***FAMILY MEDICAL LEAVE POLICY PROCEDURES***

1. **Notice and Request for Leave Process**
   1. Employees are required to give 30 days notice of a family medical leave under this policy. In emergency situations, the employee may provide notice of less than 30 day so long as notice is given as soon as practicable, generally the same or next business day, following the onset of the emergent medical condition.
      1. Employee will provide notice to the **INSERT TITLE(S) OR DEPARTMENT**. Notice can be in written form submitted via email to the **INSERT TITLE(S) OR DEPARTMENT**. Requests may also be submitted via interoffice or U.S. Postal Service mail. In emergency situations the notice can be made verbally. The employee does not need to specifically request family medical leave to request to be out on approved leave; however, the employee must provide enough information for the Business Manager or Superintendent to make a determination of which type of leave the employee is requesting.
      2. Supervisors, bookkeepers, administrative assistant, and/or payroll staff will provide notice to the **INSERT TITLE(S) OR DEPARTMENT** as soon as an employee has been out, called out and/or submits a leave request using sick leave for three or more consecutive days, if they have not already been provided notice by **INSERT TITLE(S) OR DEPARTMENT** of an approved family leave for the employee. If an employee gives verbal notice of his or her intent to seek family medical leave, the supervisor, bookkeeper, administrative assistant and/or payroll staff, will immediately notify the **INSERT TITLE(S) OR DEPARTMENT**.
      3. If an employee will miss three or more consecutive days due to a work place injury or worker’s compensation claim, the employee will be assumed to be requesting family medical leave due to his or her own serious illness. Additional certification forms, as listed in section B below may not be required if adequate medical information is already on file from the worker’s compensation file.
      4. If an employee is requesting an ADA accommodation that will result in intermittent leave, a reduced schedule and/or a leave of absence, the employee will be assumed to be requesting family medical leave due to his or her own serious illness. Additional certification forms, as listed in section B below may not be required if adequate medical information is already on file from the ADA request for a reasonable accommodation process.
   2. No more than five working days after the receipt of notice of an employee’s request or intent to apply for and/or use family medical leave, including but not limited to the use of three consecutive sick days, the **INSERT TITLE(S) OR DEPARTMENT** or his/her designee shall complete and send the following packet of information to the employee:
      1. Complete and provide the **Employee the Notice of Eligibility and Rights and Responsibilities** form.
      2. Send the Employee the **Employee Request for Family Medical Leave** form to complete and return within 15 days.
      3. Send the Employee the applicable **certification** form in support of their request to be completed and returned within 15 days.
      4. Send the Employee a copy of the board’s **Family Medical Leave Policy**.
   3. The **INSERT TITLE(S) OR DEPARTMENT** will open a family medical leave file and start making entries on the **Family Medical Leave Checklist & Contacts Log**. The checklist and log will be maintained throughout the duration of the family medical leave.
   4. In the event the paperwork is not received from the employee within 10 business days, the **INSERT TITLE(S) OR DEPARTMENT** shall send a second request for the necessary paperwork.
2. **Eligibility Determination**
   1. Within five (5) business days, the **INSERT TITLE(S) OR DEPARTMENT** shall review the documentation submitted and determine whether the employee qualifies for leave under the statutes, and/or board policy.
      1. If the employee qualifies for family medical leave, the **Designation Notice** form and the **Family Medical Leave Tracking Calendar** shall be completed and sent to the employee. The employee will be informed if a recertification will be required for the medical condition, and if so, when that will be due. The employee will also be notified if he/she will be required to submit a **Return to Work Certification** form prior to returning to work form their own medical condition.
      2. In the event the employee’s request exceeds the 12 weeks or 60 days provided under the statute(s), the employee will be notified in writing of any rights he or she may have to other types of leave including those provided under the collective bargaining agreement, board policy and/or the ADA.
      3. An email (**Supervisor and Payroll Notice Memo**) will be sent to the **INSERT TITLE(S) OR DEPARTMENT** and the employee’s supervisor notifying them of the approval and designation of time. The only information to be provided to the supervisor and/or **INSERT TITLE(S) OR DEPARTMENT** are:
         1. The anticipated dates of the employee’s leave.
         2. Whether the employee intends to use accrued paid leave during the absence.
         3. A copy of the **Family Medical Leave Tracking Calendar** identifying the dates of the leave and whether they are paid or unpaid.
         4. Any other necessary information to process payroll and obtain substitute coverage during the leave except medical information, which will not be shared in order to protect the employee’s or the employee’s family member’s privacy rights.
   2. If the employee does not qualify for family medical leave, the **Designation Notice** will be sent identifying why the employee’s request was denied.
   3. If there information supplied by the employee is insufficient, the employee will be sent the **Designation Notice** outlining what additional information is needed to complete the processing of the request. The employee will have seven days to submit the necessary information to make a final determination. After seven days, the Business Manager will send a second **Designation Notice** denying the leave for insufficient information. If the information is submitted, the Business Manager will send a second **Designation Notice** based on the new information within five days of receipt of the requested information.
3. **Benefit Continuation**
   1. While out on family medical leave, the employee will continue to receive all employer provided benefits; however the employee will remain responsible for his or her share of the premiums for any insurance coverage during his or her leave that are not able to be captured through payroll deductions.
   2. All benefits provided under a collective bargaining agreement will remain in force as if the employee were still working and shall not be prorated based on family medical leave. The employee is still subject to all contract deadlines under the collective bargaining agreement while the employee is out on family medical leave.
4. **During the Family Medical Leave**
   1. If applicable, the **INSERT TITLE(S) OR DEPARTMENT**, will send the employee an updated **Family Medical Leave Tracking Calendar** in the event the anticipated start date changes, such as due to the birth of a child or other event that changes the start date of the employee’s leave.
   2. If the employee notifies **INSERT TITLE(S) OR DEPARTMENT** that he or she will need to extend their requested leave, the employee will be required to submit an updated certification form in support of the change. Within five days of receipt of the updated certification form, the Business Manager will send the employee an updated **Family Medical Leave Tracking Calendar**.
   3. If the employee notifies the **INSERT TITLE(S) OR DEPARTMENT** of second qualifying event, the new event will be treated as a first request and all steps in this procedure followed again. In the event of an overlap, the new **Designation Notice** will be updated to reflect both requests.
5. **Conclusion of the Family Medical Leave**
   1. Within 5 to 10 days of the employee’s expected return date, where the leave is longer than 10 days, the **INSERT TITLE(S) OR DEPARTMENT** will contact the employee to confirm that the employee will return to work on the expected date. If yes, and it if was requested previously, the employee will also be reminded to submit the required **Return to Work Certification** form.
   2. The employee will be restored to his or her previous or equivalent position at the same rate of pay and with the same benefits.
6. **Concurrent Leave**
   1. Family Medical Leave under this policy will be provided concurrently with any approved leave, including but not limited to worker’s compensation, the American Disabilities Act and the provisions of the collective bargaining agreement and/or board policy.
   2. Leave time will not be stacked to lengthen the amount of leave available to the employee.
7. **Conflicts Between Law, Policy and the Collective Bargaining Agreement**

In the event the board’s family medical leave policy conflicts with the provisions of law or the collective bargaining agreement, the more generous benefit to the employee will be provided during the leave

1. **Recordkeeping Requirements**
   1. A copy of all notices sent to the employee, the employee’s request for family medical leave, the certification forms, the return to work certification and any other forms, and any payroll record related to the employee’s leave, will be maintained in the Central Office.
   2. All records related to the employee’s medical leave will be kept in a medical information file separate from his or her main personnel file.
   3. Records will be kept for no less than three years and no longer than three years following the termination of the employee.
2. **Posting Requirements**
   1. Each work location is required to have the following notices posted in a location where it can be readily seen by all employee and by applicants for employment:
      1. Family Medical Leave Act (federal) <https://www.dol.gov/whd/regs/compliance/posters/fmla.htm>
      2. Vermont Parental and Family Leave Act (state):

<http://labor.vermont.gov/wordpress/wp-content/uploads//WH-14-Parental-Family-Leave-Poster.pdf>