

Family & Medical Leave Act of 1993

**Board Notification To Employees That His/Her Paid
Leave of Absence Qualifies As Family & Medical Leave**

Employee's Name: _____

Position: _____

Building: _____

Date FMLA Commenced: _____

Date FMLA Completed: _____

Your present paid leave of absence is for the following reason:

- _____ the birth of a child and/or to care for the newborn child within one year of the child's birth
- _____ the placement of an adopted child or foster child with you and/or to care for the newly placed child within one year of the child's arrival;
- _____ a serious health condition affecting your ____ spouse, ____ child, ____ parent; for which you are needed to provide care; or
- _____ a serious health condition prevents you from performing the functions of your job.

The reason indicated above qualifies you for Family & Medical Leave. This notice serves to inform you that your present paid leave of absence will be counted toward your Family & Medical Leave entitlement for the current 12-month period.

If this is your first FMLA leave-qualifying event in the last 12-month period, your anniversary date for purposes of your immediate Family & Medical Leave entitlement shall be: _____ i.e. you have 12 weeks of leave available in the next 12-month period.)

If this is not your first FMLA leave-qualifying event in the last 12-month period, this notice shall serve as a reminder that your anniversary date is: _____; and you are entitled to _____ days of FMLA leave between now and your anniversary date.

You have a right under the Family & Medical Leave Act of 1993 to up to twelve (12) weeks of leave in a twelve (12)-month period for the reasons listed above. If your accrued paid leave runs out, the condition indicated above continues, and you have not yet exhausted your 12-week FMLA leave entitlement, you may continue your leave of absence on an unpaid basis by completing a request for FMLA leave as soon as practicable. If the remaining FMLA leave is unpaid, your health benefits will be maintained under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave. If you do not return to work following this period of unpaid 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; or (2) other circumstances beyond your control, you may be required to reimburse the Board of Education for its share of any health insurance premiums it paid on your behalf during your unpaid Family & Medical Leave.

ANY QUESTIONS CONCERNING THIS NOTICE OR YOUR RIGHTS TO FAMILY & MEDICAL LEAVE SHOULD BE ADDRESSED TO THE INDIVIDUAL WHOSE NAME APPEARS BELOW.

(Signature of administrator enforcing Family & Medical Leave)

Date

(Signature of Employee Using Family & Medical Leave)

Date

A “**Serious Health Condition**” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Hospital Care**: Inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (e.g., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom), or any subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment**: A period of incapacity (i.e. inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom) of **more than three (3) consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - a. **Treatment two 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 order of, or on referral by, a health care provider (treatment includes examinations to determine if a serious health condition exists and evaluations of the condition, but it does not include routine physical examinations, eye examinations, or dental examinations); or
 - b. **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment** under the supervision of the health care provider (e.g., a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition). 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 health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
3. **Pregnancy**: Any period of incapacity due to pregnancy or for prenatal care.
4. **Chronic Conditions Requiring Treatment**: Any period of incapacity or treatment for such incapacity due to a chronic health condition (e.g., asthma, diabetes, epilepsy, etc.). A chronic condition is defined as one which:
 - a. Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
 - b. Continues over an **extended period to time** (including recurring episodes of a single underlying condition); and
 - c. May cause **episodic** rather than a continuing period of incapacity.
5. **Permanent/Long-term Conditions Requiring Supervision**: A period of incapacity which is **permanent or long-term** due to a condition for which treatment may not be effective (e.g., Alzheimer’s, a severe stroke or the terminal stages fo a disease). The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**
6. **Multiple Treatments (Non-Chronic Conditions)**: Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under the 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).

Conditions for which cosmetic treatment are administered (e.g., 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, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are conditions that do not meet the definition of a serious health condition and do not qualify for Family & Medical Leave.

Mental illness resulting from stress or allergies may be serious condition, but only if all the conditions of the above subparagraphs are met.

Substance abuse may be a serious health conditions if the conditions stated above are met (i.e., the treatment is by a health care provider or by a provider of health care services on referral by a health care provider). Absence due to a teacher's use of the substance, rather than for treatment, does not qualify for Family & Medical Leave.