

Family and Medical Leave Absence (FMLA)

Rochester City School District Guidelines and Application

- FMLA requires school districts to grant eligible employees up to 12 weeks cumulative unpaid leave with medical insurance coverage within a single 12 month period for the following reasons:
 - To care for the employee's child after birth, or placement for adoption or foster care;
 - To care for the employee's child, spouse, or parent who has a serious health condition;
 - For a serious health condition that makes the employee unable to perform the functions of his/her position.
- No more than a maximum 12 weeks of paid benefits will be provided to an employee on any combination of leaves within a 12 month period.
- To be eligible for FMLA, you must have been employed by the Rochester City School District for at least one (1) year and must have worked at least 1,250 hours during the past 12 months.
- Up to 12 weeks of unpaid leave may be taken under FMLA on either a continuous or, under certain conditions, an intermittent basis, when medically necessary as defined by the attached policy.
 - Non-instructional employees requesting intermittent leave or a reduced work schedule may, at the District's discretion, be transferred temporarily to a position of equivalent pay to accommodate the leave.
 - Instructional employees requesting intermittent leave or a reduced work schedule may be required to take leave in a single time block. See policy.
- You will need to fill out the enclosed application and attach the required documentation to apply for FMLA. Your completed application should be **signed by your principal or department head and returned to the appropriate Director of Human Capital Initiatives.**
- If you are taking FMLA leave for a serious health condition (you, your child, spouse or parent), you must first use all available Paid Time Off before an unpaid Family and Medical Leave will be granted. Thus Personal Business Days, Vacation Days (if applicable), and allowable Illness Days (in accordance with contract) must be used in place of FMLA leave.
- Paid Time Off will be subtracted from the 12 week FMLA allotment.
- Leave for the birth or placement of a child must be taken during the 12 months immediately following the birth or placement; it cannot be taken on an intermittent or reduced-schedule basis.
- Any period of paid extension of illness days under the applicable collective bargaining agreement will be offset against the total 12 week FMLA allotment (ex. Extended Sick Leave at Half Pay, Catastrophic Illness Leave) .
- The 12 month period during which an employee can take leave is a rolling 12 month period measured forward from the date an employee begins to use any part of his/her FMLA leave. In cases where intermittent leave is allowable under the federal law, each time an employee takes leave he/she would be entitled to the balance of the 12 week FMLA leave not used.
- An employee may not use more than 12 weeks of FMLA leave in a twelve month period as defined above.
- FMLA allotment does not apply during recess periods, summers (for 10 or 11 month employees), or for periods of time when the employee is not normally scheduled to work.
- For eligible part time employees or those who work variable hours, FMLA leave is prorated.
- For employees who are enrolled in the District's health coverage, the District will continue to pay its premium portion of the health insurance for up to 12 weeks under FMLA. Employees who pay a portion of their health insurance benefits must continue to do so while on leave.
- The employee ordinarily must provide 30 days advanced notice when leave is foreseeable . In emergency situations, see policy.
- Employees requesting FMLA leave must make a reasonable effort to schedule foreseeable treatments in a manner which does not unduly disrupt the operations of the District.

Application for Family and Medical Leave

Rochester City School District

Name _____ Employee ID # _____
 Position _____ Work Location _____
 Home Phone _____ Work Phone _____

This request is to provide notice to the Rochester City School District that I need to be absent from duty for the reason(s) and time period(s) noted below. I understand that I must exhaust the balance of my accrued Personal Business Days, Vacation Days (if applicable), and allowable Illness Days before I can apply for unpaid days of Family and Medical Leave.

Reason for Absence

Personal Absence Adoption Childbirth Child care Employee's own serious health condition

Serious Health Condition of a Family Member Child Spouse Parent

Name of Family Member (if family illness) _____
 Address of Family Member _____
 Telephone Number of Family Member _____

Absence Information:

My last day of work will be _____ Date unpaid leave begins _____

	From	To	Number of Days
Use of Personal Days			
Use of Vacation Days <i>(if applicable)</i>			
Use of Personal Illness Days			
Use of Family Illness Days <i>(per contract)</i>			
Unpaid Days/Off Payroll			

I expect to return to work on. _____ (Day of Week) _____ (Date)

I certify that all the information for leave is complete and accurate.

Signature of Employee _____ Date _____

Approval of Principal/Dept. Head _____ Date _____

Certification for Family and Medical Leave

Rochester City School District

Instructions: The remaining pages require **only one part to be filled out**. Choose the part for the type of leave you are requesting. Have physician complete as required for parts B, C, or D.

Part A: Use for adoption/foster care of a Child.

No physician's signature required.

A child was/will be adopted or placed for foster care on _____ .

Submit a copy of the adoption order/foster care placement documents with this leave application.

Part B: Use for the birth of a child.

This section is to be completed by a physician.

Employee _____

Anticipated Date of Delivery _____

Date of child's birth (if known yet) _____

Physician's Name _____ Telephone _____

(Please Print)

Physician's Address _____

Physician's Signature _____

(Date)

Part C: Use for a serious health condition which leaves the employee unable to perform his/her job.

This section is to be completed by a physician.

Employee/Patient _____

Diagnosis _____

Date Condition Commenced _____ Probable Duration of Condition _____

Is inpatient hospitalization of the employee required? yes no

Is the employee able to perform work of any kind? yes no

Physician's Name _____ Telephone _____

(Please Print)

Physician's Address _____

Physician's Signature _____

(Date)

Part D:

Use to request unpaid time off to care for a child, spouse, or parent with a serious health condition.

This part is to be completed by a physician

Patient _____

Diagnosis _____

Date Condition Commenced _____ Probable Duration of Condition _____

Is inpatient hospitalization required? yes no

Does/will the patient require assistance for :
basic medical, hygiene, nutritional needs, safety or transportation? yes no

Estimated period of time for which patient care by family member is needed. _____ weeks.

Physician's Name _____ Telephone _____
(Please Print)

Physician's Address _____

Physician's Signature _____



Return completed form to:

Department of Human Capital Initiatives
Rochester City School District
131 West Broad Street
Rochester, New York 14614