



South San Antonio Independent School District

Leave of Absence Request

Completed request with appropriate signatures should be submitted to HR - Benefits & Leave at least 30 days prior to the date the requested leave is to begin. Documentation for absences over three (3) consecutive days is required per the district local policy. When seeking leave you must provide medical certification within 15 calendar days. Please submit all leave requests via fax 210-939-6123 or email Benefits@southsanisd.net

Employee Name _____ Employee ID # _____ Employee Cell Phone # _____

Employee Home Address _____ City/State _____ Zip _____

Title _____ Location/School _____ Name of Supervisor _____

Leave Start Date _____ Return to Work Date _____

Leave is applied in the following sequence unless another order is requested: Comp Time; Local Personal; State Personal; Other

Check One ✓	Reason for Absence – Type of Leave	Documentation Necessary	For Leave Specialist Use	
			Approval	Denial
	Family Medical Leave (FMLA) Employees who have been with district for at least 12 months, and have worked 1,250 hours in immediate preceding 12 months from date of leave. Limited to medical leave for employee's illness or illness within the employee's family as defined by the Family Medical Leave Act. FML runs concurrently with all other leaves. Maximum length is 12 work weeks.	Medical certification completed by your treating physician		
	Temporary Disability Leave (TDL) Employees who are not eligible for FML, or have exhausted FML & are still not medically able to return to work. TDL can only be used for the employee's own serious health condition. Maximum length is 180 calendar days for Certified Employees or 90 calendar days for non-certified employees . TDL runs concurrently with all other leaves.	Medical certification completed by your treating physician		
	Assault Leave A district employee who is physically assaulted during the performance of regular duties is entitled to time necessary to recuperate from physical injuries sustained as a result of the assault. Assault Leave runs concurrently with all other leaves.	Work Status Report – see Leave Specialist		
	Qualifying Exigency / Military Caregiver Leave Employees may take leave to address certain urgent situations that result from a qualifying military member's covered active duty or call to covered active duty, or to care for a covered servicemember w/a serious injury or illness sustained or aggravated by service in the line of duty while on active duty.	See Leave Specialist		
	Military Service Employees required to serve in the federal or state military shall be granted leave. Short term state military or federal reserve military leave shall not exceed fifteen days per fiscal year.	Copy of military orders		

Person with medical condition (Please check one):

- Self Is your illness work related? Yes No
- Pregnancy/Maternity/Paternity
- Spouse
- Child (Child's Age) _____
- Parent/LoCoParentis

Leave will be (Please check one): Continuous Intermittent (To be used when leave is not in consecutive days)
A schedule of your anticipated absences is required.

***Employees out for their own medical condition will not be permitted to return to work until a medical release has been received by the Human Resources - Benefits & Leave. If you are out to care for a spouse/parent/child, you must notify Human Resources - Benefits & Leave of your return date prior to your return.

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. If I fail to return to work at the at the end of the leave period, I agree to reimburse the District for the cost of health benefits provided during my leave, unless I fail to return to work because of the continuation, onset, or recurrence 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 job on the date that my leave expires. I understand that I may not be allowed to resume my job until I provide such medical certification.

Employee Signature _____

Date _____



**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

1450 Gillette Blvd. San Antonio, Texas 78224 Phone (210)977-7000 or (210)977-7043. Fax (210)939-6123

**Family Medical Leave Act (FMLA) / Temporary Disability Leave (TDL)
EMPLOYEE ACKNOWLEDGEMENT FORM**

Employee Name: _____ ID# _____ Campus/Dept.: _____

Eligibility - FMLA/TDL - must be approved by Human Resources Department.

Eligibility and Instructional Employees – The special 20% rule for instructional employees was explained.

Required Documents - FMLA Request Form & Physician’s Certification Form must be on file; must be faxed from the physician to Human Resources.

Employees who purchased income disability benefits - You will receive assistance in completing and filing your income disability claim paperwork. You will need to call Bay Bridge at 800-845-7519 for claim status.

Applying leave- All available leave days will be applied toward your FMLA/TDL, DEC local policy.

Comp Time- Comp Time will be applied towards your leave. Do you have available comp time?

Prorated leave days – You may be using some of your leave on a prorated basis that may need to be recalculated as part of your pay adjustment.

Exit calculation process and possibility of payoff during FMLA/TDL- Payroll will annualize your remaining payoff amount based on the remaining pay periods for the school year.

Salary Recalculation- Upon your return from FMLA/TDL, your pay will be recalculated based on how many work days remain and prorated based on the remaining pay periods.

Benefit Premiums – employee is responsible for making sure that all benefit(s) premiums and/or deductions are paid and up to date. I understand that if benefits are not paid they will be termed for non-payment.

Fitness for Duty - I must provide the Benefits Office in HR a fitness for duty form completed by my physician before I can return to work. If I have restrictions, these must be reviewed and approved before I am released to return.

Release of Liability form - Employee will be asked to sign if an accommodation is made & restrictions are approved

Special Note - I understand that Employees on an approved leave of absence are not allowed on campus/department worksite nor allowed to work from home. Human Resources will contact the Employee or supervisor should the need arise.

Expectant parents only - Employee is responsible for adding newborn child to their medical health plan within 30 days from the birth of the child. Enrollment is not automatic. Employees must present proof, i.e. verification of proof of birth, to the HR Department.

Rights and Responsibilities – A copy of an employee's rights/responsibilities is posted on the South San Antonio website for my review at www.southsanisd.net on the benefits page

IMPORTANT-Employees on intermittent - are responsible for informing Benefits office in HR, via email at Benefits@southsanisd.net within 24 hours that they are taking leave. You must indicate the date/time, amount of hours, when taking leave. Days WILL NOT retro if failure to notify.

Aesop – Campus employees MUST enter absences in AESOP; it is your responsibility not the secretary.

Kronos/Skyward –Employees not on Aesop MUST notify editor of any absence so they may enter in KRONOS/SKYWARD.

Employees that are on TDL only – do not qualify for the District contribution that is applied towards the cost of the medical health plan. The employee is responsible for the full premium cost. CRD Local

My signature acknowledges that I have read and understood the information listed above. I have had the opportunity to ask questions and/or obtain clarification.

Employee Signature

Date: _____