Document Status: Published

General Personnel

5:185 Family and Medical Leave

The District is committed to compliance with the Family and Medical Leave Act of 1993 (the "FMLA"). The FMLA allows eligible employees to take up to 12 weeks of job-protected, unpaid leave per year for certain specified reasons, and up to a total of 26 workweeks of leave to care for a family member who is a "covered servicemember" recovering from injury or illness incurred during active duty military service.[C1]

A description of your rights and responsibilities under the FMLA is included.

The following is a description of the District's specific policies and procedures relating to FMLA leave.

ELIGIBILITY
FMLA leave is available only to certain eligible employees. To be an "eligible employee" under the FMLA, you must:

1) have been employed by the District for a total of at least 12 months (not necessarily consecutive), and
2) have worked at least 1,000 hours for the District during the twelve months before the date on which your leave is to begin.

REASONS FOR FMLA LEAVE

If you are an eligible employee, you may take leave under the FMLA for the following reasons:

- For a serious health condition that makes you unable to perform the essential functions of your job;
- For the birth of your child, and to care for your newborn child;
- For the placement with you of a child for adoption or foster care;
- To care for your spouse, child (who is under 18 years of age or incapable of self-care due to a physical or mental disability), or parent (not a parent-in-law), who has a serious health condition;
- To address "qualifying exigencies" that arise because your spouse, son, daughter, or parent is a member of the Armed Forces who is on or has been notified of an impending covered active duty deployment to a foreign country;

- To care for a spouse, son, daughter, parent, or next of kin who is a "covered servicemember," while the covered servicemember is undergoing medical treatment, recuperation, or therapy; is in outpatient status; or is on the temporary disability retired list.

DEFINITIONS

Eligibility for FMLA leave will be determined in accordance with the definitions set forth in the FMLA and the applicable FMLA regulations in effect at the time your eligibility for leave is being determined. The following definitions are summaries provided for your convenience, and are not intended to modify the definitions set forth in the FMLA or the applicable regulations, to modify any rights that may exist under the FMLA, or to create any right to leave not otherwise required by the FMLA.

A. Serious Health Condition

For purposes of the FMLA, "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

1) In-patient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, or any period of incapacity or subsequent treatment connected with such in-patient care; or

2) Any period of incapacity (*i.e.*, inability to work, attend school, or perform other regular daily activities due to the condition, treatment for the condition, or recovery from treatment), which is:

a. More than three consecutive calendar days and involves
   i. One in-person treatment by a health care provider, a nurse under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, a physical therapist) under orders of, or on referral by a health care provider, followed by a second in-person treatment visit that occurs (absent extenuating circumstances) within 30 days of the first day of incapacity; or
   ii. One in-person treatment by a health care provider, a nurse under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, a physical therapist) under orders of, or on referral by a health care provider, that results in a continuing regimen of continuing treatment under the supervision of a health care provider; or
b. Due to pregnancy or prenatal care; or
c. Due to a chronic condition that requires period visits (at least twice per year) for treatment by a health care provider, or by a nurse under direct supervision of a health care provider, that continues over an extended period of time, and that may cause episodic rather than a continuing period of incapacity (for example, asthma, diabetes, epilepsy, etc.); or

d. Permanent or long-term conditions for which treatment may not be effective, but for which you or your family member are under the continuing supervision of (but need not be receiving active treatment by) a health care provider; or

3) 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 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, full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) or kidney disease (dialysis).

Ordinarily, the common cold, the flu, ear aches, upset stomach, minor ulcers, headaches other than migraines, routine dental or orthodontic problems, periodontal disease, *etc.*, are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave.

With regard to substance abuse (including alcohol abuse), FMLA leave may be taken only for treatment of substance abuse by or on referral from a health care provider. Absences caused by the employee's use of the substance, rather than for treatment, do not qualify for FMLA leave.

B. Health Care Provider

For purposes of the FMLA, "health care provider" means:

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the state in which the doctor practices;
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist), authorized to practice in the state and performing within the scope of their practice as defined under state law;
- Nurse practitioners, nurse midwives, clinical social workers and physician assistants who are authorized to practice under state law and who are performing within the scope of their practice under state law;
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts;
- Any health care provider from whom the District or the District's group health plan will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and

- A health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.

For purposes of the FMLA, "authorized to practice in the state" means that the health care provider is authorized by state law to diagnose and treat physical or mental health conditions.

C. Qualifying Exigency

For purposes of FMLA leave to address a "qualifying exigency" that arises because an employee's spouse, son, daughter, or parent is a member of the Armed Forces who is on or has been notified of an impending covered active duty deployment to a foreign country, the term "qualifying exigency" means the following:

- Issues that arise from the fact that a covered military member is notified of an impending deployment to a foreign country seven or fewer days before the date of deployment. Employees are eligible for leave for this purpose for a period of seven calendar days beginning on the day the military member is notified of the impending deployment.
- Attending military events and related activities, such as ceremonies, programs and briefings sponsored by the military, military service organizations, or the American Red Cross, that are related to the covered active duty deployment of a covered military member.
- Attending to childcare and school-related activities arising from a military member's covered active duty deployment, such arranging for alternative childcare, providing childcare on an urgent, immediate need basis (but not on a routine, regular, or everyday basis), enrolling in or transferring a child to a new school or day care facility, attending meetings with staff at a school or day care facility.
- Making financial and legal arrangements to address the covered military member's absence during a covered active duty deployment.
- Acting as the covered military member's representative before a government agency for purposes of obtaining, arranging, or appealing military service benefits while a covered military member is on a covered active duty deployment and for a period of 90 days following the end of the deployment.
- Attending counseling provided by someone other than a health care provider for oneself, for the covered military member, or his or her child;

- To spend time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may take up to fifteen days of leave for each instance of rest and recuperation.
- To attend to post-deployment activities, including official ceremonies and programs sponsored by the military for a period of 90 days following the termination of a covered military member's active duty deployment, and to address issues arising from the death of a covered military member while on covered active duty, such as recovering the body and making funeral arrangements.
- Parental care (allows family members to take time off to arrange for care for parents of military members who are incapable of self-care when the need for leave arises as a result of active duty or a call to active duty. This cannot be used for routine day-to-day care).
- Additional activities as agreed upon by the District and the employee.

Exigency leave protections apply to family members of military members who are in reserve units, retired Armed Forces and who are in the regular Armed Forces so long as the military member is on or has been notified of an impending covered active duty.

For purposes of this section, "covered active duty" means:

- For members of the Regular Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; or
- For members of the Reserve components of the Armed Forces (members of the National Guard and Reserves), duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in support of a contingency operation.

D. Leave to Care for a Covered Servicemember

The following definitions apply to leave to care for a "covered servicemember":

1) A "Covered servicemember" is either:
    a. A member of the Armed Forces (including a member of the national Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness, OR
    b. A veteran (as defined by federal law) who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

2) A "serious injury or illness" means:

a. In the case of a current member of the Armed Forces, an injury or illness incurred in the line of duty on active duty in the Armed Forces, or one that existed before the beginning of the covered servicemember's active military service, but that was aggravated by service in the line of active duty in the Armed Forces, that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; or
b. In the case of a veteran, a qualifying (as defined by the Department of Labor) injury or illness incurred by the member in the line of active duty on active duty in the Armed Forces, or one that existed before the beginning of the covered servicemember's active military service, but that was aggravated by service in the line of active duty in the Armed Forces, and that manifested itself before or after the member became a veteran.

3) "Next of kin" means the nearest blood relative, other than spouse, parent, son or daughter, in the following order of priority: blood relatives granted legal custody over the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins. If the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA, that relative (and only that relative) will be the covered servicemember' s next of kin. When no such designation is made and there are multiple family members with the same level of relationship to the covered servicemember, all such family members are considered the covered servicemember's next of kin.

AMOUNT OF LEAVE

Generally, eligible employees are entitled to take up to 12 weeks of leave in a single 12-month period for the reasons specified above. The "12-month period" used to calculate leave under the District's FMLA policy is the 12-month period measured forward from the date any employee's first FMLA leave begins.

Any full workweek period during which you would not have been required to work, including summer break, winter break and spring break, is not counted against your FMLA leave entitlement. Any leave taken for the birth or care of a child or the placement of a child for adoption or foster care must be completed within one year after the date of birth or placement.

If both you and your spouse are employed by the District and eligible for FMLA leave, you will be permitted to take only a combined total of 12 weeks of leave during a 12-

month period if leave is for the birth and care of a child, the placement of a child for adoption or foster care, or to care for a parent (not a parent-in-law) with a serious health condition for these reasons.

Eligible employees are also entitled to up to 26 workweeks of leave in a single 12-month period to care for a spouse, son, daughter, parent, or next of kin who is a "covered servicemember." The 12-month period for leave to care for a covered servicemember begins on the first day that an employee takes leave to care for a covered servicemember. During this period, the employee is entitled to a combined total of 26 workweeks of leave for any FMLA-qualifying reason, no more than 12 weeks of which may be for reasons other than to care for a covered servicemember. This leave is applied on a per-covered-servicemember, per-injury basis, meaning that an employee is entitled to only one 26-workweek allotment of leave per covered servicemember (unless the covered servicemember is later re-injured in the line of active duty). If both you and your spouse are employed by the District and are eligible for FMLA leave, you will be permitted to take only a combined total of 26 workweeks of leave during the single 12-month period for this reason.

HOW TO REQUEST FMLA LEAVE

If you need to take time off for reasons that you believe qualify for FMLA leave, you must comply with the District's Absence Notification Procedures. To request time off under this policy, you must notify Human Resources and fill out a FMLA Leave Request Form. If necessary, Human Resources will contact you to request additional information or documentation regarding your absence. Failure to comply with this policy or to provide documentation or information requested by Human Resources may result in delay or denial of requested time off, and/or discipline up to and including termination of employment.

You must follow the procedure below *each day you are absent*, unless your absence for that day has been scheduled and approved in advance. Note that this procedure applies to **all unscheduled absences**, not merely absences for which you seek FMLA leave.

When Notice is Required

Foreseeable Leave

If you know of your need for time off 30 or more days in advance, you must notify Human Resources and submit the FMLA Request for Leave form no later than 30 days before your time off begins, absent extenuating circumstances. If you provide less than

30 days' notice of your time off, you will be required to explain why it was not practicable for you to provide 30 days' notice.

If you know of your need for time off in advance but cannot provide 30 days' notice, you must notify Human Resources of your time off and submit the FMLA Request for Leave form as soon as practicable under the circumstances. In most cases, this will mean the same day you learn of your need for time off, or the next business day.

When scheduling time off, you will be expected to consult with your supervisor and Human Resources to work out a schedule for leave that, to the extent possible, meets your needs without unduly disrupting the District's operations.

Unforeseeable Leave

If you are unable to notify Human Resources of your need for time off and submit a FMLA Leave Request Form before the day on which your time off begins, you must call Human Resources at 309-752-1616 to report your expected absence no later than 1 hour before you are scheduled to begin work.

If you are not reasonably able to call in at least 1 hour before your scheduled start time, you must contact Human Resources as soon as practicable. If you are unable to call Human Resources personally, a spokesperson (such as your spouse, an adult family member, or another responsible party) may contact Human Resources on your behalf.

If you report late to work or must leave work during work hours for any reason, you must immediately notify your supervisor and Human Resources, and provide the information specified above. You must also submit a Time-Off Leave Request in Skyward or a completed Request for Leave Form to Human Resources before you leave the premises. In certain exceedingly rare circumstances, it may not be possible for you to notify Human Resources before you leave work. In these circumstances, you must notify Human Resources and submit the proper completed time off request as soon as practicable, and explain why you could not do so before you left work.

What Information Is Required

When you contact Human Resources to report your need for leave, you must provide at least the following information:

- The specific reason for your absence, with sufficient information to allow the District to evaluate your request;
- When your leave will begin and when you expect to return to work, including specific dates and times of absences, if known;

- A telephone number where you may be reached for further information.

Calling in "sick" without providing further information is not acceptable.

As soon as practicable, you also must submit a completed FMLA Leave Request Form to Human Resources.

INTERMITTENT AND REDUCED SCHEDULE LEAVE

When taking FMLA leave for your own serious health condition, to care for a family member with a serious health condition, or to care for a covered servicemember, you may take FMLA leave on an intermittent or reduced schedule basis, if the required health care provider's certification indicates that this is medically necessary. FMLA military family leave may also be taken on an intermittent or reduced schedule basis when necessary due to a qualifying exigency.

If you require foreseeable intermittent or reduced schedule leave, you will be expected to consult with Human Resources to work out a schedule for such leave that meets your needs without unduly disrupting the District's operations, subject to approval by the health care provider.

Likewise, if you need FMLA leave due to planned medical treatment for your own or a family member's serious health condition, you will be expected to consult with Human Resources to work out a treatment schedule that best suits your needs and the needs of the District, subject to approval by the health care provider. In some circumstances, the District may alter your existing job (while maintaining existing pay and benefits), or may temporarily transfer you to a different position with equivalent pay and benefits, to better accommodate your intermittent or reduced schedule leave.

The District may consider requests for intermittent or reduced schedule leave due to the birth, adoption or foster placement of a child, but is not obligated to grant such requests, and will do so only at its sole discretion.

SPECIAL RULES FOR INSTRUCTIONAL EMPLOYEES

For purposes of FMLA, instructional employees are those employees whose principal function is to teach and instruct students in a class, small group, or an individual setting, including teachers and athletic coaches. It does not include teacher aides who do not actually teach or instruct, social workers, curriculum specialists, or other auxiliary personnel.

A. Intermittent Leave

If an instructional employee requests intermittent or reduced schedule leave to care for a family member, a covered servicemember, or for the instructional employee's own serious health condition, and the instructional employee would be on leave for more than twenty percent of the instructional employee's total number of working days over the period the leave would extend, the district may require the instructional employee to choose either to:

- Take leave for a period of particular duration, not greater than the duration of the planned treatment, or
- Temporarily transfer to an available alternative position with equivalent pay and benefits which better accommodates the recurring periods of leave.

Leave taken by an instructional employee for a period that ends with the school year and begins with the next school year is taken consecutively rather than intermittently. Any period during summer vacation when the employee would not have been required to report for duty will not be counted against the employee's FMLA leave entitlement.

B. Limitations on Leave Near The End of an Academic Term

If an instructional employee begins FMLA leave more than five weeks before the end of a semester, the District may require the employee to continue taking leave until the end of the semester if the leave will last at least three weeks, and the employee would return to work during the three-week period before the end of the semester.

If an instructional employee begins FMLA leave during the five-week period before the end of a semester because of the birth of a son or daughter, the placement of a son or daughter for adoption or foster care, to care for a family member with a serious health condition, or to care for a covered servicemember, the District may require the employee to continue taking leave until the end of the semester if the leave will last more than two weeks, and the employee would return to work during the two-week period before the end of the semester.

If an instructional employee begins leave during the three-week period before the end of a semester because of the birth of a son or daughter, the placement of a son or daughter for adoption or foster care, to care for a family member with a serious health condition, or to care for a covered servicemember, the District may require the employee to continue taking leave until the end of the semester if the leave will last more than five working days.

If an employee who is ready and able to return to work is required to remain on leave until the end of the semester under this section, only the period of leave until the

employee is ready and able to return to work will be charged against the employee's 12-week FMLA leave entitlement, but the employee will have the same rights with respect to benefits and job restoration as if the period were FMLA leave.

ELIGIBILITY NOTICE

After you give notice of your need for FMLA leave, the District will provide you with a written notice advising you whether or not you are an "Eligible Employee" under the FMLA. The District will provide this eligibility notice within five business days after you give notice of your need to leave, absent extenuating circumstances. If you later make another request for FMLA leave within the same 12-month period, the District may elect not to provide another eligibility notice, unless your status as an eligible employee has changed. Note that even if you are an "eligible employee" under the FMLA, your request for leave may be denied if the District determines that your leave is not for an FMLA-qualifying reason, or if you have exhausted all available leave under the FMLA.

At the same time as it provides the eligibility notice, the District will provide you with a written notice advising you of any applicable rights and responsibilities relating to your requested FMLA leave.

CERTIFICATION

It is your responsibility to provide the District with any information needed to determine whether your leave qualifies as FMLA leave. The FMLA requires you to respond to reasonable requests for information regarding your leave, and your failure to do so may result in delay or denial of your requested leave. In addition, you may be required to provide the certifications described below. It is your obligation to provide a complete and sufficient certification form to the District within 15 calendar days after the District requests it. If it is not practicable for you to provide a completed, sufficient certification form within 15 days despite your diligent, good faith efforts to do so, you must contact Human Resources to explain the situation.

If you return a certification form but it is incomplete (i.e., one or more items are left blank) or insufficient (i.e., responses are vague, illegible, ambiguous, or non-responsive), the District will notify you of the deficiency. You will then have 7 calendar days to provide a complete, sufficient certification. If it is not practicable for you to provide a completed, sufficient certification form within 7 days despite your diligent, good-faith efforts to do so, you must contact the District to explain the situation.

A. Certification of a Serious Health Condition

If you are requesting FMLA leave due to your own serious health condition, or to care for a family member with a serious health condition, you will be required to provide a health care provider's certification on a form that will be provided by the District.

Authentication and Clarification

The District may contact the health care provider to authenticate a completed certification form by providing the health care provider a copy of the form and requesting verification that the information contained on the form was written or authorized by the health care provider who signed the document.

Additionally, the District may request clarification of information on the certification form, and may ask you to sign, or have your family member sign, a release form authorizing the health care provider to communicate with the District for the purpose of clarifying the certification. If the certification is unclear and you fail to provide a signed authorization or otherwise clarify the certification, the District may deny your request for FMLA leave.

Second and Third Opinions

The District may require you to obtain a second certification at the District's expense from a health care provider designated by the District. If the second health care provider's certification differs from your health care provider's certification, the District may require you to obtain certification from a third health care provider, again at the District's expense. The third health care provider will be designated or approved jointly by you and the District. You and the District are required to act in good faith to attempt to reach agreement on a third health care provider. The third opinion will be final and binding.

Recertification

If you take leave due to your own or a family member's serious health condition, you may be required to submit a complete and sufficient recertification from your health care provider as often as every 30 days in conjunction with an absence. If your health care provider's initial certification specifies that the minimum duration of the condition for which you are taking leave is longer than 30 days, you may be required to submit a recertification in conjunction with an absence when the minimum duration expires, or every six months, whichever is less. You also may be required to provide a recertification if you request an extension of leave, the circumstances described in the original certification have changed significantly, or the District receives information raising doubt as to the stated reason for your leave or the continuing validity of the previously-provided certification. The District will provide you with the required recertification form when a recertification is required.

B. Certification of a Qualifying Exigency

If you request FMLA leave due to a qualifying exigency arising out of the active duty deployment of a member of the Armed Forces, you will be required to submit a complete and sufficient certification form provided to you by the District, and to provide the documentation requested therein. If the qualifying exigency for which you are taking leave involves a meeting or appointment with a third party, the District may contact the third party for purposes of verifying the meeting or appointment and the nature of the meeting or appointment. The District also may contact an appropriate unit of the Department of Defense to request verification that the covered military member is on active duty or call to active duty status.

C. Certification for a Covered Servicemember

If you request leave to care for a covered servicemember with a serious injury or illness, you will be required to obtain a certification from the servicemember' s authorized health care provider on a form provided to you by the District. Any one of the following may complete this certification: A U.S. Department of Defense ("DOD") health care provider; a U.S. Department of Veteran's Affairs health care provider; a DOD TRICARE network authorized private health care provider; or a DOD non-network TRICARE authorized private health care provider.

The District may contact the health care provider to authenticate a completed certification form by providing the health care provider a copy of the form and requesting verification that the information contained on the form was written or authorized by the health care provider who signed the document.

Additionally, the District may request clarification of information on the certification form, and may ask that the covered servicemember sign a release authorizing the health care provider to communicate with the District for the purpose of clarifying the certification. If the certification is unclear and you fail to provide a signed authorization or otherwise clarify the certification, the District may deny your request for FMLA leave.

DESIGNATION OF FMLA LEAVE

The District will provide you with a written notice advising whether your leave will be designated as FMLA leave. Absent extenuating circumstances, the District will provide this notice within five business days after it receives sufficient information to determine whether your requested leave is for an FMLA-qualifying reason. If the District does not provide the designation notice within the time specified above, the District may retroactively notify you that time off will be designated as FMLA leave if the delay in providing this notice does not cause you harm or injury, or if you and the District agree that the time off will be designated as FMLA leave.

WHILE YOU ARE ON FMLA LEAVE

A. Unpaid Leave and Substitution of Paid Leave

FMLA leave is generally unpaid. However, if you have any accrued compensatory or paid leave days, this paid time off must be used concurrently with your FMLA leave, and must be exhausted before unpaid portion of your FMLA leave commences.

If you are taking FMLA leave due to your own serious health condition that renders you unable to work, any disability benefits for which you are otherwise eligible under a disability benefit plan or workers' compensation law may be used in conjunction with paid vacation or sick time, provided that total payments do not exceed 100% of your normal base pay, and provided that you comply with all applicable terms and conditions of the disability benefit plan or workers' compensation law.

B. Health Benefits

If you are enrolled in the District's group health and vision insurance plan and wish to continue this coverage while you are on FMLA leave, you will be responsible for paying the employee share of the premiums during any period of FMLA leave. The District will provide you with instructions for paying health and vision insurance premiums during your leave. The District will continue to pay its share of the premiums for your group health and vision insurance coverage while you are on FMLA leave, unless you notify the District of your intent not to return to work following leave. If you do not pay your share of health and vision insurance premiums while you are on FMLA leave, you may be dropped from plan coverage until you return to work.

If you do not return to work upon completion of your FMLA leave, you may be required to repay the District for any premiums paid by the District to maintain your group health and vision insurance coverage during your leave, unless the failure to return to work was due to the recurrence or onset of a serious health condition or injury or illness of a covered servicemember, which would otherwise entitle you to FMLA leave, or due to other circumstances beyond your control.

C. Other Benefits

The District is not obligated to maintain life insurance or other benefits while you are on FMLA leave. To continue such benefits during any period of unpaid FMLA leave, you will be required to pay the entire cost of such benefits. The District will provide you with instructions for making these payments.

Consistent with District policy for all types of leave, you will not accrue vacation or other benefits while you are on unpaid FMLA leave. Additionally, you will not be paid for holidays that occur during the leave. However, the leave period will be treated as continuous service (i.e., no break-in-service) for purposes of vesting and eligibility to participate in the District's retirement plan.

REPORTING REQUIREMENTS DURING LEAVE

While on FMLA leave for a period of more than one work week at a time, you will generally be required to contact Human Resources at least once per week to report on your status and confirm your intention to return to work on the scheduled date, as required under the District's Absence Notification Policy.

You must notify the District of any change in your expected return to work date (i.e., if you will require more leave than originally anticipated, or if you will return to work earlier than expected) within two business days after you learn of such a change. If this is not possible due to an unforeseen change in circumstances, you must notify the District of the change as soon as practicable under the circumstances.

REINSTATEMENT AT THE CONCLUSION OF LEAVE

If you timely return from FMLA leave and used the leave for the stated purpose, you generally will be reinstated to the same position you held when you began your leave, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment. However, you may not be reinstated if your employment would have terminated for reasons unrelated to your FMLA leave, or if you are unable to perform any essential functions of your job (with or without any required accommodations).

Additionally, the FMLA provides a limited exception to the District's reinstatement obligation for "key" employees. A "key" employee is a salaried, FMLA-eligible employee who is among the highest-paid 10% of employees located within 75 miles of the work site in question. Under limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, the District may deny reinstatement to a key employee after FMLA leave. The District will notify you if you are a "key" employee at the time leave is requested, will notify you if it decides to deny restoration, and will provide you a reasonable opportunity to return to work after providing such notice.

Before returning to work from FMLA leave lasting more than three consecutive work days (or for an absence of a shorter duration that gives rise to a reasonable safety concern regarding your ability to safely perform you job), you will be required to submit

a certification from your health care provider that you are able to resume work. If requested, this certification must specifically confirm that you are able to perform the essential functions of your position, as set forth in the job description provided to you by the District.

PROHIBITIONS

Consistent with the District's policy regarding all types of leave, the following conduct is strictly prohibited in relation to FMLA leave:

- Engaging in fraud, misrepresentation or providing false information to the District or any health care provider.
- Having other employment during the leave, without prior written approval from the District.
- Failure to comply with the employee's obligations under this policy.
- Failure to timely return from the leave.

Employees who engage in such conduct will be subject to loss of benefits, denial or termination of leave, and discipline, up to and including discharge.

THE DISTRICT'S COMMITTMENT

The District will not interfere with, restrain, or deny the exercise of any right provided by the FMLA, nor will it discharge or discriminate against any individual for opposing any practice or involvement in any proceeding relating to the FMLA. The District recognizes the co-existence of state and/or local laws regarding family and medical leave. Where such laws apply and provide greater family and medical leave rights than the FMLA, the District will comply with those laws.

LEGAL REF:

29 U.S.C. §2601 et seq., Family and Medical Leave Act; 29 C.F.R. Part 825.

105 ILCS 5/24-6.4.

CROSS REF.: 5:180 (Temporary Illness or Temporary Incapacity), 5:250 (Leaves of Absence), 5:310 (Compensatory Time-Off), 5:330 (Sick Days, Vacation, Holidays, and Leaves)

ADOPTED: September 9, 2013

REVISED: February 14, 2022

REVIEWED:

PRESSPlus Comments

C1 This policy is suggested to be reviewed by the Board. According to policy 2:240, *Board Policy Development*, "[t]he Board will periodically review its policies for relevancy, monitor its policies for effectiveness, and consider whether any modifications are required." IASB suggests that each policy in the Board's policy manual be reviewed at a minimum of every five years. As part of the review, the Board may choose to:

- Compare the adopted version to the current PRESS sample (available at PRESS Online by logging in at www.iasb.com), discussing any differences and/or options noted in the footnotes to determine whether local changes are necessary
- Update the policy language due to changes in local conditions
- Make no changes, but update the adoption date to reflect that the policy has been reviewed and re-adopted

Issue 122, June 2026