

ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT  
Facility Rental Agreement

09/14/09

1.
  - a. High school auditorium - \$15/hour
  - b. Gymnasiums - \$15/hour      Outdoor Facilities - \$15/hour
  - c. Lunchrooms - \$10/hour
  - d. Classrooms are not available for rent and discouraged for any use
  - e. Auditorium technician - \$24/hour; supervision \$15/hour
  - f. Kitchen (designate building) - \$10/hour, Kitchen supervisor - \$15/hour
  - g. Custodial unlock fee - \$25; Lock up fee - \$25
  - h. Custodial set up and clean up - \$25/hour - Minimum of one hour
2. LESSOR  
School facilities may be rented within the terms of this agreement for such time that does not conflict with school activities. The building principal and superintendent must approve each request.
3. LESSEE (ADM activities and rescheduled activities take precedence over all other activities.)
  - a. Community organizations and institutions operating on a nonprofit basis may use the buildings rent-free. However, there are custodial and kitchen personnel charges on occasion.
  - b. Community individuals may qualify for free access if approved by the superintendent.
  - c. Local businesses and individuals using a building for a business-related purpose may rent facilities by paying the stipulated fee with the superintendent's approval.
  - d. Facilities shall not be rented to organizations or individuals from outside the community.
  - e. If approximately half of the participants are from inside the community, organizations may rent the facilities by paying the stipulated fee with the superintendent's approval.
  - f. Proper supervision and clean up must be established.
  - g. Community youth groups, who use the buildings more than two times per month, may be given a key if approved by the superintendent. Key # \_\_\_\_\_
4. PAYMENT OF FEES AND UNUSUAL EXPENSES
  - a. Fees may be required with this reservation form, but no later than the day of the event.
  - b. Any unusual expenses or damages will be paid by the group using the facility.
  - c. Any time kitchen equipment is being used; one kitchen supervisor will be required to be in attendance.
  - d. Custodial and kitchen personnel fees are to be paid to the individuals for actual time worked.
  - e. Groups that qualify under 3g will be charged a \$100 deposit. The deposit will be used to pay for damages, false security alarms, clean up, and unusual expenses. All unused portions of the deposit will be returned when key(s) are returned.
  - f. Liability insurance may be required and is available through the school's insurance carrier for \$100.

ORGANIZATION \_\_\_\_\_ EVENT SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EVENT (Describe use) \_\_\_\_\_

ACTIVITY DATE \_\_\_\_\_ HOURS RESERVED:    IN \_\_\_\_\_ OUT \_\_\_\_\_

FACILITY \_\_\_\_\_ RENTAL AMOUNT \_\_\_\_\_

COMMENTS (Custodians, opening doors, equipment, clean up, etc.) \_\_\_\_\_

CUSTODIAL PAY \_\_\_\_\_ WORKER \_\_\_\_\_

KITCHEN SUPERVISOR PAY \_\_\_\_\_ WORKER \_\_\_\_\_

EVENT SUPERVISOR \_\_\_\_\_ PRINCIPAL'S APPROVAL \_\_\_\_\_

(signature indicates agreement of all guidelines)



## LEAVES OF ABSENCE

**Sick Leave.**

Employees, except temporary employees, shall be granted fifteen (15) days of paid leave of absence for personal illness or injury each year. Sick leave days will be prorated for employees who are not contracted for or who do not work a full contract year. Part-time employees shall be granted a pro-rata amount of sick leave based upon the ratio of the number of hours they work to 40 hours. A new employee to the District must report for work at least one full day prior to receiving paid sick leave. Five (5) days of paid sick leave may be used to care for an ill spouse, child, parent or permanent member of the employee's household.

Unused sick leave days may be accumulated to a maximum of 120 contract days.

An employee making a claim for paid sick leave shall provide a medical report from a doctor confirming the necessity for such a leave of absence upon request of the superintendent. A report may also be required to confirm fitness to return to duty.

*Workers' Compensation.* An employee injured or disabled on the job may be eligible to receive a weekly benefit under the Iowa workers' compensation law. If an employee receives workers' compensation benefits, the employee's accumulated sick leave will be reduced proportionate to the amount the worker's compensation benefits are to the employee's regular salary. At such time, the employee may also elect to have the workers' compensation benefits supplemented from the District by using sick leave, vacation leave, and/or earned compensatory time. If supplemental payments are elected, leave time will be reduced by one full day for each day of absence. When all leave time is exhausted, supplemental payments will cease.

An employee who, in the course of employment, suffers a personal injury resulting from an episode of violence toward that employee for which workers' compensation is payable, shall be entitled to have workers' compensation benefits supplemented in order for the employee to receive full salary and benefits for the shortest of (a) one year from the date of the disability or (b) the period during which the employee is disabled and incapable of employment. Supplementation in such situations shall not be charged against sick leave, vacation time, or earned compensatory time.

**Bereavement Leave.** Employees, except temporary employees, may be granted up to five (5) days paid leave per occurrence in the event of the death of a member of the employee's immediate family. The "immediate family" shall include child, stepchild, spouse, parent, stepparent, brother, stepbrother, sister, stepsister, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandchild or grandparent of the employee. The superintendent shall determine the number of days to be granted.



## LEAVES OF ABSENCE

**Personal Leave.** Classified employees, except temporary employees, are allowed up to two (2) days of paid leave per year for personal leave. Personal leave days may be accumulated up to three (3) days. The employee must give at least two (2) days advance notice except in the case of an emergency. No more than one employee per department (two associates) will be allowed personal leave on the same day, unless approved for emergency situations in the sole discretion of the superintendent.

**Military Leave.** Leaves for military service will be granted in accordance with applicable law which provides that employees (other than employees employed temporarily for six months or less) who are members of the national guard, organized reserves or any component part of the military, naval, or air force or nurse corps of Iowa or of the United States, or who may be otherwise inducted into the military service shall, when ordered by proper authority, be entitled to a leave of absence for the period of such service, and without loss of pay for the first 30 calendar days of such leave of absence.

**Jury Duty Leave.** Administrators and classified employees called for jury service shall be permitted to be absent from duties to perform jury service. Pay received for jury service, except travel expense, shall be remitted to the District. In order to receive payment, the administrator or classified employee must give at least two days' prior notice of the summons for service and must furnish satisfactory evidence that such service was performed on the days for which payment is claimed. An employee not required to perform jury duty all day shall return to work.

**Professional Leave.** Administrators and classified employees may be granted a paid leave of absence to attend professional meetings or to visit other schools or programs upon approval of the superintendent or his/her designee.

**Extended Disability Leaves of Absence.** An administrator or classified employee, except a temporary employee, who is unable to work because of personal illness or injury, and who has exhausted all paid leave available, may be granted an unpaid leave of absence and may continue all available fringe benefits in effect for the duration of said leave at his/her own expense, except that the District shall provide benefits in accordance with the Family and Medical Leave Act. The District may terminate the employee's employment and hire a permanent replacement after 12 weeks of leave. Each case will be considered separately giving consideration to the needs of the District and the likely recovery period of the employee.

**Public Office Leave.** Leaves of absence for service in an elected municipal, county, state or federal office shall be granted in accordance with applicable law. The leave of absence shall be without pay or benefits and shall not exceed six years. The employee may continue all fringe benefits in effect for the duration of the leave at his/her own



## LEAVES OF ABSENCE

expense. In addition, an employee who becomes a candidate for elective public office shall be granted a leave commencing within 30 days prior to a contested primary, special, or general election and continuing until the day after the election. The employee shall first use any earned compensatory time, then vacation and personal leave time and then unpaid leave.

**Other Absences.** Leaves of absence for reasons other than those listed above, or in excess of the number of days allowed, may be granted by the superintendent or his/her designee. The employee shall have deducted from his/her salary an amount equal to one day's pay for each day of absence. For extended leaves (in excess of ten days), the District shall not continue fringe benefits, but the employee may continue the fringe benefits for the duration of the leave at his/her own expense, except that the District shall provide benefits in accordance with the Family and Medical Leave Act.

**Family and Medical Leave Act.** Federal law requires the District to grant up to 12 weeks of leave per year to employees who have been employed at least 12 months and who have worked at least 1,250 hours during the preceding 12 months for the purpose of (1) the employee's personal serious health condition, (2) caring for the employee's newly born child, (3) caring for a child placed for adoption or placement of a foster child, (4) caring for the employee's parent, spouse, or child with a serious health condition. The District requires an eligible employee to first utilize any earned paid leave provided by policy or by a collective bargaining agreement to the extent the purpose is covered by and consistent with requirements for the paid leave time. Any leave in excess of available paid leave shall be unpaid. At the employee's option, the District shall continue the District's contributions towards health insurance on behalf of the employee for up to 12 weeks as if the employee were still at work. If the employee has more than 12 weeks of paid leave available, the District shall continue the District's contribution until the paid leave is exhausted. The employee shall remit the employee's contribution towards health insurance and for life and disability insurance by the date the District makes payment to the insurance carrier or within 30 days thereafter. Failure to make contributions when due may result in the employee losing coverage during the period of the leave. If the employer makes the employee-owed payments, the employee authorizes the District to offset such sums advanced against any sums owed to the employee. If the employee does not return to work at the end of the leave (except for reasons specified in the Act), the employee will be required to reimburse the District for all contributions made by the District while the employee was on unpaid leave and the District will be allowed to deduct any amount owed from any sums owed the employee.

Employees may request leave under the Family Medical and Leave Act for up to 12 weeks per year. "Year" shall be defined as a "rolling" 12-month period measured backward from the date an employee uses FMLA leave. Leave to care for a newly born, adopted or foster child must conclude within 12 months of the birth or placement of the



## LEAVES OF ABSENCE

child. Spouses may take a combined 12-week allotment for the birth or placement of a child. The District may require an employee to provide written certification from a health care provider when an employee requests family and medical leave for the employee's own serious health condition or to care for the employee's parent, spouse, or child with a serious health condition.

*Federal law and regulations governing Family and Medical Leave for employees with members in military service include 26 weeks of unpaid Family and Medical Leave (military caregiver leave) to care for a family service member with a serious injury or illness and 12 weeks of unpaid Family and Medical Leave (exigency leave) for employees whose family member is called to active duty or on call to active duty status.*

**Licensed Employees Other Than Administrators.** Leaves of absence for licensed employees other than administrators shall be made in accordance with the provisions of the agreement negotiated with their bargaining representative.

**Discipline.** Absences for reasons other than those provided for in this policy or in a negotiated agreement, or failure on the part of the employee to follow procedures for requesting leave of absence may be grounds for disciplinary action, including dismissal.

Approved 7/1/93

Revised 10/12/09

Reviewed 10/12/09



FAMILY AND MEDICAL LEAVE ACT OF 1993

**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.



## FAMILY AND MEDICAL LEAVE ACT OF 1993

**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 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



## FAMILY AND MEDICAL LEAVE ACT OF 1993

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%2029/Part%20825/29CFR825.500.htm).



## Fact Sheet #28: The Family and Medical Leave Act of 1993

The U.S. Department of Labor's Employment Standards Administration, Wage and Hour Division, administers and enforces the Family and Medical Leave Act (FMLA) for all private, state and local government employees, and some federal employees. Most federal and certain congressional employees are also covered by the law and are subject to the jurisdiction of the U.S. Office of Personnel Management or the Congress. See Fact Sheet 28A.

The FMLA became effective on August 5, 1993 for most employers and entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. Amendments to the FMLA by the National Defense Authorization Act for FY 2008 (NDAA), Public Law 110-181, expanded the FMLA to allow eligible employees to take up to 12 weeks of job-protected leave in the applicable 12-month period for any "qualifying exigency" arising out of the fact that a covered military member is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. The NDAA also amended the FMLA to allow eligible employees to take up to 26 weeks of job-protected leave in a "single 12-month period" to care for a covered servicemember with a serious injury or illness.

### EMPLOYER COVERAGE

FMLA applies to all public agencies, including state, local and federal employers, local education agencies (schools), **and** private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including joint employers and successors of covered employers.

### EMPLOYEE ELIGIBILITY

To be eligible for FMLA benefits, an employee **must**:

- work for a covered employer;
- have worked for the employer for a total of 12 months;
- have worked at least 1,250 hours over the previous 12 months; and
- work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

While the 12 months of employment need not be consecutive, employment periods prior to a break in service of **seven** years or more need not be counted unless the break is occasioned by the employee's fulfillment of his or her National Guard or Reserve military obligation (as protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA)), or a written agreement, including a collective bargaining agreement, exists concerning the employer's intention to rehire the employee after the break in service. See, special rules for returning reservists under USERRA.

### LEAVE ENTITLEMENT

A covered employer must grant an eligible employee up to a total of **12 workweeks** of **unpaid** leave during any 12-month period for one or more of the following reasons:

- for the birth and care of a newborn child of the employee;



- for placement with the employee of a son or daughter for adoption or foster care;
- to care for a spouse, son, daughter, or parent with a serious health condition;
- to take medical leave when the employee is unable to work because of a serious health condition; **or**
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

A covered employer also must grant an eligible employee who is a spouse, son, daughter, parent, or next of kin of a current member of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness up to a total of **26 workweeks of unpaid leave** during a "single 12-month period" to care for the servicemember. See Fact Sheet 28A for specific information regarding military family leave.

Spouses employed by the same employer are limited in the **amount of** family leave they may take for the birth and care of a newborn child, placement of a child for adoption or foster care, or to care for a parent who has a serious health condition to a combined total of 12 weeks (or 26 weeks if leave to care for a covered servicemember with a serious injury or illness is also used). Leave for birth and care, or placement for adoption or foster care, must conclude within 12 months of the birth or placement.

Under some circumstances, employees may take FMLA leave intermittently – taking leave in separate blocks of time for a single qualifying reason – or on a reduced leave schedule – reducing the employee's usual weekly or daily work schedule. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operation. If FMLA leave is for birth and care, or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval.

Under certain conditions, employees **or** employers may choose to "substitute" (run concurrently) accrued **pa**id leave (such as sick or vacation leave) to cover some or all of the FMLA leave. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

**"Serious health condition"** means an illness, injury, impairment, or physical or mental condition that involves either:

- Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical-care facility, including any period of incapacity (*i.e.*, inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; **or**
- Continuing treatment by a health care provider, which includes:
  - (1) A period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
    - treatment two or more times by or under the supervision of a health care provider (*i.e.*, in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); **or**
    - one treatment by a health care provider (*i.e.*, an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (*e.g.*, prescription medication, physical therapy); **or**
  - (2) Any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; **or**



(3) Any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (at least twice a year) to a health care provider, and may involve occasional episodes of incapacity. A visit to a health care provider is not necessary for each absence; **or**

(4) A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; **or**

(5) Any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated.

## **MAINTENANCE OF HEALTH BENEFITS**

A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave. In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

## **JOB RESTORATION**

Upon return from FMLA leave, an employee must be restored to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave, nor be counted against the employee under a "no fault" attendance policy. If a bonus or other payment, however, is based on the achievement of a specified goal such as hours worked, products sold, or perfect attendance, and the employee has not met the goal due to FMLA leave, payment may be denied unless it is paid to an employee on equivalent leave status for a reason that does not qualify as FMLA leave.

An employee has no greater right to restoration or to other benefits and conditions of employment than if the employee had been continuously employed.

## **NOTICE AND CERTIFICATION**

### Employee Notice

Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable. If leave is foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable – generally, either the same or next business day. When the need for leave is not foreseeable, the employee must provide notice to the employer as soon as practicable under the facts and circumstances of the particular case. Absent unusual circumstances, employees must comply with the employer's usual and customary notice and procedural requirements for requesting leave.

Employees must provide sufficient information for an employer reasonably to determine whether the FMLA may apply to the leave request. Depending on the situation, such information may include that the employee is incapacitated due to pregnancy, has been hospitalized overnight, is unable to perform the functions of the job, and/or that the employee or employee's qualifying family member is under the continuing care of a health care provider.



When an employee seeks leave for a FMLA-qualifying reason for the **first** time, the employee need not expressly assert FMLA rights or even mention the FMLA. When an employee seeks leave, however, due to a FMLA-qualifying reason for which the employer has previously provided the employee FMLA-protected leave, the employee **must** specifically reference either the qualifying reason for leave or the need for FMLA leave.

#### Employer Notice

Covered employers must post a notice approved by the Secretary of Labor explaining rights and responsibilities under FMLA. An employer that willfully violates this posting requirement may be subject to a fine of up to \$110 for each separate offense. Additionally, employers must either include this general notice in employee handbooks or other written guidance to employees concerning benefits, or must distribute a copy of the notice to each new employee upon hiring.

When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA purpose, the employer must notify the employee of his or her eligibility to take leave, and inform the employee of his/her rights and responsibilities under FMLA. When the employer has enough information to determine that leave is being taken for a FMLA-qualifying reason, the employer must notify the employee that the leave is designated and will be counted as FMLA leave.

#### Certification

Employers may require that an employee's request for leave due to a serious health condition affecting the employee or a covered family member be supported by a certification from a health care provider. An employer may require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. An employer may use a health care provider, a human resource professional, a leave administrator, or a management official – but not the employee's direct supervisor – to authenticate or clarify a medical certification of a serious health condition. An employer may have a uniformly-applied policy requiring employees returning from leave for their own serious health condition to submit a certification that they are able to resume work. If reasonable safety concerns exist, an employer may, under certain circumstances, require such a certification for employees returning from intermittent FMLA leave.

### **UNLAWFUL ACTS**

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

### **ENFORCEMENT**

The Wage and Hour Division investigates complaints. If violations cannot be satisfactorily resolved, the U.S. Department of Labor may bring action in court to compel compliance. Individuals may also be able to bring a private civil action against an employer for violations.

### **OTHER PROVISIONS**

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent leave or when leave is required near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an "eligible" employee's use of leave required by FMLA.



For additional information, visit our Wage and Hour Division Website: <http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

**U.S. Department of Labor**  
Frances Perkins Building  
200 Constitution Avenue, NW  
Washington, DC 20210

**1-866-4-USWAGE**  
TTY: 1-866-487-9243  
**Contact Us**



## 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;  
 \_\_\_\_\_ *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 fifteen (15) calendar days of a request for certification.

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

ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS



## FAMILY AND MEDICAL LEAVE REQUEST FORM

\_\_\_\_\_ 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 \_\_\_\_\_.

\_\_\_\_\_ 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 District operations.

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



FAMILY AND MEDICAL LEAVE REQUEST FORM

I agree to reimburse the District for any payment of my contributions with deductions from future monies owed to me, or the 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 \_\_\_\_\_



**Notice of Eligibility and Rights &  
Responsibilities  
(Family and Medical Leave Act)**

**U.S. Department of Labor**  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

**[Part A – NOTICE OF ELIGIBILITY]**

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ for:

\_\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care;

\_\_\_\_\_ Your own serious health condition;

\_\_\_\_\_ Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.

\_\_\_\_\_ Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ 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 you are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

\_\_\_\_\_ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

\_\_\_\_\_ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

\_\_\_\_\_ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.

\_\_\_\_\_ You have not met the FMLA's 1,250-hours-worked requirement.

\_\_\_\_\_ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact \_\_\_\_\_ or view the

FMLA poster located in \_\_\_\_\_.

**[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

\_\_\_\_\_ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_\_\_ is/ \_\_\_\_\_ is not enclosed.

\_\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.

\_\_\_\_\_ Other information needed: \_\_\_\_\_

\_\_\_\_\_ No additional information requested



If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- \_\_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- \_\_\_\_ You will be required to use your available paid \_\_\_\_\_ sick, \_\_\_\_\_ vacation, and/or \_\_\_\_\_ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- \_\_\_\_ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We \_\_\_\_\_ have/\_\_\_\_\_ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- \_\_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_.  
(Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
  - \_\_\_\_ the calendar year (January – December).
  - \_\_\_\_ a fixed leave year based on \_\_\_\_\_.
  - \_\_\_\_ the 12-month period measured forward from the date of your first FMLA leave usage.
  - \_\_\_\_ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have \_\_\_\_\_ sick, \_\_\_\_\_ vacation, and/or \_\_\_\_\_ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_\_ available at: \_\_\_\_\_.

\_\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

\_\_\_\_ at \_\_\_\_\_.

#### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**



Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) Fax: ( )



**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment: \_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: \_\_\_ No \_\_\_ Yes.

If so, identify the job functions the employee is unable to perform: \_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?  
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?  
☐ No ☐ Yes. If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Date \_\_\_\_\_

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**



Certification of Health Care Provider for  
Family Member's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181

Expires: 12/31/2011

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: \_\_\_\_\_  
First Middle Last

Name of family member for whom you will provide care: \_\_\_\_\_  
First Middle Last

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimate leave needed to provide care:

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

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☐ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☐ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

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

2. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

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



**PART B: AMOUNT OF CARE NEEDED:** When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ☐ No ☐ Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care? ☐ No ☐ Yes.

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery? ☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☐ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

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7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ☐ No ☐ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency:  times per  week(s)  month(s)

Duration:  hours or  day(s) per episode

Does the patient need care during these flare-ups? ☐ No ☐ Yes.

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

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\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

#### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**



**Certification for Serious Injury or  
Illness of Covered Servicemember - -  
for Military Family Leave (Family and  
Medical Leave Act)**

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

**Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

**SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave INSTRUCTIONS to the EMPLOYEE or COVERED**

**SERVICEMEMBER:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

**SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the 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. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.



Certification for Serious Injury or Illness  
of Covered Servicemember - - for  
Military Family Leave (Family and  
Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



**SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave:** (This section must be completed first before any of the below sections can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered servicemember):

Name of Employee Requesting Leave to Care for Covered Servicemember:

First

Middle

Last

Name of Covered Servicemember (for whom employee is requesting leave to care):

First

Middle

Last

Relationship of Employee to Covered Servicemember Requesting Leave to Care:

☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

**Part B: COVERED SERVICEMEMBER INFORMATION**

- (1) Is the Covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐ Yes ☐ No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned to:

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? ☐ Yes ☐ No If yes, please provide the name of the medical treatment facility or unit:

- (2) Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? ☐ Yes ☐ No

**Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER**

Describe the Care to Be Provided to the Covered Servicemember and an Estimate of the Leave Needed to Provide the Care:



**SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.**

**Part A: HEALTH CARE PROVIDER INFORMATION**

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty: \_\_\_\_\_

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PART B: MEDICAL STATUS**

(1) Covered Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? ☐ Yes ☐ No

(3) Approximate date condition commenced: \_\_\_\_\_

(4) Probable duration of condition and/or need for care: \_\_\_\_\_

(5) Is the covered servicemember undergoing medical treatment, recuperation, or therapy? ☐ Yes ☐ No. If yes, please describe medical treatment, recuperation or therapy:



**PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER**

- (1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? ☐ Yes ☐ No  
If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_
- (2) Will the covered servicemember require periodic follow-up treatment appointments? ☐ Yes ☐ No If yes, estimate the treatment schedule: \_\_\_\_\_
- (3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments? ☐ Yes ☐ No
- (4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? ☐ Yes ☐ No If yes, please estimate the frequency and duration of the periodic care:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**



Certification of Qualifying Exigency  
For Military Family Leave  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: \_\_\_\_\_  
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

\_\_\_\_\_  
First Middle Last

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- ☐ A copy of the covered military member's active duty orders is attached.
- ☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.







**PART C:**

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

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**PART D:**

I certify that the information I provided above is true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**



# Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181

Expires: 12/31/2011

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: \_\_\_\_\_

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

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.  
We received your most recent information on \_\_\_\_\_ and decided:

\_\_\_\_\_ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

\_\_\_\_\_ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_

\_\_\_\_\_ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

## Please be advised (check if applicable):

\_\_\_\_\_ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

\_\_\_\_\_ We are requiring you to substitute or use paid leave during your FMLA leave.

\_\_\_\_\_ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ is ☐ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

## \_\_\_\_\_ Additional information is needed to determine if your FMLA leave request can be approved:

\_\_\_\_\_ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_, unless it is not  
(Provide at least seven calendar days)  
practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

(Specify information needed to make the certification complete and sufficient)

\_\_\_\_\_ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

\_\_\_\_\_ Your FMLA Leave request is Not Approved.

\_\_\_\_\_ The FMLA does not apply to your leave request.

\_\_\_\_\_ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

## PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-382 January 2009



## FAMILY AND MEDICAL LEAVE REGULATIONS

### A. District Notice.

1. The District will post a notice regarding family and medical leave.
2. Information on the Family and Medical Leave Act and on 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 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 an employee requesting family and medical leave for his/her serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and notice of 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 District requires substitution of paid leave and the conditions related to the substitution; and
  - d. a statement notifying the employee that the employee must pay, and must make arrangements for paying, any premium or other payment to maintain health or other benefits.

### B. Eligible Employees.

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

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

1. The District has more than 50 employees on the payroll at the time leave is requested;



FAMILY AND MEDICAL LEAVE REGULATIONS

2. The employee has worked for the 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.

**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. The employee must give at least thirty (30) days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice is received.
- c. Employees must consult with the District prior to scheduling planned medical treatment leave to minimize disruption to the 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. The 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 District may require the employee to provide reasonable documentation or a statement of family relationship.



## FAMILY AND MEDICAL LEAVE REGULATIONS

1. ~~Four~~ 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.*

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.*



## FAMILY AND MEDICAL LEAVE REGULATIONS

- 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 District may require the employee to obtain a second certification by a health care provider chosen by and paid for by the District if the District has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the District on a regular basis.
  - (3) If the second health care provider disagrees with the first health care provider, then the 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 District and paid for by the District. This certification or lack of certification is binding upon both the employee and the District.
- c. Medical certification will be required fifteen (15) calendar days after family and medical leave begins unless it is impracticable to do so. The District may request recertification every thirty (30) calendar days. Recertification must be submitted within fifteen (15) calendar days of the District's request.
- d. The employee must provide certification of fitness to return to duties from the health care provider who was treating the employee with a serious health condition prior to the employee returning to work.
- e. *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, shall be denied until such certification is provided.

### E. Entitlement.

- 1. Employees are entitled to twelve weeks family and medical leave per year (12 month period). *Employees taking military caregiver family and*  
ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS



## FAMILY AND MEDICAL LEAVE REGULATIONS

*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. The 12-month period is a "rolling" 12-month period measured backward from the date an employee uses FMLA leave.
3. If insufficient leave is available, the District may:
  - a. Deny the leave if entitlement is exhausted; or
  - b. Award additional leave.

### 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:
    - (1) Birth, adoption or foster care placement of child only with the District's agreement.
    - (2) Serious health condition of the employee, spouse, parent, or child when medically necessary without the District's agreement.
    - (3) *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.*
    - (4) *because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.*



## FAMILY AND MEDICAL LEAVE REGULATIONS

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FAMILY AND MEDICAL LEAVE REGULATIONS

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## FAMILY AND MEDICAL LEAVE REGULATIONS

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- 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.*

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## FAMILY AND MEDICAL LEAVE REGULATIONS

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  - (3) If the second health care provider disagrees with the first health care provider, then the 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 District and paid for by the District. This certification or lack of certification is binding upon both the employee and the District.
- c. Medical certification will be required fifteen (15) calendar days after family and medical leave begins unless it is impracticable to do so. The District may request recertification every thirty (30) calendar days. Recertification must be submitted within fifteen (15) calendar days of the District's request.
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ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS



## FAMILY AND MEDICAL LEAVE REGULATIONS

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### **F. Type of Leave Requested.**

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    - (3) *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.*
    - (4) *because I am the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.*



## FAMILY AND MEDICAL LEAVE REGULATIONS

- b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the District's operation.
  - c. During the period of foreseeable intermittent leave; the 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:
    - (1) Birth, adoption or foster care placement of child only with the District's agreement.
    - (2) Serious health condition of the employee, spouse, parent, or child when medically necessary without the District's agreement.
    - (3) *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.*
    - (4) *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 District's operation.
  - c. During the period of foreseeable reduced work schedule leave; the 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.

- 1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or in an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.



## FAMILY AND MEDICAL LEAVE REGULATIONS

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 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 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 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 District will continue to fulfill the District's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits,



## FAMILY AND MEDICAL LEAVE REGULATIONS

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. The employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless the 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 shall reimburse the District at a time set by the superintendent.
3. An employee who fails to make the health care contribution payments within thirty (30) calendar days after they are due will be notified that his/her coverage may be canceled if payment is not received within an additional fifteen (15) calendar days.
4. An employee may be required 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 (30) calendar days and to return the certification within fifteen (15) calendar days of the request.
5. The employee must notify the District of the employee's intent to return to work at least once each month during 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 District, in writing, of the employee's intent not to return. The District will cease benefits upon receipt of this notification.

### **I. Use of Paid Leave for Family and Medical Leave.**

An employee shall substitute unpaid family and medical leave with any paid leave available to the employee, which is applicable to the reason for family and medical leave, under board policy or a collective bargaining agreement. Paid leave includes sick leave, family illness leave, paid vacation, and/or personal/business leave. When the District determines that paid leave is being taken for a FMLA reason, the District will notify the employee within two (2) business days that the paid leave will be counted as FMLA leave.

### **J. Definitions.** The following definitions shall apply to the District's policy and regulations on family and medical leave:



## FAMILY AND MEDICAL LEAVE REGULATIONS

1. *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.
2. *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.
3. *Contingency Operation* – has the same meaning given such term in section 101 (a)(13) of title 10, U.S. Code.
4. *Continuing treatment* - a serious health condition involving continuing treatment by a health care provider includes one or more of the following:
  - a 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 (3) 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 health care provider.
  - b Any period of incapacity due to pregnancy or for prenatal care.
  - c 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.).



FAMILY AND MEDICAL LEAVE REGULATIONS

- d. 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.
  - e. Any period of absence to receive multiple treatments (including any period of recovery there 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).
- 5. *Covered Service member* – 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.
  - 6. *Eligible Employee* - an employee of the District that 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.
  - 7. *Essential Functions of the Job* - those functions that are fundamental to the performance of the job. It does not include marginal functions.
  - 8. *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."
  - 9. *Family Member* - individuals who meet the definition of son, daughter, spouse or parent.
  - 10. *Group health plan* - any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise)



## FAMILY AND MEDICAL LEAVE REGULATIONS

to the employer's employees, former employees, or the families of such employees or former employees.

11. *Health care provider* -
  - a. A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
  - b. 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; or
  - c. Nurse practitioners and nurse-midwives who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; or
  - d. Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts; or
  - e. 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; or
  - f. 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.
12. *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.
13. *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.
14. *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

ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS



## FAMILY AND MEDICAL LEAVE REGULATIONS

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.

15. *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.
16. *Medically Necessary* - certification for medical necessity is the same as certification for serious health condition.
17. *"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 him 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.
18. *Next of Kin* – an individual's nearest blood relative.
19. *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.
20. *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.
21. *Physical or mental disability* - a physical or mental impairment that substantially limits one or more of the major life activities of an individual.
22. *Reduced leave schedule* - a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.



FAMILY AND MEDICAL LEAVE REGULATIONS

23. *Serious health condition* - an illness, injury, impairment, or physical or mental condition that involves:

a. 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 there from), or any subsequent treatment in connection with such inpatient care; or

b. 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 there from) of more than three (3) 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 of, 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.

c. Any period of incapacity due to pregnancy or for prenatal care.

d. 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.).



## FAMILY AND MEDICAL LEAVE REGULATIONS

- e. A period of incapacity that 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.
  - f. 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 regime 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 is 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

ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS



## FAMILY AND MEDICAL LEAVE REGULATIONS

abuse by a health care provider or by a provider of health care on a 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.

- Absences 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.

24. *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.
25. *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.
26. *Spouse* - a husband or wife recognized by Iowa law including common law marriages.

Approved 7/1/93

Revised 10/12/09

Reviewed 10/12/09



## PHYSICAL ACTIVITY

### Physical Education

The school district will provide physical education that:

- Meets the state requirements for time in physical education
- Is for all students in grades K-12 for the entire school year
- Is taught by a certified physical education teacher
- Includes students with disabilities, students with special health-care needs may be provided in alternative educational settings
- Focuses on educating students for personal fitness and wellness
- Engages students in physical activity during each class session
- Assesses students regularly and provides ongoing feedback to students on their personal fitness levels
- Encourages students to participate in physical activities outside the school day

### Healthy Kids Act 2008

- In 2008, the Iowa Legislature adopted the Healthy Kids Act, which mandated changes to physical activity (PA).
- The new PA requirement requires elementary students, K-5, to have at least 30 minutes of PA per day at school. This does not have to be physical education (PE). Students can receive their PA through a combination of recess, PE, classroom and other activities.
- Middle and high school students must have at least 120 minutes of PA per week. But, middle and high school students don't have to complete all of their minutes at school. The students, getting their PA outside of school hours, will enter into an agreement with the school district that the remainder of their minutes, not met at school, will be met outside of school as long as the outside activity includes movement, manipulation or exertion of the body. There is no limit on the number of agreements school districts can have students over their careers.



## BOARD OF DIRECTORS CONFLICT OF INTEREST

Board members must be able to make decisions objectively. It is a conflict of interest for a board member to receive direct compensation from the school district, unless exempted in this policy, for anything other than reimbursement of actual and necessary expenses, including travel, incurred in the performance of official duties. A board member will not act as an agent for a school textbook or school supply company *doing business with the school district* during the board member's term of office. It will not be a conflict of interest for board members to receive compensation from the school district for contracts to purchase goods or services if the benefit to the board member does not exceed \$2,500 in a fiscal year or if the contracts are made by the board, upon competitive bid in writing, publicly invited and opened.

The conflict of interest provisions do not apply to a contract that is a bond, note or other obligation of a school corporation if the contract is not acquired directly from the school corporation, but is acquired in a transaction with a third party, who may or may not be the original underwriter, purchaser, or obligee of the contract, or to a contract in which a director has an interest solely by reason of employment if the contract was made by competitive bid, in writing, publicly invited and opened, or if the remuneration for employment will not be directly affected as a result of the contract and duties of employment do not involve any of the preparation or procurement of any part of the contract. The competitive bid section of the conflict of interest provision does not apply to a contract for professional services not customarily competitively bid.

It will also be a conflict of interest for a board member to engage in any outside employment or activity that is in conflict with the board member's official duties and responsibilities. In determining whether outside employment or activity of a board member creates a conflict of interest, situations in which an unacceptable conflict of interest is deemed to exist includes, but are not limited to, any of the following:

1. The outside employment or activity involves the use of the school district's time, facilities, equipment and supplies or the use of the school district badge, uniform, business card or other evidence of office to give the board member or member of the board member's immediate family an advantage or pecuniary benefit that is not available to other similarly situated members or classes of members of the general public. For purposes of this section, a person is not "similarly situated" merely by being related to a board member.
2. The outside employment or activity involves the receipt of, promise of, or acceptance of more or other consideration by the board member or a member of the board member's immediate family from anyone other than the state or the school district for the performance of any act that the board member would be required or expected to perform as part of the board member's regular duties or during the hours in which the board member performs service or work for the school district.



## BOARD OF DIRECTORS CONFLICT OF INTEREST

3. The outside employment or activity is subject to the official control, inspection, review, audit or enforcement authority of the board member, during the performance of the board member's duties of office or employment.

If the outside employment or activity is employment or activity in 1 or 2 above, the board member must cease the employment or activity. If the activity or employment falls under 3 above, then the board member must:

- Cease the outside employment or activity;  
or
- Publicly disclose the existence of the conflict and refrain from taking any official action or performing any official duty that would detrimentally affect or create a benefit for the outside employment or activity. Official action or official duty includes, but is not limited to, participating in any vote, taking affirmative action to influence any vote, or providing any other official service or thing that is not available generally to members of the public in order to further the interests of the outside employment or activity.

It is a conflict of interest for the board to hire the spouse of a board member or do business with the spouse of a board member during the term of the board member. The payment of compensation to any other family member is within the discretion of the board.

It is the responsibility of each board member to be aware of an actual or potential conflict of interest. It is also the responsibility of each board member to take the action necessary to eliminate such a conflict of interest. Should a conflict of interest arise, a board member should not participate in any action relating to the issue from which the conflict arose.

Approved 9/18/00

Reviewed 9/14/09

Revised 9/14/09



## CONFLICTS OF INTERESTS

*Employees' use of their position with the school district for financial gain is considered a conflict of interest with their position as employees and may subject employees to disciplinary action.*

*Employees have access to information and a captive audience that could award the employee personal or financial gain. No employee may solicit other employees or students for personal or financial gain to the employee without the approval of the superintendent. If the approval of the superintendent is given, the employee must conduct the solicitations within the conditions set by the superintendent. Further, the superintendent may, upon five days notice, require the employee to cease such solicitations as a condition of continued employment*

*Employees will not act as an agent or dealer for the sale of textbooks or other school supply companies doing business with the school district. Employees will not participate for personal financial remuneration in outside activities wherein their position on the staff is used to sell goods or services to students or to parents. Employees will not engage in outside work or activities where the source of information concerning the customer, client or employer originates from information obtained because of the employee's position in the school district.*

No employee shall engage in any outside employment or activity that is in conflict with the employee's official duties and responsibilities. Situations in which an unacceptable conflict of interest shall be deemed to exist shall include, but not be limited to:

- (1) The outside employment or activity involves the use of the District's time, facilities, equipment and supplies or the use of the District badge, uniform, business card or other evidence of office to give the employee or member of the employee's immediate family an advantage or pecuniary benefit that is not available to other similarly situated employees or classes of members of the general public. For purposes of this section, a person is not "similarly situated" merely by being related to an employee.
- (2) The outside employment or activity involves the receipt of, promise of, or acceptance of more or other consideration by the employee or a member of the employee's immediate family from anyone other than the State or the District for the performance of any act that the employee would be required or expected to perform as part of the employee's regular duties or during the hours in which the employee performs service for the District.
- (3) The outside employment or activity is subject to the official control, inspection, review, audit or enforcement authority of the employee during the performance of the employee's employment.



### CONFLICTS OF INTERESTS

If the outside employment or activity is employment or activity in (1) or (2) above, the employee must cease the employment or activity. If the activity or employment falls under (3), then the employee must:

- Cease the outside employment or activity; or
- Publicly disclose the existence of the conflict and refrain from taking any official action or performing any official duty that would detrimentally affect or create a benefit for the outside employment or activity. Official action or official duty includes, but is not limited to, participating in any vote, taking affirmative action to influence any vote, or providing any other official service or thing that is not available generally to members of the public in order to further the interests of the outside employment or activity.

It shall be the responsibility of each employee to be aware of an actual or potential conflict of interest. It shall also be the responsibility of each employee to take the action necessary to eliminate such a conflict of interest. Should a conflict of interest arise, an employee should not participate in any action relating to the issue from which the conflict arose.

Approved 7/1/93

Revised 9/14/09

Reviewed 9/14/09



**School Improvement Advisory Committee  
2009-10**

First Name	Last Name	Address	City	State	Zip
Sandy	Abbas	420 S. 11th Street	Adel	IA	50003
Beth	Baker-Brodersen	3208 Old Portland Rd.	Adel	IA	50003
Jodi	Banse	317 Spruce, PO Box 39	DeSoto	IA	50069
Kayleen	Bertman	508 S. 10th	Adel	IA	50003
Dean	Boettcher	PO Box 98	Adel	IA	50003
Ron and Laura	Brenner	1608 HyVue	Adel	IA	50003
Steve and Dana	Brown	19117 Lexington Road	Minburn	IA	50167
Dick	Bruce	2286 Laredo Trail	Adel	IA	50003
Rob	Burditt	PO Box 157	Adel	IA	50003
Rich and Maggie	Buscher	PO Box 31	Minburn	IA	50167
Lisa	Button	3235 K Ave.	Adel	IA	50003
Monty and Becky	Button	3235 K Ave.	Adel	IA	50003
Tim	Canney	2205 Hwy. 6	Adel	IA	50003
Doug	Charleston	2057 Panther Creek Rd	Adel	IA	50003
Leslie	Clemenson	510 Vintage Pt.	Waukee	IA	50263
James and Jennifer	Coghlan	17158 K Trail	Perry	IA	50220
Rod and Ann	Collins	3171 Puckerbrush Rd.	Adel	IA	50003
Jim and Nicole	Connick	207 Chestnut Street	Minburn	IA	50167
Abby	Crannell	1515 Maple Drive	Adel	IA	50003
Larry	Crannell	1318 Pleasant St.	Adel	IA	50003
Deanne	Davis	3098 Old Portland Rd.	Adel	IA	50003
Green	Davis	2345 N Ave.	Dallas Center	IA	50063
Jim	DePue	801 Nile Kinnick Dr. S.	Adel	IA	50003
Susan and Larry	Donahue	28150 Sportsman Club R.	Adel	IA	50003
Jeff and Amy	Dvorak	22851 210th Street	Minburn	IA	50167
Cindy	Eaton	1427 N River Trail	Winterset	IA	50273
Carole	Erickson	1608 Grove	Adel	IA	50003
Michelle	Feldman	15 Glenwood Circle	Adel	IA	50003
Brad and Shannon	Forsyth	21107 K Avenue	Minburn	IA	50167
Melissa	Francis	3150 N Avenue	Adel	IA	50003
Mike	Gerlich	P.O. Box 130	Adel	IA	50003-0130
Lori	Glanz	814 S. 10th Street	Adel	IA	50003
Brenda	Goeden	2531 L Avenue	Adel	IA	50003
Mary	Gotschalk	1415 Maple Drive	Adel	IA	50003
Lee	Griebel	1519 Cedar Drive	Adel	IA	50003
Audra	Gross	1318 Prairie	Adel	IA	50003
Theresa	Grove	2517 Calico Creek Lane	Adel	IA	50003
Tami	Gushiken	PO Box 436	DeSoto	IA	50069
Barry	Halling	2585 N Ave.	Adel	IA	50003
Scott and Kit	Hansen	3274 Old Portland Rd.	Adel	IA	50003
John and Jodi	Harada	PO Box 373	DeSoto	IA	50069
Ed	Harrington	3224 Old Portland Road	Adel	IA	50003
Anne	Haselhuhn	603 S. 10th Street	Adel	IA	50003
Mike	Haynes	1520 Cedar Dr.	Adel	IA	50003-1676
Janita	Heath	810 Cade Court	DeSoto	IA	50069



**School Improvement Advisory Committee**  
**2009-10**

First Name	Last Name	Address	City	State	Zip
Dan	Heefner	511 N. 15th St.	Adel	IA	50003
Connie	Hefner	2 Sunset Place	Adel	IA	50003
Harold	Hill	1989 Midland Trail	Minburn	IA	50167
Mark and Bobbie	Hinds	20689 N Avenue	Minburn	IA	50167
Lisa	Hofmann	1415 Main	Adel	IA	50003
Susan	Hofmann	2726 K Ave.	Adel	IA	50003
Rhonda	Hopewell	835 S. 11th St.	Adel	IA	50003
Marilyn	Hoy	2614 Indian Ave.	Adel	IA	50003
Beth	Hummels	1020 Rapids St.	Adel	IA	50003
Shari	Hutzell	1511 Cedar Drive	Adel	IA	50003
Nancy	Johnson	19563 Minburn Road	Minburn	IA	50167
Carla	Kaney	11 Sunset Circle	Adel	IA	50003
Marsha	Kelly	2316 347th St.	Van Meter	IA	50162
Candy	Kirkman	PO Box 74	Adel	IA	50003
Dale	Klocke	1504 Maple Drive	Adel	IA	50003
Vicki	Kollenkark	3152 N Ave.	Adel	IA	50003
Rikki	Kuhns	202 N. 19th St.	Adel	IA	50003
Kevin	Lange	2099 260th Street	Adel	IA	50003
Crystal	Larcher	510 S. 12th, PO Box 232	Adel	IA	50003
Deb	Lenz	2325 Maple Ridge	Adel	IA	50003
Chris and Brenda	Lindgren	3204 Old Portland Rd.	Adel	IA	50003
Winette	Luellen	1884 N Ave.	Minburn	IA	50167
John	Mann	1509 Chance Ct.	Adel	IA	50003
Steve	McCalley	739 S. 14th St.	Adel	IA	50003
Marc	Meyer	2302 Valley View Trail	Adel	IA	50003
Steve and Carolyn	Meyer	2544 288th Trail	Adel	IA	50003
Lynelle	Mikkelsen	2525 N. 15th Street	Adel	IA	50003
Todd/Lesley	Monson	802 5th Street	Minburn	IA	50167
Kurt	Moyer	715 S. 11th Street	Adel	IA	50003
Lori	Myers	1306 Court	Adel	IA	50003
Janet	Norman	1604 Horse & Buggy Drive	Adel	IA	50003
Tracy	Ostendorf	2449 N Ave.	Dallas Center	IA	50063
Angie	Overton	724 S. 10th St.	Adel	IA	50003
Steve	Pedersen	1404 S. 8th St.	Adel	IA	50003
Lisa	Penland	1528 Cedar Drive	Adel	IA	50003
Jim and Pam	Peters	925 S. 14th St.	Adel	IA	50003
Mimi	Pickering	1132 Rapids St.	Adel	IA	50003
Lori	Richardson	2962 Puckerbrush Rd.	Adel	IA	50003
Kim	Roby	1401 Beverly Circle	Adel	IA	50003
Paula/Marty	Rolfes	13227 240th Street	Redfield	IA	50233
Stephanie	Ruby	622 S. 10th St.	Adel	IA	50003
Kim	Sandquist	21923 280th St.	Adel	IA	50003
Eric	Schepers	1604 Aspen	Adel	IA	50003
Carole	Schlapkohl	801 Nile Kinnick Dr. S.	Adel	IA	50003
Denise	Schuhardt	2121 E Ave.	Perry	IA	50222



**School Improvement Advisory Committee**  
**2009-10**

First Name	Last Name	Address	City	State	Zip
Peggy	Scott	3086 K Ave.	Adel	IA	50003
Cindy	Shelton	1702 Main Street	Adel	IA	50003
Beth	Shields	608 Main Street	Adel	IA	50003
Darcy	Simpson	24932 270th	Adel	IA	50003
Monica	Sloan	1415 Aspen St.	Adel	IA	50003
Connie	Sloss	2701 Greene Street	Adel	IA	50003
Doug/Mary	Smith	2243 G Avenue	Minburn	IA	50167
Kim	St. Pierre	PO Box 53	Minburn	IA	50167
Bob and Karen	Stopek	2465 270th St.	Adel	IA	50003
Joyce	Stufflebeam	408 S. 11th	Adel	IA	50003
Margo	Swanson	830 S. 11th	Adel	IA	50003
Kelly	Terpstra	16340 G Avenue	Perry	IA	50220
Kathy	Ticknor	2617 Countryside Ave.	Adel	IA	50003
Kim	Timmerman	22137 Nikki Lane	Earlham	IA	50072
Jan	Tuil	7 Glenwood Circle	Adel	IA	50003
Rick and Nancy	Uster	2226 280th	Adel	IA	50003
Eileen	VerWoert	1212 Marshall	DeSoto	IA	50069
Randy and Maria	Walker	1611 Aspen Drive	Adel	IA	50003
Joe/Tracy	Weddle	22442 187th Road	Minburn	IA	50167
Vickie	Westfall	312 W. Spruce, P.O. Box 418	DeSoto	IA	50069
Teresa	Wichtendahl	2485 270th St.	Adel	IA	50003
isa	Wilkerson	2450 L Ave.	Adel	IA	50003
Lynn	Wilkerson	1105 Sundance Circle	Adel	IA	50003
Jody	Wohlenhaus	208 Greenwood Drive	Adel	IA	50003
Barb	Wright	550 SE Willow Brook Dr.	Waukee	IA	50263-8609
Doug	Ziegler	2809 Greene St.	Adel	IA	50003