

## Leave of Absence Request Form

Return Forms to: [Benefits@hazelwoodschoools.org](mailto:Benefits@hazelwoodschoools.org)

Human Resources Department, Hazelwood School District

15955 New Halls Ferry Road, Florissant, MO 63031 P:314.953.5000 F:314.218.9079

Name	Employee ID Number	Phone Number	Date of Hire
Address (Street, Apt #)		City, State, Zip	
Job Title		Building and/or Department	

### Leave Requested (Review the back of the last page for explanation of leaves)

- ☐ Family Medical Leave  
☐ Military Leave  
☐ Child Care Leave (Pregnancy/Adoption Leave)  
☐ FMLA Intermittent OR ☐ FMLA Continuous  
☐ Worker's Compensation Leave  
☐ Superintendent Leave

Expected Start Date	Expected End Date	Expected Date of Delivery/Child Arrival (Pregnancy/Adoption)	Actual Start Date- <b>Administration Complete</b>	Actual Return Date
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### Reason for Request

#### FAMILY MEDICAL LEAVE

- ☐ Birth of a child, or adoption or foster care; or ☐ A serious health condition making you unable to perform the essential functions of your job; or  
☐ A serious health condition affecting your ☐ Spouse, ☐ Child, ☐ Parent, ☐ Other \_\_\_\_\_ for which you are needed to provide care.

### Insurance Premiums During Leaves of Absence

**FMLA AND WORKER COMPENSATION** (Board paid benefits are only available under these two leaves.) Employees are responsible for submitting all payments for which they are normally responsible to ensure that insurance continues during leave. Insurance will cancel if employee portion is unpaid.

**END OF BENEFIT LEAVE**—ANY TIME NOT COVERED BY FMLA OR WORKER COMPENSATION—Employees are responsible for 100% of insurance premiums, including the board paid portion, to ensure that insurance continues during leave. Insurance will cancel if employee does not submit payments.

**DECLINATION OF INSURANCE**—If an employee declines to submit payments for insurance during leave of absence, insurance may cancel until they return to work (with no break in service).

Signature	Date Submitted
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### FOR ADMINISTRATIVE USE ONLY

☐ Intermittent Leave is approved for 60 work days during the school year.

#### Approved Leaves and Duration Estimates

- ☐ FMLA begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ End of Benefit begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ Adoption begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ Pregnancy begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ Superintendent's begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ Military begins \_\_\_\_\_ ends \_\_\_\_\_  
☐ Work Comp begins \_\_\_\_\_ ends \_\_\_\_\_  
Does spouse work for HSD? ☐ No ☐ Yes  
Will he/she take leave for the same reason? ☐ No ☐ Yes

Is medical certification needed? ☐ No ☐ Yes, by \_\_\_\_\_

#### Actual Leave and Duration Dates

- ☐ FMLA \_\_\_\_\_ ends \_\_\_\_\_  
☐ End of Benefit \_\_\_\_\_ ends \_\_\_\_\_  
☐ Adoption \_\_\_\_\_ ends \_\_\_\_\_  
☐ Pregnancy \_\_\_\_\_ ends \_\_\_\_\_  
☐ Superintendent's \_\_\_\_\_ ends \_\_\_\_\_  
☐ Military \_\_\_\_\_ ends \_\_\_\_\_  
☐ Work Comp \_\_\_\_\_ ends \_\_\_\_\_  
Date medical certification received \_\_\_\_\_

#### DECLINED

☐ New Hire not FMLA Eligible

Estimated Days Available: Comp/Sick Days \_\_\_\_\_ Vacation Days \_\_\_\_\_ Personal/Option Days \_\_\_\_\_ Unpaid Days \_\_\_\_\_

Request Processed by	Date Processed	Application Approved by	Date Processed
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## Explanation of Leaves

(Each leave shall only be granted 1 time each year, except Military Leave and Worker Compensation. This explanation of benefits shall not be construed as all inclusive, as employees must refer to their Memorandum of Understanding or Handbook for more specific details.)

### A. FAMILY MEDICAL LEAVE OF ABSENCE—Board Paid Benefits for the Duration of this Leave

FMLA requires Hazelwood School District to provide up to 12 weeks of unpaid, job-protected leave to employees that have worked for the district for at least one year, and for 1,250 hours over the previous 12 months. FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances. Unpaid leave must be granted for any of the following reasons:

- 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.

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met. Prior to an employees return, medical certification must be provided (if leave is taken for employee's own illness) notifying the district of the employees ability to return to work without restrictions.

**The district requires all employees to use all paid comp time available during FMLA leave.** This paid time off will run concurrently with FMLA. FMLA will run concurrent with all leaves, when an employee is eligible.

### B. END OF BENEFIT LEAVE—Board Paid Benefits are Unavailable

All employees of the Hazelwood School District are limited to the various sick leave days and compensable days adopted annually by the Board, whether the injury is work related or not. In the event that an employee requires a longer convalescent period than the sick and compensable days available to the employee, then:

- Prior to the expiration of all comp, sick, and vacation days, the employee **must** request additional uncompensated leave (if additional time off is required);
- The employee shall furnish the Board of Education with all appropriate medical documents; and
- After the employee has used his or her compensable days and sick days, the Board may grant up to an additional ninety (90) calendar days of uncompensated leave. End of Benefit Leave will begin the first day of unpaid leave. ***This unpaid time off will run concurrently with FMLA, Pregnancy, and Adoption Leave, if applicable.***

### C. SUPERINTENDENT'S LEAVE-- Board Paid Benefits for the Duration of this Leave

The Superintendent shall grant up to five (5) days of unpaid leave to any employee needing time off for reasons other than illness, providing available personal and/or vacation days have been exhausted. A letter to the Superintendent is required.

### D. PREGNANCY AND ADOPTION LEAVE—Board Paid Benefits are Unavailable

All employees are eligible for leave for the birth, adoption and first-year care of the employee's child upon proper application for a period not to exceed one (1) year. For employees who are eligible for leave under the Family and Medical Leave Act (FMLA), this leave will be applied concurrently to the FMLA leave. It is emphatically the position of the district that this policy is not intended to expand the 12-workweek applicability of the FMLA.

1. The employee giving birth may use compensable leave, if available, for days when the employee is not physically able to return to work, as verified by a physician. Medical certification is not necessary for the first 30 days of the leave but will be required for use of compensable leave beyond the first 30 contractual days. The employee taking this leave for adoption or first-year care of the employee's child may use up to 30 compensable days, if available, during the first 30 days of leave. Otherwise, pregnancy, childcare and adoption leave will be without pay.
2. Childcare and adoption leave will commence on a mutually agreeable date that shall be determined by the superintendent or designee after consultation with the employee.
3. Board-paid benefits will continue through the first 90 days of leave, if the employee qualified for the benefits prior to the leave. After the first 90 calendar days, insurance benefits may be continued at the employee's expense.

### E. MILITARY LEAVE—Board Paid Benefits for 30 days ONLY

The district shall grant Military leave as required by law. Employees taking Military Leave shall give either written or verbal notice of the need for military leave unless impossible due to military necessity. The district will require a copy of any written, official orders after the military leave has exceeded 30 days. Written orders must be submitted to the district to collect a regular salary for up to 15 days per fiscal year.

Employees shall be eligible to retain insurance coverage (at their expense after the 30<sup>th</sup> day of leave) for up to 18 months or until the day after they are required to report for reemployment.

### F. WORKER COMPENSATION—Board Paid Benefits for the Duration of this Leave

The district shall grant Worker Compensation as required by law. Employees shall have the option of being paid comp time or being paid under Worker Compensation (66% of regular pay). The district shall hold a position for the employee until the employee is able to return to work with or without restriction. Board paid benefits will continue throughout this period; however, employees must continue to submit their portion of insurance premiums.

#### EXAMPLE OF USING CONCURRENT LEAVES

An employee takes a Pregnancy/Adoption Leave from July 1 to June 30 and has enough comp time to receive payment through August 15, she/he will be granted leave as follows:

① # of FMLA days requested 60

② # of Eligible FMLA days 60

Eligible Days Calculation (the smaller of the 2 in ② above):

\*60 days less the # of days used for FMLA since July 1  
60

\*# of days remaining within 12 months of birth or adoption 60

③ # of days granted for FMLA 60

④ # of days granted for Pregnancy 365

⑦ Total # of days employee will be out 365

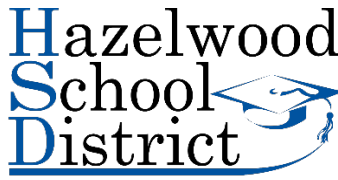
Is medical certification needed? ☐ No ☒ Yes  
by August 1

✗ FMLA begins July 1 ends Sept 28

✗ End of Benefit begins Aug 16 ends Oct 25

✗ Pregnancy Leave begins July 1 ends June 30

Full Benefit payments begin Sept 29 ends June 3



**NOTICE OF USE OF UNSCHEDULED  
INTERMITTENT FMLA (“IFMLA”) LEAVE**

*INSTRUCTIONS: You must provide this completed Notice to the Human Resources Department on the day that you leave early or arrive late because of your use of unscheduled IFMLA leave. If you miss a full day of work for unscheduled IFMLA leave you must provide this completed Notice to the Human Resources Department no later than 5:00 pm on your next regularly scheduled workday. Note: This form need not to be completed for scheduled IFMLA leave (e.g. schedule medical appointments, recurring scheduled medical treatment, etc.)*

**Notice from Employee who is leaving work to take IFMLA Leave**

I am leaving work early today, \_\_\_\_\_, 20\_\_ to use IFMLA leave related to \_\_\_\_\_ (insert condition) during the following time period: \_\_\_\_:\_\_\_\_ a.m. / p.m. to \_\_\_\_:\_\_\_\_ a.m. / p.m.

**Notice from Employee who missed the prior work day to take IFMLA Leave**

I was unable to report to work as scheduled on \_\_\_\_\_, 20\_\_ and used IFMLA leave on that day related to \_\_\_\_\_ (insert condition).

**Notice from Associate who arrived late to work for IFMLA Leave**

I was scheduled to begin work today at \_\_\_\_:\_\_\_\_ a.m. / p.m. I was unable to report to work on time as scheduled because I needed to use IFMLA leave related to \_\_\_\_\_ (insert condition). I understand that the period of time between my scheduled start time and actual start time will be counted as IFMLA.

**By signing below, I represent and promise that the foregoing information is true and accurate. I understand that fraudulent use or abuse of FMLA leave, including unscheduled intermittent FMLA leave, may result in discipline, up to and including termination of my employment.**

\_\_\_\_\_  
Employee's Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date HR Received/Initial of Recipient