



Medical Leave Request Form

All medical leave request should be made at least 30 days prior to the date leave is set to begin (if possible). Any medical leave approved will require the use of all applicable paid leave time available to the employee.

Name _____ Phone _____

Job Title/Position _____ Hire Date _____

Location/School _____ Employee ID# _____

Date of Request _____ Supervisor/Principal _____

Estimated Leave Start Date ____/____/____ Estimated Return to Work Date ____/____/____

CHECK ONE	Reason for Absence	Documentation Necessary	Completed by HR Specialist	
			Approved	Denied
	Family Medical Leave (FMLA) Employees who have been with district for at least 12 months, and have worked 1,250 hours in immediate preceding 12 months from date of leave. Limited to medical leave for employee's illness or illness within the employee's family as defined by the Family Medical Leave Act. FMLA runs concurrently with other leaves. Maximum length is 60 days. Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent Qualifying Event: <input type="checkbox"/> Self-Serious Health Condition <input type="checkbox"/> Birth/Bonding <input type="checkbox"/> Placement-Adoption/Foster Care <input type="checkbox"/> Care for a Family Member	Medical certification completed by your treating physician – form is provided by the HR Specialist to the employee when eligibility is determined.		
	Temporary Disability Leave (TDL) Certified employees who are not eligible for FMLA (maximum length is up to calendar 180 days), or who have exhausted FMLA and Non-Certified employees not medically able to return to work (maximum length is up to 96 calendar days). TDL can only be used for the employee's own serious health condition or birth of a child. TDL must be used continuously. TDL runs concurrently with other leaves. Qualifying Event: <input type="checkbox"/> Self-Serious Health Condition <input type="checkbox"/> Birth	Medical certification completed by your treating physician – form is provided by the HR Specialist to the employee when eligibility is determined.		

Employees out for their own medical condition will not be permitted to resume work with the District until a medical release has been received by the HR Leaves Department. If you are out to care for a spouse/parent/child, you must notify the HR Leaves Department and your supervisor of your return date prior to your return.

I understand that the leave I am requesting is an unpaid leave except where use of sick leave, personal days, vacation days, compensatory time, worker's compensation, or paid assault leave are required. Any days taken where leave is unavailable are taken without pay. I understand that the District requires use of all accumulated state sick leave, local sick leave, state personal leave, vacation and compensatory time during leave. I understand that the leave begins on the date specified and shall run concurrently with FMLA and Temporary Disability Leave (TDL) as it applies. I understand that while I am on FMLA, the District will continue to pay its contribution toward my medical insurance premium for a maximum of sixty days as covered under the Family Medical Leave Act, and I am responsible for continued payment of my portion of the medical premium. I understand that while I am on TDL, the District will not continue to pay its contribution toward my medical insurance premium. I understand that I will not be permitted to resume my position with the District until I provide a doctor's medical release, specifying the date that I am released to return to work with or without reasonable accommodations. I understand that if I do not return to work after I have exhausted my 60 days of leave under FMLA and/or Temporary Disability Leave, I may have to resign. I have read and understand District Policy DEC (LOCAL). I attest that the above information is true and correct. I have read and understand the terms and conditions of my leave.

Employee Signature _____ Date _____

The completed form may be faxed (682-867-4651) or scanned & emailed (hrleaves@aisd.net) to the AISD HR Leaves Department.



HIPAA AUTHORIZATION FORM

Employee's Full Name	Social Security Number
Address	Employee ID Number
City, State Zip Code	Date of Birth
Telephone Number	Email

I authorize the use or disclosure of my protected health information as described below.

1. The specific information that should be disclosed is (please give dates of service if possible):
FMLA and/or Extended leave status updates
2. The following person (or class of persons) is authorized to use or disclose my protected health information:
Arlington Independent School District Benefits Department
3. The following person (or class of persons) may receive disclosure of protected health information about me:
Arlington Independent School District Benefits Department

I understand that the use or disclosure of the requested information in this authorization will not result in direct or indirect compensation to the health care provider from a third party.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to **AISD Benefits at hrleaves@aisd.net**. I also understand that my revocation is not effective to the extent that the persons I have authorized to use or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and may, in fact, refuse to do so.

I may inspect or copy the protected health information sought to be used or disclosed in this authorization, as permitted by the federal privacy regulations.

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

This authorization expires on _____. If not indicated, it will expire a year from signature date.

Signature of Individual or Personal Representative	Date
Printed Name	
Description of Personal Representative's Authority	



Notice of Temporary Disability Leave

Employee Name: _____ Employee #: _____

Position: _____ Location: _____

An employee who is not eligible for FMLA will be entitled to Temporary Disability Leave. If an employee will be out of work 3 days or more due to a serious health condition or for birth of a child, they may request Temporary Disability Leave. Employees may take Temporary Disability Leave for up to 180 calendar days (Certified), 96 calendar days (Non-Certified).

An employee who is eligible for FMLA and has exhausted their 60 days of FMLA, may be eligible for Temporary Disability Leave. However, Temporary Disability Leave runs **concurrently** with FMLA.

During this leave, your position is no longer protected, and you may be replaced. If released to return to work during Temporary Disability Leave, Job protection under Temporary Disability Leave may be to an alternate position within the District if the previous position has already been filled.

Once you have exhausted all available medical leave your job is no longer protected. If you have not been released to return to work, you will need to reach out to your HR Partner.

While on Temporary Disability Leave, you are required to pay your portion of your insurance premiums. AISD may terminate my insurance benefits for failure to pay.

The Temporary Disability Leave request must be obtained by contacting the AISD HR Leaves Department at least 30 days prior to beginning leave (if the need for leave is foreseeable). If the necessary paperwork is not requested and returned within a reasonable amount of time from when absences begin, your request may be denied, and your employment could be terminated.

By signing this document, I acknowledge that I have read and understand the above information regarding Temporary Disability Leave and my job status during this leave.

Employee Name: _____

Please print name

Employee Signature: _____

Date: _____

If you have any questions, please contact the HR Leaves at hrleaves@aisd.net.

**Return the completed form to Arlington ISD HR Leaves Email:
hrleaves@aisd.net or Fax 682-867-4561.**

**Arlington Independent School District
 Certification of Health Care Provider Form
 Temporary Disability Leave**

Employee's name:	Patient's name:
Employee's Department	Employee's Position
<p>The section below should be completed by the Attending Physician or Practitioner: The information requested on this form relates only to the <u>serious health condition</u> for which the employee is requesting leave. <i>Please check the applicable category of the patient's qualifying condition:</i></p>	
<p><input type="checkbox"/> Hospital Care Admission to Hospital Date: _____ Discharge Date: _____</p> <p><input type="checkbox"/> Serious Health Condition (Absence Plus Treatment)</p> <p><input type="checkbox"/> Birth of a Child Estimated Date of Delivery _____</p>	
<p>1. Length of time your patient has had/will have this condition (Keeping the employee from essential functions of his/her job):</p> <p>From: _____ Through: _____</p> <p>2. Describe the health condition and regimen of treatment to be prescribed indicating the number of visits, general nature and duration of treatment, and including referral to other provider(s) of health services.</p>	
Print of Type Name of Healthcare Provider:	
Type of Practice:	
Street & Mailing Address:	
Telephone Number:	Fax Number:
Signature of Healthcare Provider:	Date:

Return form to: HR Leaves
 Email: hrleaves@aisd.net Fax: (682) 867-4651
 Arlington ISD HR Leaves Department

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
FITNESS-FOR-DUTY CERTIFICATION
(To be submitted prior to reinstatement)**

****To be completed by the healthcare provider****

Patient Name: _____

Employee's serious health condition which caused him/her to take a medical leave of absence:

Leave start date: _____ Leave end date: _____

IS THE PATIENT ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER JOB? **No** **Yes**
(Please Circle)

Please select one option below:

- The employee is able to work a full, regular schedule with **no restrictions**, beginning _____ (date)
- The employee is able to return to work on a **reduced schedule** for _____ hours a day
From _____ (date) through _____ (date)
- The employee is able to return to work **with restrictions** from _____ (date) through _____ (date).

Please indicate restrictions, if any, below for:

Standing (number of hours): _____ Walking (number of hours): _____
Sitting (number of hours): _____ Lifting (number of pounds): _____
Carrying (number of pounds): _____ Repetitive motion, pushing, pulling: _____

Any other restrictions: _____

Are the Restrictions Permanent? YES _____ NO _____

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____

Date: _____ Phone: _____

**Please return completed form by email at hrleaves@aisd.net or by Fax: 682-867-4651
690 E. Lamar Blvd, Arlington, TX 76011**

THIS IS A CONFIDENTIAL RECORD AND IT SHALL BE MAINTAINED AS SUCH

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

DEFINITIONS

The term "immediate family" is defined as:

FAMILY

1. Spouse.
2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*.
3. Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
4. Sibling, stepsibling, and sibling-in-law.
5. Grandparent and grandchild.
6. Any person residing in the employee's household at the time of illness or death.

For purposes of the Family and Medical Leave Act (FMLA), the definitions of spouse, parent, son or daughter, and next of kin are found in DECA(LEGAL).

FAMILY
EMERGENCY

The term "family emergency" shall be limited to disasters and life-threatening situations involving the employee or a member of the employee's immediate family.

LEAVE DAY

A "leave day" for purposes of earning, use, or recording of leave shall mean the number of hours per day equivalent to the employee's usual assignment, whether full-time or part-time.

CATASTROPHIC
ILLNESS OR INJURY

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Complications resulting from pregnancy shall be treated the same as any other condition.

AVAILABILITY

For salaried employees, the District shall make state personal leave and local leave for the current year available for use at the beginning of the school year.

For all other employees, the District shall make state personal leave for the current year available for use at the beginning of the school year. Local leave shall be made available as earned.

EARNING LOCAL
LEAVE

An employee shall not earn any local leave when he or she is in unpaid status. An employee using full or proportionate paid leave shall be considered to be in paid status.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

DEDUCTIONS	The District shall not approve paid leave for more leave days than have been accumulated in prior years plus leave currently available. Any unapproved absences or absences beyond accumulated and available paid leave shall result in deductions from the employee's pay.
LEAVE WITHOUT PAY	
LEAVE PRORATION	If an employee separates from employment with the District before his or her last duty day of the year, or begins employment after the first duty day, state personal leave and local leave, if applicable, shall be prorated based on the actual time employed.
EMPLOYED FOR LESS THAN FULL YEAR	If an employee separates from employment before the last duty day of the school year, the employee's final paycheck shall be reduced for: <ol style="list-style-type: none">1. State personal leave the employee used beyond his or her pro rata entitlement for the school year; and2. Local leave a salaried employee used but had not earned as of the date of separation. However, no such adjustment shall be made in the case of death of the employee or if the separation from employment is due to illness or injury certified by a physician, and the employee does not accept other employment.
EMPLOYED FOR FULL YEAR	If a salaried employee uses more local leave than he or she earned and remains employed with the District through his or her last duty day, the District shall deduct the cost of the excess leave days from the employee's pay in accordance with administrative regulations.
RECORDING	Leave shall be recorded as follows: <ol style="list-style-type: none">1. Leave shall be recorded in half-day increments for all employees, whether or not a substitute is employed.2. If the employee is taking intermittent FMLA leave, leave shall be recorded in one-hour increments.
ORDER OF USE	Available leave shall be used in the order determined by each employee.
CONCURRENT USE OF LEAVE	When an absent employee is eligible for FMLA leave, the District shall designate the absence as FMLA leave. The District shall require the employee to use temporary disability leave and paid leave, including compensatory time, concurrently with FMLA leave. An employee receiving workers' compensation income benefits may be eligible for paid or unpaid leave. An absence due to a

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.

MEDICAL
CERTIFICATION

An employee shall submit medical certification of the need for leave if:

1. The employee is absent more than five consecutive workdays because of personal illness or illness in the immediate family;
2. The District requires medical certification due to a questionable pattern of absences or when deemed necessary by the supervisor or Superintendent;
3. The employee requests FMLA leave for the employee's serious health condition or that of a spouse, parent, or child; or
4. The employee requests FMLA leave for military caregiver purposes.

In each case, medical certification shall be made by a health-care provider as defined by the FMLA. [See DECA(LEGAL)]

Note: For District contribution to employee insurance during leave, see CRD(LOCAL).

STATE PERSONAL
LEAVE

The Board requires employees to differentiate the manner in which state personal leave is used:

NON-
DISCRETIONARY
USE

1. Non-discretionary use of leave shall be for the same reasons and in the same manner as state sick leave accumulated before May 30, 1995. [See DEC(LEGAL)]

Non-discretionary use includes leave related to the birth or placement of a child and taken within the first year after the child's birth, adoption, or foster placement.

DISCRETIONARY
USE

2. Discretionary use of leave is at the individual employee's discretion, subject to limitations set out below.

LIMITATIONS
REQUEST FOR
LEAVE

The employee shall submit a written request for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. In deciding whether to approve or deny state personal leave, the supervisor or designee shall not seek or consider the reasons for which an employee requests to use leave. The supervisor or designee shall, however, consider the effect of the employee's absence on the educational program or District operations, as well as the availability of substitutes.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

LOCAL LEAVE

Professional employees hired prior to the 1988–89 school year shall continue to receive ten local personal leave days per school year.

All other employees shall receive five local personal leave days per school year.

Local leave shall accumulate to a maximum of 50 leave days.

Local leave shall be used according to the terms and conditions of state personal leave. [See STATE PERSONAL LEAVE, above]

SICK LEAVE BANK

The District shall establish a sick leave bank that employees may join through contribution of local leave.

Leave contributed to the bank shall be solely for the use of participating employees. An employee who is a member of the bank may request leave from the bank if the employee experiences a catastrophic illness or injury and has exhausted all paid leave.

If the employee is unable to request leave from the sick leave bank, a member of the employee's family or the employee's supervisor may submit the request.

The Superintendent or designee shall develop regulations for the operation of the sick leave bank that address the following:

1. Membership in the sick leave bank, including the number of days an employee must contribute to become a member;
2. Procedures to request leave from the sick leave bank;
3. The maximum number of days per school year a member employee may receive from the sick leave bank;
4. The committee or administrator authorized to consider requests for leave from the sick leave bank and criteria for granting requests; and
5. Other procedures deemed necessary for the operation of the sick leave bank.

APPEAL

A member may appeal the decision of the sick leave bank committee by writing a letter to the executive officer requesting to appear in person before the committee.

All decisions regarding the sick leave bank may be further appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

FAMILY AND MEDICAL LEAVE	For purposes of an employee's entitlement to FMLA leave, the 12-month period shall be measured backward from the date an employee uses FMLA leave.
TWELVE-MONTH PERIOD	
COMBINED LEAVE FOR SPOUSES	If both spouses are employed by the District, the District shall limit FMLA leave for the birth, adoption, or placement of a child, or to care for a parent with a serious health condition, to a combined total of 12 weeks. The District shall limit military caregiver leave to a combined total of 26 weeks. [See DECA(LEGAL)]
INTERMITTENT OR REDUCED SCHEDULE LEAVE	The District shall permit use of intermittent or reduced schedule FMLA leave for the care of a newborn child or for the adoption or placement of a child with the employee. [See DECA(LEGAL) for use of intermittent or reduced schedule leave due to a medical necessity.]
CERTIFICATION OF LEAVE	If an employee requests leave, the employee shall provide certification, as required by FMLA regulations, of the need for leave. [See DECA(LEGAL)]
FITNESS-FOR-DUTY CERTIFICATION	If an employee takes FMLA leave due to the employee's own serious health condition, the employee shall provide, before resuming work, a fitness-for-duty certification. If the District will require certification of the employee's ability to perform essential job functions, the District shall provide a list of essential job functions to the employee with the FMLA designation notice.
END OF SEMESTER LEAVE	If a teacher takes leave near the end of the semester, the District may require the teacher to continue leave until the end of the semester. [See DECA(LEGAL), LEAVE AT THE END OF A SEMESTER]
FAILURE TO RETURN	If, at the expiration of FMLA leave, the employee is able to return to work but chooses not to do so, the District may require reimbursement of premiums paid by the District during the leave. [See DECA(LEGAL), RECOVERY OF BENEFIT COST]
TEMPORARY DISABILITY LEAVE	<p>Any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. The maximum length of temporary disability leave shall be 180 calendar days. [See DBB(LOCAL) for temporary disability leave placement and DEC(LEGAL) for return to active duty.]</p> <p>An employee's notification of need for extended absence due to the employee's own medical condition shall be forwarded to the Superintendent or designee as a request for temporary disability leave.</p>

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

WORKERS'
COMPENSATION

Note: Workers' compensation is not a form of leave. The workers' compensation law does not require the continuation of the District's contribution to health insurance. [See CRD(LOCAL) regarding payment of insurance contribution during employee absences.]

An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.

An employee eligible for workers' compensation income benefits, and not on assault leave, may elect in writing to use paid leave.

COURT
APPEARANCES

Absences due to compliance with a valid subpoena or for jury duty shall be fully compensated by the District and shall not be deducted from the employee's pay or leave balance. The employee shall be required to present documentation of the court appearance or duty and shall be allowed to retain any compensation received.

Absences for court appearances related to an employee's personal business not related to a valid subpoena shall be deducted from the employee's leave or, at the option of the employee, shall be taken as leave without pay.

NEUTRAL ABSENCE
CONTROL

If an employee does not return to work after exhausting all available paid and unpaid leave, the District shall provide the employee written notice that he or she no longer has leave available for use. The District shall automatically pursue termination of an employee who has exhausted all available leave, regardless of the reason for the absence [see DF series]. The employee's eligibility for reasonable accommodations, as required by the Americans with Disabilities Act [see DAA(LEGAL)], shall be considered before termination. If terminated, the employee may apply for reemployment with the District.

REIMBURSEMENT FOR
LEAVE AT
RETIREMENT

Employees hired before January 1, 1985, who intend to retire from the District shall remain eligible for the District's accrued service benefit plan, which includes reimbursement for eligible accrued local leave days.

[See DEG(LOCAL) for a description of the accrued service benefit plan]

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to **request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

