

# **Friendswood Independent School District**

## **Family Medical Leave**

### **Temporary Disability Leave**

*See Board Policies DEC, DECA, DECB*

#### **FAMILY MEDICAL LEAVE**

An employee who has been employed by the District for at least 12 months and for 1,250 hours during the previous 12-month period shall be entitled to a total of 12 workweeks of leave during a single 12-month period, without loss of any employment benefit accrued prior to the beginning of the leave for one or more of the following reasons:

1. Because of the birth or adoption, including placement for foster care, of the employee's child and in order to care for the child, provided the leave is taken within 12 months of the birth, adoption, or placement of the child. By agreement between the employee and the District, this leave may be taken intermittently or on a reduced leave schedule.
2. To care for the employee's spouse, child, or parent when the spouse child or parent has a serious health condition.
3. Because of the employee's serious health condition that makes the employee unable to perform functions of his or her position.
4. Because of a qualifying exigency arising out of the fact that the employee's spouse, son or daughter, or parent is on active duty status in support of a contingency operation as a member of the National Guard or Reserves.

An employee who has been employed by the District for at least 12 months and for 1,250 hours during the previous 12-month period shall be entitled to a total of 26 workweeks of leave during a single 12-month period, without loss of any employment benefit accrued prior to the beginning of the leave for following reason:

5. Because the employee is the spouse, son or daughter, parent, or next of kin of a covered service member with a serious injury or illness and will be the caregiver (Military Caregiver Leave).

Family Medical Leave is unpaid leave, unless the employee has available sick or personal leave days.

#### **TEMPORARY DISABILITY LEAVE**

Any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. All other employees shall be eligible for unpaid temporary disability leave after the completion of the probationary period, as defined in the employee handbook. The maximum length of temporary disability leave shall be 180 calendar days.

The District requires all applicable leave, including sick leave and personal leave, Family Medical Leave and as Temporary Disability Leave to be used concurrently.

#### **Steps to request Family Medical Leave or Temporary Disability Leave:**

1. Employee completes the Medical Request Form
2. Physician completes the Medical Certification Form
3. Employee submits both forms to Jan Scogin, Executive Director of Human Resources

# Friendswood Independent School District

## MEDICAL LEAVE

### EMPLOYEE REQUEST FOR LEAVE FORM

Print or Type

1. Name of employee (First Name, Middle Initial, Last Name)	2. Employee's building assignment and position.
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<p>3. Reason for requesting leave.</p> <p>a. <input type="checkbox"/> Birth of a child of the employee.</p> <p>b. <input type="checkbox"/> Placement of a child with employee for adoption or foster care</p> <p>c. <input type="checkbox"/> In order to care for spouse, child, or parent with a serious health condition</p> <p>d. <input type="checkbox"/> Because of your own serious health condition that makes you unable to perform job functions</p> <p>e. <input type="checkbox"/> Because of a qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is on active duty status in support of a contingency operation as a member of the National Guard or Reserves*</p> <p>f. <input type="checkbox"/> Because you are the spouse, son or daughter, parent, or next of kin of a covered service-member with a serious injury or illness*</p> <p>*For reasons e and f, please contact the Human Resources Department for additional documentation</p>
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6. Date on which you wish leave to commence.	7. Date of anticipated return to work.
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Employees seeking leave because of reason 3a,3c, or 3d above must provide medical certification within 15 days or as soon as practicable.

Employees seeking to return to work after a leave also must provide medical certification of ability to perform job duties to human resource services before they are allowed to resume work.

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I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse the District for the cost of health benefits provided during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition, or because of other circumstances beyond my control. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired or that I am needed to care for my spouse/parent/child because he/she has a serious health condition on the date that my leave expired. I understand that I may not be permitted to resume my position with the District until I provide medical certification, as appropriate.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Return to Human Resources:

- 1) Request for leave form
- 2) Health care provider certification

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_  
(7/09)

# Friendswood Independent School District

## MEDICAL CERTIFICATION OF HEALTH CARE PROVIDER

3. Name of employee (First Name, Middle Initial, Last Name)	2. Patient's Name (If different from employee)
3. The patient's condition under Family Medical Leave Act is as follows: (Check Applicable Category)  <input type="checkbox"/> 1. Pregnancy <input type="checkbox"/> 2. Hospital Care <input type="checkbox"/> 3. Chronic Conditions Requiring Treatments <input type="checkbox"/> 4. Permanent/Long Term Conditions Requiring Supervision <input type="checkbox"/> 5. Absence Plus Treatment <input type="checkbox"/> 6. Multiple Treatments (Non-Chronic Conditions)	
4. For reasons 2,3,4,5 and 6. please give date on which condition began:	5. For reasons 2,3,4,5, and 6. please list probable duration of condition:
6. For reasons 2,3,4,5, and 6, please describe the medical facts which support your certification:	

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**Signature of Health Care Provider**

**Date**

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Name of Health Care Provider (please print)

Type of Practice

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Address  
(7/09)

Telephone Number

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

**1. Pregnancy**

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

**2. Hospital Care**

Inpatient Care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity\* subsequent treatment in connection with or consequent to such inpatient care.

**3. Chronic Conditions Requiring Treatment**

A chronic condition which:

- (1) 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:
- (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- (3) May cause episodic rather than a continuing period of incapacity\* (e.g., asthma, diabetes, epilepsy, etc).

**4. Permanent/Long-term Conditions Requiring Supervision**

A period of incapacity\* which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

**5. Absence Plus Treatment**

- (a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment period or period of incapacity\* relating to the same condition), that also involves:
  1. Treatment\*\* two or more times by a health care provider, by a nurse, or a 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
  2. Treatment by a health care provider on at least on occasion which results in a regimen of continuing treatment\*\*\* under the supervision of the 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 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).

\* “Incapacity,” for purposes of FML and TDL, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

\*\* Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

\*\*\* 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. A regimen of treatment does not include 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.

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