



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

5622 Ray Ellison Blvd. San Antonio, Texas 78242 (210)977-7042 Fax (210)977-7017

EMPLOYEE REQUEST FOR LEAVE FORM

Name of Employee (First, Middle Initial, Last) Telephone

Employee Address City State Zip

District Employee ID # Employee Position Campus/Department

Please check one of the following:

___ Temporary Disability Leave (*certified employees only*) - The maximum length of temporary disability leave is 180 calendar days from the date leave is to begin. (Runs concurrently with FMLA Leave). Failure to return to work after the allocated time can be grounds for termination. Educators whose position requires certification from the *State Board for Educator Certification* are eligible for TDL.

___ Temporary Disability Leave (*non-certified employees only*) – The maximum length of temporary disability leave is 90 calendar days from the date leave is to begin. You may **ONLY** apply for this leave once each school year. All DEC Regulations will apply. Leave runs concurrently with other leave if applicable.

___ Family and Medical Leave Act (FMLA)- No more than 12 weeks from July 1- June 30 concurrent with Temporary Disability(if applicable) . Must have worked for the employer for at least 12 months and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave. Employees are entitled to be restored to the same or an equivalent position at the end of FMLA leave. Failure to return to work after the allocated time can be grounds for termination. ___ Full-Time ___ Intermittent

___ Assault Leave- Entitled to the number of days of leave necessary to recuperate. At the request of an employee, the District must assign the employee to assault leave. Days of assault leave may not be deducted from accrued personal leave and must be coordinated with worker’s compensation benefits. Following an investigation of the claim in which a determination is made that the employee was not eligible for assault leave, the District may change the assault leave status and charge the leave against the employee’s accrued personal leave, or against the employee’s pay if insufficient accrued personal leave is available.

___ Military Leave- Maximum of 15 days in a fiscal year. Military orders must be submitted to the Human Resource Office.

Reason for request:

- a. ___ Birth of a son or daughter of employee and to care for such son or daughter
- b. ___ Placement of a son or daughter with employee for adoption or foster care
- c. ___ To care for a spouse, child, or parent with a serious health condition
- d. ___ Because of employee’s own serious health condition that makes him or her unable to perform job functions

If “c” please check one:

___ Spouse ___ Child ___ Parent

If “c” state name and address of relation:

SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Date you wish to commence (start) leave.

Last Day to Work

Date of anticipated return to work.

Eligible employees may take up to 12 weeks of leave on a fulltime basis, intermittent basis (in blocks), or reduced schedule basis (reduced number of hours per week or day). please indicate on which basis you wish to take leave.

Fulltime _____ Intermittent _____ Reduced Schedule _____

If intermittent or reduced schedule, please give a schedule of when you will be available for work.

The District requires employees of the District to use family and medical leave concurrently with their accumulated paid leave and with temporary disability leave if applicable (see Policy DEC Local). State law prohibits an employer from mandating the order in which employees take their accumulated paid leave. If you have accumulated state or personal leave available, **please indicate** the order in which you wish your accumulated leave to be used concurrently with your family and medical leave (i.e. 1, 2, 3 etc.)

- a. _____ Local personal leave
- b. _____ State personal leave
- c. _____ State sick leave accumulated prior to May 30, 1995
- d. Other: _____

Employees eligible for family and medical leave may take up to 12 weeks of unpaid leave. Upon request for family and medical leave for an employee's serious health condition or that of a spouse, parent, or child, and the employee shall provide medical certification of the illness or disability. To be eligible for family and medical leave, the employee must also have been continuously employee by the District for the past 12 months, and must have worked at leave 1,250 hours during the 12-month period prior to commencement of the leave. An employee seeking to return to work after a leave for his or her own serious illness, must provide a medical certification of the employee's ability to perform essential job functions before being allowed to resume work. Employees are required to use family and medical leave concurrently with paid leave and with temporary disability leave if applicable.

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 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.**

➔ **IMPORTANT:** *Employees must provide notice to the district 30 days before leave begins. For unforeseeable leave, three business days are allowed. After-the-fact requests will not be considered. DEC Local Policy.*

Employee Signature

Date

Please return to: South San Antonio ISD - Human Resources Department
5622 Ray Ellison Blvd.
San Antonio, TX 78242
Phone/Fax No.: (210) 977-7042 or (210) 977-7017 (Fax)
Email to: ipaine@southsanisd.net or mhflores@southsanisd.net



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

5622 Ray Ellison Blvd. San Antonio, Texas 78242 (210)977-7042 Fax (210)977-7017

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

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

- 1. Eligibility - FMLA/TDL must be approved by Human Resources Department.
2. Eligibility and Instructional Employees - The special 20% rule for instructional employees was explained.
3. Required Documents - FMLA Request Form & Physician's Certification Form must be on file; must be faxed from the physician to Human Resources.
4. Employees who purchased income disability benefits - You will receive assistance in completing and filing your Income Disability claim paperwork.
5. 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.
6. Applying leave - All available leave days will be applied towards your FMLA/TDL. I elect to use one of the following:
- Only available earned leave days (vacation, local, state); Signature: _____
- All available prorated leave days (vacation, local, state); Signature: _____
7. Comp Time - Comp time will be applied towards your leave. Do you have available comp time?
Yes No
8. Exit calculation process and possibility of payoff during FMLA/TDL was explained; remaining payoff amount will be annualized based on the remaining pay periods for the school year.
9. Recalculation and proration of pay upon returning from FMLA/TDL was explained.
10. Benefit Premiums - employee is responsible for making sure that all benefit(s) premiums and/or deductions are paid and up to date.
11. Return to Work Authorization/Fitness for Duty - Medical certification for a return to work status must be submitted 30 days prior to returning to work as per board policy.
12. If you are not returning until the next school year - Please see attached exist checklist and follow instructions.
13. 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.
14. Rights and Responsibilities - A copy of my rights/responsibilities form was provided.
15. IMPORTANT - Employees on an approved leave of absence are not allowed on campus/department worksite nor allowed to work from home.
16. Employees on intermittent - are responsible for informing HR Coordinator, via email at ipaine@southsanisd.net or mhflores@southsanisd.net within 24 hours that they are taking leave.
17. Aesop - Campus employees MUST enter absences in AESOP; it is your responsibility not the secretary.
18. Kronos - Employees not on Aesop MUST notify editor of any absence so they may enter in KRONOS.
19. OTHER - Employees not on AESOP or KRONOS MUST inform the editor of absences for proper recording.
20. 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: _____

**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
5622 RAY ELLISON DRIVE
SAN ANTONIO, TEXAS 78242**

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH
INFORMATION**

I authorize any health care provider including, but not limited to, any health care professional, hospital, clinic, or other medically related facility or service, to disclose any and all health information including physical examination results and notes; psychiatric/psychological evaluations; history, treatment and progress notes; laboratory results; and evaluations of my ability to perform work related functions, to duly authorized representatives of South San Antonio Independent School District who administer leave programs.

By my signature below, I further give my permission to South San Antonio Independent School District to have a health care provider representing South San Antonio ISD contact any of my health care providers who have submitted a medical certification form and seek clarification of and/or authenticate any aspect of my medical certification form.

I understand that any information South San Antonio Independent School District obtains pursuant to this authorization will be used for evaluating and administering my request for a leave of absence and for my return to work from a leave of absence.

This authorization is valid for one year from the date below. A photographic or electronic copy of this authorization is as valid as the original. I understand I am entitled to receive a copy of this authorization.

I may revoke this authorization in writing at any time except to the extent South San Antonio Independent School District has relied on the authorization prior to notice of revocation. I understand if I revoke this authorization, South San Antonio Independent School District may not be able to evaluate or administer my request for or continuation on a leave of absence, and that such a revocation may be the basis for denying a request for leave of absence or ending any leave of absence previously granted. I may revoke this authorization by sending written notice to the address above.

(Employee signature)

(Date Signed)

(Printed Employee Name)

(Employee ID Number)

I signed on behalf of the employee as _____ (indicate relationship). If Power or Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting the authority.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

South San Antonio ISD

WHD Publication 1420

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right protected under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300 (a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
www.wagehour.dol.gov