district may discontinue the employee's benefits upon receipt of written notice of the employee's intent not to return to work.

**Section IX: Key Employees.**

- Salaried employees among the highest paid ten (10) percent of a school district's employees are considered key employees of the school district.

Year-to-date earnings for employee	_____
Total weeks of work and paid leave	/_____
Highest pay for employee	=_____

- Provide notice to key employees stating they are a key employee and they may not be reinstated at end of the family and medical leave period if substantial and grievous economic injury exists.
- Compile data to justify substantial and grievous economic injury. Substantial and grievous economic injury does not include minor inconvenience and costs typical to the normal operation of the school district.
- The key employee is entitled to benefits during the family and medical leave in the same manner as other employees.

**Section XII: Employee's Return to Work.**

- Employee is fully restored the same or an equivalent position with:

- Pay and benefits
- Health insurance
- Life insurance
- Other benefits or requirements in a policy/collective bargaining Agreement



## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

## A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
  - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
  - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
  - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
  - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

## B. Eligible employees.

Employees are eligible for family and medical leave if three criteria are met.

1. The school district has more than 50 employees on the payroll at the time leave is requested;
2. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
3. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

- C. Employee requesting leave -- two types of leave.
1. Foreseeable family and medical leave.
    - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
    - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.
    - c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.
  2. Unforeseeable family and medical leave.
    - a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
    - b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
    - c. A spouse or family member may give the notice if the employee is unable to personally give notice.
- D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.
1. Six purposes.
    - a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
    - b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
    - c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
    - d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
    - e. because of a qualifying exigency arising out of the fact that an employee's \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
    - f. because the employee is the spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

2. Medical certification.
  - a. When required:
    - (1) Employees *shall* be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
    - (2) Employees *shall* be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
    - (3) Employees *shall* be required to present certification of the call to active duty when taking military family and medical leave.
  - b. Employee's medical certification responsibilities:
    - (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
    - (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
    - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
  - c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.
  - d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification will be denied until such certification is provided.

## E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
2. Year is defined as Fiscal year.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

3. If insufficient leave is available, the school district may:

- a. Deny the leave if entitlement is exhausted
- b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.

2. Intermittent - employee requests family and medical leave for separate periods of time.

a. Intermittent leave is available for:

- \_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;
- \_\_\_ serious health condition of myself, parent, or child when medically necessary;
- \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
- \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.

c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)

3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.

a. Reduced work schedule family and medical leave is available for:

- \_\_\_ birth of my child or adoption or foster care placement subject to agreement by the district;
- \_\_\_ serious health condition of myself, parent, or child when medically necessary;
- \_\_\_ because of a qualifying exigency arising out of the fact that my \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
- \_\_\_ because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

b. In the case of foreseeable reduced work schedule leave, the employee must schedule the leave to minimize disruption to the school district operation.

c. During the period of foreseeable reduced work schedule leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)

G. Special Rules for Instructional Employees.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
  2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
    - a. Take leave for the entire period or periods of the planned medical treatment; or
    - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.
  3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
    - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
    - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
    - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
  4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.
- H. Employee responsibilities while on family and medical leave.
1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
  2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
  3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.
5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

I. Use of paid leave for family and medical leave.

Option I:

An employee may substitute unpaid family and medical leave with appropriate paid leave available to the employee under board policy, individual contracts or the collective bargaining agreement. Paid leave includes, but is not limited to, sick leave, family illness leave, vacation, personal leave, bereavement leave and professional leave. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option II:

1. An employee may substitute unpaid family and medical leave for the serious health condition of the employee with paid sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of the employee is unpaid.
2. An employee may substitute unpaid family and medical leave for the serious health condition of an employee's family member or to care for a family service member with paid sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of an employee's family member is unpaid.
3. An employee may substitute unpaid family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth with sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth is unpaid.
4. An employee may substitute unpaid family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for that child prior to the first anniversary of the child's placement or adoption with sick, vacation and personal leave. Upon the expiration of paid leave, the family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for the child prior to the first anniversary of the child's placement or adoption is unpaid.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

5. An employee may substitute unpaid family and medical leave when a family service member is called to active duty or on call to active duty with sick, vacation and personal leave. Upon expiration of the paid leave, the leave is unpaid.
6. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option III:

1. An employee may substitute unpaid family and medical leave for the serious health condition of the employee with paid sick leave. Upon the expiration of paid leave, the family and medical leave for the serious health condition of the employee is unpaid.
2. An employee may substitute unpaid family and medical leave for the serious health condition of an employee's family member with paid sick leave or to care for a family service member. Upon the expiration of paid leave, the family and medical leave for the serious health condition of an employee's family member is unpaid.
3. An employee may substitute unpaid family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth with sick and vacation leave. Upon the expiration of paid leave, the family and medical leave for the birth of a child of the employee and in order to care for that child prior to the first anniversary of the child's birth is unpaid.
4. An employee may substitute unpaid family and medical leave for the placement of a child with the employee for adoption or foster care and in order to care for that child prior to the first anniversary of the child's placement or adoption with sick and vacation leave. Upon the expiration of paid leave, the family and medical leave for prior to the first anniversary of the placement of a child with the employee for adoption or foster care is unpaid.
5. An employee may substitute unpaid family and medical leave when a family service member is called to active duty or on call to active duty with sick and vacation leave. Upon expiration of the paid leave, the leave is unpaid.
7. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

Option IV:

1. Family and medical leave is unpaid.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Active Duty - duty under a call or order to active duty under a provision of law referring to in section 101(a)(13) of title 10, U.S. Code.

Common Law Marriage - according to Iowa law, common law marriages exist when there is a present intent by the two parties to be married, continuous cohabitation, and a public declaration that the parties are husband and wife. There is no time factor that needs to be met in order for there to be a common law marriage.

Contingency Operation - has the same meaning given such term in section 101(a)(13) of title 10, U.S. Code.

Continuing Treatment - a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or in referral by, a health care provider; or
  - treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
  - requires periodic visits for treatment 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); and
  - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- Any period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke or the terminal stages of a disease.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Covered Servicemember - a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

Eligible Employee - the district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

Essential Functions of the Job - those functions which are fundamental to the performance of the job. It does not include marginal functions.



## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Employment Benefits - all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an "employee benefit plan."

Family Member - individuals who meet the definition of son, daughter, spouse or parent.

Group Health Plan - any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of such employees or former employees.

Health Care Provider-

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law; and
- Nurse practitioners and nurse-midwives, and clinical social workers who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; and
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts;
- Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
- A health care provider as defined above who practices in a country other than the United States who is licensed to practice in accordance with the laws and regulations of that country.

In Loco Parentis - individuals who had or have day-to-day responsibilities for the care and financial support of a child not their biological child or who had the responsibility for an employee when the employee was a child.

Incapable of Self-Care - that the individual requires active assistance or supervision to provide daily self-care in several of the "activities of daily living" or "ADLs." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

Instructional Employee - an employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily non-instructional employees.

Intermittent Leave - leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave or periods from an hour or more to several weeks.

Medically Necessary - certification for medical necessity is the same as certification for serious health condition.

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

"Needed to Care For" - the medical certification that an employee is "needed to care for" a family member encompasses both physical and psychological care. For example, where, because of a serious health condition, the family member is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport himself or herself to medical treatment. It also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care.

Next of Kin - an individual's nearest blood relative

Outpatient Status - the status of a member of the Armed Forces assigned to –

- either a military medical treatment facility as an outpatient; or,
- a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Parent - a biological parent or an individual who stands in loco parentis to a child or stood in loco parentis to an employee when the employee was a child. Parent does not include parent-in-law.

Physical or Mental Disability - a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Reduced Leave Schedule - a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

Serious Health Condition -

- An illness, injury, impairment, or physical or mental condition that involves:
- Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from), or any subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:
  - A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
    - Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders or, or on referral by, a health care provider; or
    - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
  - Any period of incapacity due to pregnancy or for prenatal care.
  - Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - Requires periodic visits for treatment 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); and,
    - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

## CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's a severe stroke or the terminal stages of a disease.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).
- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.
- Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.
- Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

Serious Injury or Illness - an injury or illness incurred by a member of the Armed forces, including the National Guard or Reserves in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Son or daughter - a biological child, adopted child, foster child, stepchild, legal ward, or a child of a person standing in loco parentis. The child must be under age 18 or, if over 18, incapable of self-care because of a mental or physical disability.

Spouse - a husband or wife recognized by Iowa law including common law marriages.

CLASSIFIED EMPLOYEE BEREAVEMENT LEAVE

In the event of a death of a member of a classified employee's immediate family, bereavement leave may be granted. The requirements stated in the Central Lyon Classified Employee Benefit Summary regarding bereavement leave shall be followed.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1995).

Cross Reference: 414 Classified Employee Vacations and Leaves of  
Absence  
Classified Employee Benefit Summary

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE POLITICAL LEAVE

The board will provide a leave of absence to classified employees to run for elective public office. The superintendent shall grant a classified employee a leave of absence to campaign as a candidate for an elective public office as unpaid leave.

The classified employee will be entitled to one (1) period of leave to run for the elective public office, and the leave may commence any time within thirty (30) days of a contested primary, special, or general election and continue until the day following the election.

The request for leave must be in writing to the superintendent at least thirty (30) days prior to the starting date of the requested leave.

Legal Reference: Iowa Code ch. 55 (1995).

Cross Reference: 401.9 Employee Political Activity  
Absence 414 Classified Employee Vacations and Leaves of

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE JURY DUTY LEAVE

The board will allow classified employees to be excused for jury duty unless extraordinary circumstances exist. The superintendent has the discretion to determine when extraordinary circumstances exist.

Employees who are called for jury service shall notify the direct supervisor within twenty-four (24) hours after notice of call to jury duty and suitable proof of jury service pay must be presented to the school district. The employee will report to work within one (1) hour on any day when the employee is excused from jury duty during regular working hours.

Classified employees will receive their regular salary. Any payment for jury duty shall be turned over to the school district.

Legal Reference: Iowa Code §§ 20.9; 607A (1995).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE MILITARY SERVICE LEAVE

The board recognizes classified employees may be called to participate in the armed forces, including the national guard. If a classified employee is called to serve in the armed forces, the employee shall have a leave of absence for military service until the military service is completed.

The leave shall be without loss of status and without loss of pay during the first thirty (30) calendar days of the leave.

Legal Reference: Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).  
Iowa Code §§ 20; 29A.28 (1995).

Cross Reference: 414 Classified Employee Vacations and Leaves of  
Absence

Approved 7/17/95 Reviewed 110/10/16 Revised 7/17/95

CLASSIFIED EMPLOYEE UNPAID LEAVE

Unpaid leave may be used to excuse an involuntary absence not provided for in other leave policies. Unpaid leave for classified employees must be authorized by the superintendent. Whenever possible, classified employees shall make a written request for unpaid leave ten (10) working days prior to the beginning date of the requested leave. If the leave is granted, the deductions in salary shall be made unless they are waived specifically by the superintendent.

The superintendent shall have complete discretion to grant or deny the requested unpaid leave. In making this determination, the superintendent shall consider the effect of the employee's absence on the education program and school district operations, the financial condition of the school district, length of service, previous record of absence, the reason for the requested absence and other factors the superintendent believes are relevant in making this determination. Unpaid leave may not be used to extend a holiday or vacation.

If unpaid leave is granted, the duration of the leave period shall be coordinated with the scheduling of the education program whenever possible, to minimize the disruption of the education program and school district operations.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1995).

Cross Reference: 414 Classified Employee Vacations and Leaves of  
Absence

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95



CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent ten (10) working days prior to the meeting or conference.

It shall be within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code § 279.8 (1995).

Cross Reference: 408.1 Licensed Employee Professional Development  
411 Classified Employees - General

Approved 7/17/95 Reviewed 10/10/16 Revised 7/17/95



**APPLICATION FOR EARLY RETIREMENT AND**

**RESIGNATION, WAIVER AND RELEASE, AND COVENANT NOT TO REAPPLY**

The undersigned hereby makes application for early retirement benefits of the Central-Lyon Community School District.

Name: \_\_\_\_\_

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

Age as of June 30, 20\_\_ : \_\_\_\_\_

Full-time equivalent years of service \_\_\_\_\_

Average Percent of Employment to 100% \_\_\_\_\_

Benefits of \$30,000 (\$6,000 per year for five years) will be applied to the district's available Health Reimbursement Arrangement for use by retiree.

I hereby make this application on the \_\_\_ day of \_\_\_\_\_, 20\_\_ with the understanding I have seven (7) days to withdraw this application and forego the benefit amounts. I understand by withdrawing the application for early retirement benefits, it is not a guarantee of future employment with the District.

I represent I have been told to consult an attorney. I have had 45 days to consider this agreement. I have not been pressured to sign.

I hereby waive any and all rights under the Older Workers Benefit and Protection Act and Age Discrimination In Employment Act (ADEA) and specifically release the District from any potential claims for age discrimination. I understand by making application for early retirement benefits that is a one-time benefit and I not only am releasing the District from the statutory claims based on my age and current occupation but I am also giving to the District a covenant not to reapply with the District in the future. I understand that any future employment with the District would be available solely at the request of the District and that if I make application with the District and am not granted employment, I do not have any rights or claims under the Older Workers Benefit and Protection Act or the Age Discrimination In Employment Act.

I am asking the Board of Directors to consider this application as my resignation from current employment, which resignation will be effective June 30, 20\_\_.

\_\_\_\_\_  
Retiring Employee

\_\_\_\_\_  
Date

This application was accepted by the Board of Directors this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Date

EARLY RETIREMENT INCENTIVE – ADMINISTRATORS

The Central Lyon Community School District shall provide the following benefits for early retirement:

1. Licensed administrator staff shall be eligible to elect early retirement if they meet the following criteria:
  - a. Have attained age 55 by June 30, of the eligible to elect year
  - b. Meet the Rule 88 for IPERS, which is a combination of years of service and age.
  - c. Have completed the equivalent of 10 years of continuous full-time employment in the district.
2. This early retirement benefit is not available for persons who have received a notice of termination under chapter 279 of the *Iowa Code*, or on an intensive assistance, or are in a probationary status.
3. The early retirement benefit is not available to a person who is on an extended unpaid leave of absence.
4. Persons qualifying for this retirement shall receive as compensation a benefit equal to \$30,000 dollars (\$30,000), to be paid by the district to a Health Reimbursement Arrangement to be used as directed by the employee for eligible medical expenses and premiums. Compensation will be distributed in the amount of \$6,000 per year for five (5) years.
5. This policy is available for eligible employees reaching the rule of 88 in the school year of election. Election must be made on the forms provided by **January 7<sup>th</sup>** of the year of retirement.
6. The medical insurance program may be modified on an annual basis by the District.
7. These early retirement benefits are a one-time benefit and any individual electing early retirement will be required to acknowledge that any future employment which is performed at the request of the District shall not entitle the employee to elect on a second occasion an early retirement benefit or claim any rights under the Age Discrimination in Employment Act.

\_\_\_\_\_  
Retiring Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

Cross Reference: 407.3 Licensed Employee Retirement Policy

Approved 2/20/01

Reviewed 10/10/16

Revised 4/9/14

