

**FAMILY AND MEDICAL LEAVE POLICY  
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Marathon County Children with Disabilities Education Board (MCCDEB) will grant family and medical leaves of absence in accordance with both the Wisconsin and federal Family and Medical Leave Acts ("FMLA"). Eligible employees may take up to a total of 12 work weeks during a 12 month period of unpaid family or medical leave for:

- \* The birth or placement of a child for adoption, or under the federal FMLA, for foster care (child rearing leave);
- \* To care for the employee's spouse, child, or parent (but not a parent in-law under the federal FMLA) with a serious health condition (family care taking leave);
- \* For the employee's own serious health condition which renders the employee unable to perform his/her job (medical leave).
- \* Qualifying exigency for covered military member.
- \* Care for ill or injured covered service member.

Should this policy conflict in any way with the applicable federal and state statutes or regulations, then the statutes, shall control to the extent required by law.

## **I. General Requirements.**

### **A. Eligibility**

1. Employees who have been employed by MCCDEB for 52 consecutive weeks and who have worked one thousand (1,000) hours during the preceding fifty-two (52) weeks are eligible for Wisconsin FMLA leave.
2. Employees who have worked for MCCDEB for a total of at least 12 months and have worked at least 1,250 hours in the preceding 12 months are eligible for federal FMLA leave.

### **B. Length of Child Rearing, Military, Family Care taking and Employee Medical Leave**

1. Under the federal FMLA, an employee is entitled to up to a total of twelve (12) work weeks during a 12 month period for any combination of child rearing, family care taking or employee medical leave.
2. Under the Wisconsin FMLA, during a 12 month period, an employee is entitled to: (1) six (6) weeks of child rearing leave; two (2) weeks of family leave to care for a spouse, child or parent with a serious health condition; and (3) two (2) weeks so leave for the employee's own serious health condition.
3. Wisconsin and federal FMLA leaves run concurrently. That is, if leave qualifies for both Wisconsin and federal FMLA leave, the leave used counts against the employee's entitlement under both laws. Leave taken under worker's compensation also runs concurrently with FMLA leave. In addition, leaves provided by MCCDEB for the same purposes will run concurrently with FMLA leave; that is, if the leave qualifies as both a MCCDEB leave and FMLA leave, the leaves will be counted against the employee's entitlement to both leaves. For example, sick leave provided by MCCDEB that also qualifies

as medical leave under state and/or federal law will be deducted from an employee's entitlement to leave under the state and/or federal FMLAs.

4. Under the federal FMLA, spouses employed by MCCDEB are jointly entitled to a combined total of 12 work weeks of family leave for the birth or placement of a child for adoption or foster care and to care for a parent (but not a parent-in-law) who has a serious health condition.
5. Up to 26 weeks of Military Caregiver leave in a 12 month period.

### C. **Definitions**

1. **Spouse** means an employee's legal husband or wife.
2. **Child** means a biological, adopted or foster child, stepchild, legal ward, or under the federal FMLA, the child of a person having day-to-day care of the child. Child includes a person 18 years of age or older who is incapable of self-care because of a mental or physical disability.

Under the federal FMLA, "incapable of self-care" means the individual requires active assistance or supervision to provide daily self-care in three or more "activities of daily living" or "instrumental activities of daily living", including adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, or instrumental activities such as shopping, taking public transportation, maintaining a residence, etc.

3. **Parent** under the Wisconsin FMLA, means a natural parent, foster parent, adoptive parent, stepparent or legal guardian of an employee or an employee's spouse.

Under the federal FMLA, parent means a biological parent or an individual who provides or provided day-to-day care to the employee when the employee was a child. Parent does not mean a parent-in-law.

4. **Serious Health Condition** means an illness, injury, impairment or physical or mental condition that involves:
  - a. Under Federal Criteria:
    - \* Illness, injury, impairment, or physical or mental condition involving incapacity or treatment connected with inpatient care in hospital, hospice.
    - \* Residential medical-care in hospital, hospice, or residential medical-care facility.
    - \* Continuing treatment by a health care provider involving:
      - (a). Incapacity or absence of more than 3 days from work, school, or other activities.
      - (b). Chronic or long term condition incurable or so serious if not treated would result in incapacity of more than 3 days.
      - (c). Prenatal care.

b. Under State Criteria:

\* Means a disabling physical or mental illness, injury, impairment or condition involving inpatient care in a hospital, nursing home or hospice, or out-patient care that requires continuing treatment or supervision by a health care provider.

5. **Week** generally means five work days of leave.

**D. Federal FMLA 10-Step Process**

1. Employee states need for FMLA leave/completes FMLA application.
2. Determine if employee gave proper notice.
3. Determine eligibility.
4. Give written Notice of Eligibility or written reason for ineligibility (WH-381).
5. For eligible employees also complete the Notice of Employee Rights and Responsibilities Form.

\* Note: Numbers 4 and 5 are included on the new form, the Notice of eligibility & Employee Rights and Responsibilities.

6. Provide Certification Form.
7. Determine if Medical certification was timely received.
8. Determine if certification is sufficient and request further information, if needed.
9. Provide employee with Designation Notice Form (WH-382).
10. Keep Track of FMLA used and notify employee of usage.

**E. Required Employee Notice**

1. Families and Medical Leave Application
  - a. Sufficiently explain reasons for leave

\*Calling in is sick is not considered sufficient notice.
  - b. Leave may be denied if the employee fails to adequately explain the reason for leave.
  - c. Employee must inform you if the leave is for a reason which was previously certified.

**EMPLOYEE ELIGIBILITY WORKSHEET  
For Family & Medical Leave**

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <p>1. Do ALL of the following apply:</p> <ul style="list-style-type: none"> <li>• The employer employs 50 or more people within a 75-mile radius of the employee's worksite (surface miles, not air miles), and</li> <li>• The employee has been on the payroll for any 12 months within the last 7 years (need not be consecutive months)?</li> <li>• The employee <u>actually worked</u> at least 1,250 hours in the <u>preceding</u> 12-month period?</li> </ul> | Y | N |
|---|---|---|

**If No, the employee is not eligible for FMLA leave. If Yes, proceed.**

- |   |   |   |
|---|---|---|
| <p>2. Is leave being requested for one of the following:</p> <ul style="list-style-type: none"> <li>• The birth of employee's child, or the placement of a child with the employee for adoption or foster care?</li> <li>• A qualifying reason related to an employee's spouse, child, or parent's active duty or call to active duty with the Armed Forces?</li> </ul> | Y | N |
|---|---|---|

**If Yes, then employee is entitled to 12 weeks of FMLA leave. If No, proceed.**

- |   |   |   |
|---|---|---|
| <p>3. Is leave being requested for the care of an employee's spouse, child, parent, or next of kin who is a member of the Armed Forces and who suffered a serious illness or injury while on active duty?</p> | Y | N |
|---|---|---|

**If Yes, then employee is entitled to 26 weeks of FMLA leave. If No, proceed.**

- |   |   |   |
|---|---|---|
| <p>4. Is leave being requested for one of the following:</p> <ul style="list-style-type: none"> <li>• The employee</li> <li>• The actual care for the physical or psychological needs of:             <ul style="list-style-type: none"> <li>○ Employee's child (step, foster, biological, legal ward, or <i>in loco parentis</i>) who is under 18 or incapable of self-care,</li> <li>○ Employee's parent (step, foster, biological, legal ward or <i>in loco parentis</i>), or</li> <li>○ Employee's spouse?</li> </ul> </li> </ul> | Y | N |
|---|---|---|

**If No, then no FMLA leave entitlement. If Yes, proceed.**

- |   |   |   |
|---|---|---|
| <p>5. Does the leave to an illness, injury, impairment, or physical or mental condition that leaves the individual incapable of engaging in work, school or daily activities?</p> | Y | N |
|---|---|---|

**If No, then no FMLA leave entitlement. If Yes, proceed.**

- |                                 |   |   |
|---------------------------------|---|---|
| <p>6. Answer the following:</p> | Y | N |
|---------------------------------|---|---|

- |   |                 |
|---|-----------------|
| <ul style="list-style-type: none"> <li>• Does the condition require inpatient care in a hospital or residential care facility?</li> </ul>   | <p>Y      N</p> |
| <ul style="list-style-type: none"> <li>• Has the condition lasted more than 3 consecutive calendar days with either of the following:           <ul style="list-style-type: none"> <li>○ Two or more treatments either by or under the supervision of a health care provider, or</li> <li>○ One treatment by a health care provider with a continuing regiment of treatment?</li> </ul> </li> </ul> | <p>Y      N</p> |
| <ul style="list-style-type: none"> <li>• Does the condition involve pregnancy or prenatal care with or without a health care provider visit (e.g., morning sickness)?</li> </ul>  | <p>Y      N</p> |
| <ul style="list-style-type: none"> <li>• Is the condition a chronic health condition that continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity with or without a provider visit?</li> </ul>   | <p>Y      N</p> |
| <ul style="list-style-type: none"> <li>• If the condition a permanent or long-term condition for which treatment may not be effective, which is under the supervision but not necessarily active treatment) of a health care provider?</li> </ul>   | <p>Y      N</p> |
| <ul style="list-style-type: none"> <li>• Is the leave for multiple treatments for restorative surgery, or for a condition that would likely result in a period of incapacity for more than 3 days if left untreated?</li> </ul>   |                 |

**If the answer to any of the above is Yes, then employee is entitled to 12 weeks of FMLA leave. If all the above are answered No, then no FMLA entitlement.**

Total weeks of FMLA leave \_\_\_\_\_

## II. **Child Rearing Leave**

### A. **Purpose**

Unpaid child rearing leave may be taken for:

1. The birth of the employee's natural child;
2. The placement of a child with the employee for adoption or, under Wisconsin law, as a precondition to adoption under Sec. 48.90(2), Wis. Stats., but not both; or
3. Under federal law, the placement of a child for foster care.

### B. **Length of Child Rearing Leave**

1. Under Wisconsin law, an employee is entitled to up to six (6) weeks of child rearing leave. Leave must begin within 16 weeks of the child's birth or adoption.
2. Under federal law, an employee is entitled to up to twelve (12) weeks of child rearing leave. Entitlement to leave for the birth or placement of a child for adoption expires at the end of the 12-month period beginning on the date of the birth or placement.
3. Wisconsin and federal child rearing leaves run concurrently.
4. Under the federal FMLA spouses employed by MCCDEB are jointly entitled to a combined total of 12 work weeks of child rearing leave.

### C. **Substitution**

1. Under Wisconsin law, an employee may substitute accrued leave, such as vacation or sick leave, for unpaid child rearing leave.
2. After Wisconsin FMLA leave has been exhausted, MCCDEB will require accrued paid vacation or other leave to be substituted for part or all of the remaining federal FMLA leave.

### D. **Non-continuous Leave**

1. Under the Wisconsin FMLA, leave may be taken in non-continuous increments (as an intermittent or as a partial absence from employment) of no less than **one** hour, provided that the last increment of leave begins within 16 weeks of the birth or placement of the child. Any remaining child rearing leave must be taken in a single block.

2. Federal FMLA leave for the birth or placement of a child for adoption or foster care may not be taken in non-continuous increments.
3. Intermittent or partial absence leave must be scheduled so that it does not unduly disrupt MCCDEB's operations.

### III. **Family Care taking Leave**

#### A. **Purpose**

Unpaid family care taking leave may be used to care for the employee's spouse, child, parent or, under Wisconsin law, parent-in-law, who has a serious health condition as defined under the Wisconsin and federal FMLAs.

#### B. **Length of Family Care Taking Leave**

1. Under the Wisconsin FMLA, two (2) weeks of family care taking leave may be taken in during a 12 month period.
2. Under the federal FMLA, up to twelve (12) weeks of leave may be taken during a 12 month period.
3. Wisconsin and federal FMLA leaves run concurrently.
4. Spouses employed by MCCDEB are jointly entitled to a combined total of 12 work weeks of family care taking leave to care for a parent (but not a parent-in-law) who has a serious health condition.

C. **Substitution:** An employee may substitute a maximum of two (2) weeks of paid accrued leave, such as vacation or sick leave, for two weeks of unpaid leave available under the Wisconsin FMLA. After Wisconsin FMLA leave has been exhausted, MCCDEB will require that any paid vacation or other leave be substituted for part or all of the remaining leave period.

#### D. **Non-Continuous Leave**

1. Non-continuous leave (intermittent or partial absence) may be taken to care for a family member with a serious health condition when medically necessary for treatment, recovery from treatment, or recovery from a serious health condition. Leave should be planned so as not to unduly disrupt MCCDEB's operations.
2. Under the federal FMLA, an employee requesting non-continuous family care taking leave may be required to transfer temporarily to an available alternative position offered by MCCDEB for which the employee is qualified and which better accommodates recurring periods of leave than the regular employment position of the employee. The employee will be entitled to equivalent pay and benefits, but will not necessarily be assigned the same duties in the alternate position.

#### IV. **Military Family Leave (Two Types of Leave)**

##### **A. Purpose**

Qualifying Exigency Leave may be taken by an eligible employee for any qualifying exigency arising out of the fact that a covered military member (National Guard or Reserve only) is on active duty or call to active duty status

Regulations define “Qualifying exigency in nine categories: Short notice deployment (7-day limit), Military events & related activities (including providing care), Financial & Legal arrangements, Counseling, Rest & recuperation (15-day limit), Post-deployment activities (within 90 days after duty), parental care, and additional activities related to active duty or call to duty as agreed by the employer and employee.

Qualifying Exigency Leave includes: Parent, Spouse, Son, Daughter.

Military Caregiver Leave may be taken by an eligible employee to care for a covered service member with a serious injury or illness.

Qualifying Military Caregiver Leave includes: Parent, Spouse, Son, Daughter, Next of Kin

Parental Care Leave may be taken by an eligible employee to care for the parent of a military member, or someone who stood in loco parents to the military member, when the parent is incapable of self-care and the need for leave arises out of the military member’s covered active duty of call to covered active duty status.

##### **B. Length of Military Family Leave**

###### **1. General Conditions**

- a. Spouses employed by the same employer may be required to share the combined 26 weeks.
- b. May be taken intermittently or on a reduced schedule.
- c. Employee may be temporarily transferred to a position that better accommodates the schedule.
- d. Same substitution of pay provisions as other FMLA
- e. Generally, the same notice provisions.

2. Separate Conditions

a. Qualifying Exigency Leave:

An eligible employee may take up to 12 weeks of leave per year because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

b. Military Caregiver Leave.

Entitled to a total of 26 workweeks of leave during a single 12-month period to care for the service member

\* Only available during a single 12-month period per service member, per injury

\* Must be counted from date leave begins

\* Requires a rolling forward year for this leave type only

\* The employee may not take more than 26 weeks in a single 12-month period

**C. Definitions**

1. Son or Daughter

a. *Of a covered service member:*

-Biological, adopted, foster, or stepchild, legal ward, or child for whom the service member stood in loco parentis.

-Of any age.

b. *On active duty or call to active duty:*

-Employee's biological, adopted, foster or step child, legal ward, or child for whom the employee stood in loco parentis.

-On active duty or call to active duty status.

-Of any age.

2. Next of Kin (Unless service member has designated a single blood relative as next of kin.)

- a. Nearest blood relative other than spouse, parent, son or daughter, in order of priority:
  - Blood relatives who have been granted legal custody of the covered service member by the court decree or statutory provisions.
  - Brothers and sisters
  - Grandparents
  - Aunts, Uncles, and first cousins

If multiple kin at the same level, all may provide care either consecutively or simultaneously.

3. Covered Service member (as used in Military Caregiver Leave)
  - 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”
4. “Serious Injury or illness” is different from an FMLA “serious health condition”
  - a. An injury or illness incurred that renders a covered service member medically unfit to perform duties of the member’s rank, grade or rating.

## V **Employee Medical Leave**

### A. **Purpose**

Unpaid medical leave may be used by an employee who has a serious health condition, as defined by law, which makes the employee unable to perform his/her job duties.

### B. **Length of Medical Leave**

1. Under the Wisconsin FMLA, an employee may take up to two (2) work weeks of medical leave during a 12 month period.
2. Under the federal FMLA, an employee may take up to 12 work weeks during a 12 month period.
3. Federal and Wisconsin FMLA leaves run concurrently.

### C. **Substitution**

For two (2) weeks of medical leave available under the Wisconsin FMLA, an employee may choose to substitute accrued paid vacation or other accrued leave for unpaid FMLA leave.

After Wisconsin leave has been exhausted, MCCDEB will require that any accrued leave, such as vacation or other leave, be substituted for part or all of the remaining leave.

**D. Scheduling Employee Medical Leave**

1. An employee may schedule medical leave as medically necessary.
2. Where practicable, medical treatment should be scheduled so that it does not unduly disrupt the MCCDEB's operations.
3. When medically necessary, an employee may take employee medical leave as an intermittent or as a partial absence from employment increments of no less than **one** hour(s). An employee who does so shall schedule the intermittent or partial absence so it does not unduly disrupt the MCCDEB's operations.

**VI. Medical Certification**

- A. If an employee requests a family care taking or employee medical leave under this policy, the employee must obtain a Medical Certification Form. This form must be fully completed by the employee and the health care provider treating the family member or employee, and returned to the MCCDEB not later than fifteen (15) days after notification of this requirement.
- B. If the requirements for a certification are not complied with, MCCDEB may delay or deny leave and the absence will be considered unexcused unless internal leave policies excuse the absence.
- C. The MCCDEB may require a second and/or third health care provider certification at the MCCDEB's expense. MCCDEB may also require periodic reports during federal FMLA leave regarding the employee's status and intent to return to work.
- D. **Approval is on leave year basis.**
  1. If need lasts beyond leave year, employee can be required to provide a new medical certification in each subsequent leave year.
    - a. Second opinion may be requested on new certification.
- E. Four Certification Forms
  - FMLA Certification of Health Care Provider for Employee's Serious Health Condition (WH-380E)
  - FMLA Certification of Health Care Provider for Family Member's Serious Health Condition (WH-380F)
  - Certification of Qualifying Exigency for Military Family Leave (WH-384)

- Certification for Serious Injury or Illness of Covered Service member for Military Family Leave (WH-385)

## VII. **Insurance and Benefits**

- A. The MCCDEB will maintain group health insurance coverage under the same conditions that applied before the leave began. If, prior to the leave, the employee was required to participate in the premium payments, an employee on leave is required to continue to pay his/her share of the premiums. An employee's failure to make the required payments may result in termination of the employee's insurance coverage. The MCCDEB's obligation to maintain health and dental benefits will stop if and when an employee informs the MCCDEB of an intent not to return to work at the end of the leave period or if the employee fails to return to work when leave entitlement has expired.
- B. If an employee is on a paid leave, the employee's contribution to the health insurance premium will be deducted from the employee's paycheck. If the employee is on an unpaid leave, a schedule of payments to the MCCDEB will be arranged with the employee.
- C. The MCCDEB may recover premiums it paid to maintain health insurance coverage for an employee who fails to return to work. An employee must return to work for at least 30 calendar days in order to be considered to have "returned" to work. However, an employee's liability to repay health insurance premiums does not apply if his or her failure to return to work is due to continuation of a serious health condition or specific circumstances beyond the control of the employee.

## VIII. **Return from Leave**

### A. **Fitness for Duty**

An employee returning from medical leave may be required to obtain medical certification from the health care provider that she/he is able to resume work.

### B. **Position**

Subject to the conditions set forth for Instructional Employees in paragraph C below, an employee returning from family and/or medical leave can return to his or her old position, if vacant, at the time the employee returns to work. If the position is no longer vacant, the employee will be returned to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

### C. **Instructional Employee**

- 1. Special rules apply to the taking of intermittent or reduced leave, or leave near the end of a school semester, by Instructional Employees. "Instructional Employees" are those employees whose principle function is to teach and instruct students in a class. This term includes not only teachers, but also athletic coaches, driving instructors and special education assistants such as

signers for the hearing impaired. It does not include teacher assistants or aides whose principal job duty is not teaching or instructing, or cafeteria workers, maintenance workers, or bus drivers.

2. The following applies to instructional employees while solely on or returning from federal FMLA leave (i.e., after applicable Wisconsin leave entitlement is exhausted);
  - a. **Summer Recess:** Leave taken for a period that ends with the school year and begins the next semester is leave taken consecutively rather than intermittently. The period during the summer vacation when the employee would not have been required to report for duty is not counted against the employee's FMLA leave entitlement. An employee who is on FMLA leave at the end of the school year is entitled to any benefits over the summer vacation that the employee normally would have received if the employee had been working at the end of the school year.
  - b. **End of Semester Leave:** The following provisions apply to an instructional employee's leave near the end of an academic semester.
    - (1) If the leave begins more than five weeks before the end of a semester, the MCCDEB may require the employee to continue taking leave until the end of the semester if:
      - (a) the leave will last at least three weeks, and
      - (b) the employee would return to work during the three-week period before the end of the semester.
    - (2) If the employee begins leave for a purpose other than the employee's own serious health condition during the five-week period before the end of a semester, the MCCDEB may require the employee to continue taking leave until the end of the semester if:
      - (a) the leave will last more than two weeks, and
      - (b) the employee would return to work during the two-week period before the end of the semester.
    - (3) If the employee begins leave for a purpose other than the employee's own serious health condition during the three-week period before the end of a semester, and the leave will last more than five working days, the MCCDEB may require the employee to continue taking leave until the end of the semester.
3. If the MCCDEB requires an instructional employee to stay on leave until the end of the school semester in accord with the above provisions, the MCCDEB

will not count the additional leave against the employee's FMLA leave entitlement. In addition, the MCCDEB will maintain the employee's group health insurance as if the employee were working and restore the employee to the same or equivalent job, including other benefits, at the conclusion of the leave.

4. The determination as to how an employee is to be restored to "an equivalent position" upon return from FMLA leave is made on the basis of established MCCDEB policies and practices, relevant provision of collective bargaining agreements, and provisions of the federal FMLA.
- D. Upon advance notice, an employee may return to work prior to the scheduled end of his or her leave. An employee shall be returned to his or her old position or an equivalent position within a reasonable time after the request to return to work early is made.

#### IX. Unpaid Leave of Absence

- A. Employees giving two (2) weeks prior notice, may, at the discretion of the department head, be granted an unpaid personal and/or medical leave of absence not to exceed forty-five (45) calendar days OR 260 hours upon presenting a written request to the department head. Employees should use eligible paid leave prior to requesting an unpaid leave of absence.
- B. An employee may, at the discretion of the department head, retain a maximum of 40 hours total in eligible leave banks. For examples: medical leave would include all leave banks; personal leave would include all leave banks except for sick leave. The employee may elect to retain more than 40 hours of leave if :
  1. on an approved Wisconsin FMLA leave
  2. is receiving worker's compensation benefits, or
  3. has met their elimination period for Income Continuation Insurance
- C. Leaves of absence beyond forty-five (45) calendar days or 260 hours and extensions of leaves of absence may be granted upon the approval of the Human Resources, Finance and Property Committee.
- D. Leave of absence shall not be granted for the purpose of accepting employment with another employer.
- E. If the employee is paid less than 50% of his/her standard hours per pay period, the employee's full insurance premiums (employee + County's portion) will be prorated based on hours paid. Additional contributions are not required when an employee is on approved FMLA leave.
- F. In order to receive your biweekly time off accrual, an employee must be paid at least 50% of his/her standard hours per pay period.

- G. An employee's benefit eligibility date for accruing time off will not be adjusted due to an unpaid leave of absence.
- H. To be entitled to holiday pay when on County unpaid leave of absence, an employee must receive full pay on the workday before and after a holiday. However, if an employee is on an approved FMLA leave, holiday pay will continue during an approved FMLA leave regardless if any employee is on FMLA unpaid leave.
- I. To be entitled to biweekly PEHP payment, an employee must receive pay during the pay period.

**X. How to Apply for Leave**

- A. The employee must submit a Leave of Absence Request Form to MCCDEB Director of Special Education at least 30 days, or as soon as practicable, in advance of taking leave. If circumstances do not permit an employee to give notice in advance of taking leave, the employee must notify MCCDEB Director of Special Education as soon as possible, but no later than two business days after returning to work, that the leave was for FMLA purposes. Failure to give appropriate notice may result in the delay of leave or the denial of designation of leave as FMLA leave.
- B. If the leave is for a family member's or the employee's serious health condition, the employee must submit a medical certification form from the employee's or the family member's health care provider.
- C. Second or third certifications and periodic recertification at MCCDEB's expense may be required under certain circumstances. MCCDEB may also require periodic reports during federal FMLA leave regarding the employee's status and intent to return to work.
- D. Forms are available in the HR/Payroll Department.

Employees with questions in regard to FMLA leave should contact the HR/Payroll Department.

**MARAHTON COUNTY SPECIAL EDUCATION  
REQUEST FOR LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT**

Employee's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Starting date of leave: \_\_\_\_\_ Date of return: \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:**

**FEDERAL LEAVE (up to 12 weeks during a 12 month period)**

- \_\_\_\_ 1. Employee has worked 12 months for the district.
- \_\_\_\_ 2. Employee has worked for 1,250 hours over the previous 12 months.

**STATE LEAVE (2–6 week during a 12 month period) (must commence within 16 weeks before/after birth/adoption)**

- \_\_\_\_ 1. Employee has worked for at least 52 consecutive weeks.
- \_\_\_\_ 2. Employee has worked at least 1,000 hours in preceding 52 weeks.

**The Federal and Wisconsin leaves will run concurrently when an employee is entitled to both leaves.**

**TYPE OF LEAVE REQUESTED (select the most appropriate box):**

- Birth, adoption or as a pre-condition to adoption of employee's child.
- Serious illness of employee's child, spouse, parent, domestic partner, as defined in § 40.02(1) or 770.01(1), a parent-in-law (state only), or eligible covered service member.  
\_\_\_\_\_ Identify the individual.
- Serious illness of employee's domestic partner or parent of a domestic partner: (State only)  
\_\_\_\_\_ Identify the individual.
- For my own serious illness:
- Qualifying exigency leave for employee's active duty spouse, parent or child who is a member of the National Guard or Reserves.  
\_\_\_\_\_ Identify the individual.

**TIME OFF WORK IS EXPECTED TO BE (select the most appropriate box):**

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed – fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

**ADVANCE NOTICE AND MEDICAL CERTIFICATION:**

The employee is required to provide advance leave notice (in a way that will disrupt the operations as little as possible) and medical certification. Taking of leave may be denied if requirements are not met.

1. The employee ordinarily must provide 30 days advance leave notice when the leave is "foreseeable".
2. If you are unable to return on the date noted, you must notify the employer prior to that date.
3. If your leave schedule is not yet known or other arrangements are necessary, please explain on a separate page what must be done before your schedule can be confirmed.
4. A medical certification to support the employee's request for leave because of a serious health condition will be required.  
This certification must specify the starting and ending date of the leave.\*
5. A "return to work" form will be required from the employee's health care provider.  
\* Second or third options may be requested at the employer's expense. Submit to Building Principal

**CHOOSE ONE (Wisconsin Leave Only):**    \_\_\_\_ Unpaid Leave    \_\_\_\_ Substitution of Paid Leave

**OPTIONAL (select the most appropriate box, if applicable):**

- Standard LTD – 100% FTE Only (45 calendar day elimination period / 90% pay out)
- ICI coverage – WRS Participants Only (30 calendar day elimination period / 75% pay out)

In requesting this leave, I understand the following conditions of leave:

1. If I meet the eligibility requirements of FMLA leave, my leave will be counted against my entitlement of up to 12 weeks of FMLA leave during a 12 month period or 26 weeks of leave during a 12 month period with Military Family Leave.
2. I must provide certification of a health care provider for medical leave taken for my own serious health condition or for family leave to care for a parent, parent-in-law, spouse or child with a serious health condition. I may be required to provide recertification at MCCDEB's expense.
3. I may be required to provide periodic updates of my medical condition during my leave.
4. MCCDEB will maintain my health benefits during my leave, but I will need to continue paying my portion of premium contributions to my health insurance during my leave. I have a minimum 30-day grace period in which to make premium payments. If payments are not made timely, my group health insurance may be canceled, provided I am notified in writing at least 15 days before the date on which my health insurance coverage will lapse. If I leave MCCDEB within 30 calendar days after my return from leave, I may need to repay the MCCDEB for the amount of health insurance coverage provided to me, unless my failure to return is due to: (1) the continuation of my serious health condition, or (b) other circumstances beyond my control.
5. If I am taking a medical leave, I will be required to submit a "fitness for duty" certification form prior to return to work.
6. When I return to work from my leave, I will be returned to the same or an equivalent position, which may include assignment to the same flexible scheduling I was required to work prior to my leave.
7. Misrepresentation of facts pertaining to my request for a leave may be cause for discipline, up to and including termination of employment.
8. If I do not return to work on my specified return date (unless an extension has been granted in writing), I will be considered to have voluntarily quit my job.

**HEALTH CARE PROVIDER CERTIFICATION AUTHORIZATION:**

I understand that I am requesting leave to care for my own serious medical condition or the serious medical condition of an immediate family member, or leave to care for an injured service member, I will be required to provide a certification of the medical condition for which leave is required. I understand that failure to return the required medical certification information in a timely manner may delay my leave or even result in the leave being ineligible under FMLA. I hereby authorize Marathon County Special Education to contact my health care provider in the event Marathon County Special Education needs to clarify or authenticate a returned certification form.

Name of Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Name/Address: \_\_\_\_\_

Type of Practice/Specialty: \_\_\_\_\_

**I authorize a health care provider representing MCCDEB to contact my health care provider for purposes of clarification and/or authentication of my medical certification.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Employee's request is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

**MARATHON COUNTY SPECIAL EDUCATION  
NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES  
(FAMILY AND MEDICAL ELAVE ACT)**

This notice is to inform you that:

\_\_\_\_\_ You are eligible for FMLA leave.

\_\_\_\_\_ You are **NOT** eligible for FMLA leave, because:

\_\_\_\_\_ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.

\_\_\_\_\_ You have not met the FMLAs 1,250-hours-worked requirement.

**ADDITIONAL INFORMATION NEEDED**

Although you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period, the following information needs to be turned in to us within the next 15 calendar dates:

\_\_\_\_\_ Sufficient certification for that sets forth the information necessary to support your request.

\_\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.

\_\_\_\_\_ No additional information is needed.

**RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

\_\_\_\_\_ Contact the Human Resources at (715) 261-1980 extension 1993 to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

\_\_\_\_\_ You may be required to use your available paid **sick** and/or **personal**, leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement. Questions concerning available days are to be directed to the Human Resources.

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.**

- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, **you may be required to reimburse us for our share** of health insurance premiums paid on your behalf during your FMLA leave.

For conditions, applicable to available leave usage, please refer to the master contract available at the district office or your union representative.

**Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please contact: Kelly Kapitz at (715) 261-1980.**

\_\_\_\_\_  
Director of Special Education

\_\_\_\_\_  
Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.