

Military

Board Policies 4022 & 4038

1. Leave of Absence Request form must be completed and signed by you. The signature of your supervisor is required.
2. Supporting documentation(s) from the appropriate military commander as evidence of such duty must indicate the following:
 - a. The beginning date on the orders must match the beginning date on the Leave of Absence request form.
 - b. The ending date on the orders must match the ending date on the Leave of Absence request form.
3. If your service extends beyond the date originally stated on your orders, you are required to submit additional documentation to Employee Benefits.
4. If the period of service in the uniformed services was for more than ten (10) business days, you are required to report to the Office of Employee Benefits prior to reporting back to work for a written clearance to give to your supervisor.

Health and Life Benefits

If you are on an approved leave of absence and go into unpaid status, you will receive a monthly invoice for medical, dental, vision, basic life, flexible spending account and long term disability until your return to active employment.

The payments should be made directly to the Office of Employee Benefits Room 108. Checks and money orders are made payable to: Shelby County Schools. Failure to receive an invoice does not relieve you from your responsibility of making timely premium payments. Failure to submit your payments will result in the termination of the insurance coverage for non-payment. You will have the option to re-elect health insurance coverage within thirty (30) days of your return from the approved leave of absence. If you miss the thirty (30) day window, you will have the opportunity to re-elect coverage during the next health insurance open enrollment period.

A Statement of Health form must be completed and submitted to MetLife for re-enrollment approval in the Basic Group Life Insurance. The Statement of Health forms are available in the Benefits Office, room 108.

A Statement of Health form must be completed and submitted to Standard Insurance Company for re-enrollment approval in the Long Term Disability plan.

Educational Leave

Board Policy 4021

1. Leave of Absence Request form must be completed and signed by you. The signature of your supervisor is also required.
2. A copy of your registration is required indicating you are enrolled and program duration// timeframe.
3. You are required to report to the Office of Employee Benefits five (5) business days prior to the expiration of your approved leave to receive a written clearance to give to your supervisor.

Miscellaneous Leave

Board Policy 4056

1. Leave of Absence request for Miscellaneous Leave will be reviewed and approved at the discretion of Shelby County Schools.
2. Supporting documentation is required for Miscellaneous Leave.

NOTE TO TEACHERS/INSTRUCTIONAL EMPLOYEES ONLY:

If leave is taken more than five (5) weeks prior to the end of the semester, and the return to employment is within three (3) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.

If leave is taken five (5) weeks prior to the end of the semester, and the return to employment is within two (2) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.

***If any portion of your Leave of Absence is unpaid, upon your return to work your salary will be recalculated according to the number of scheduled workdays and pay periods remaining in the school/work year (excluding hourly employees).

Please note:

The Board policies of Shelby County Schools can be found on our website at www.scsk12.org.



Shelby County Board of Education

Leave of Absence Procedures

Contacts

Marvay Mosley
Locations A - K
416-5869

Dana Jackson-Dortch
Locations L - Z
416-5514

According to Board Policy and Memorandum of Understanding, if an employee *is absent or expecting to be absent* for ten (10) consecutive workdays and/or more, he or she must file a Leave of Absence request with the Office of Employee Benefits.



Non-FMLA Employee Documents Checklist

All completed leave requests must be accompanied by appropriate documentation as required in the Board policies of Shelby County Schools and submitted to the Office of Employee Benefits, room 108-thirty (30) days in advance or as soon as possible and practicable. The following documents should be submitted to the Office of Employee Benefits for leave approval:

- Leave of Absence Request form (signed by manager/administrator) and one of the items below, which is determined by the type of leave requested:
- Professional Organizations/Associations – a letter of appointment including timeframe.
- Miscellaneous - a detailed statement indicating the reason for the leave request.
- Educational – a copy of the registration including enrollment and program duration/ timeframe.
- Military – a copy of the military orders providing dates of active duty, training, rest & recuperation, etc.
- Legislative – a written statement indicating the elective or appointive office being held and the timeframe.
- Religious – a written request which must specify the date(s) and as applicable, time(s), and nature of the religious observance.

Shelby County Schools
LEAVE OF ABSENCE REQUEST FORM
NON-FMLA

All completed leave requests must be accompanied by appropriate documentation as required in the Board policies of Shelby County Schools and submitted to the Office of Employee Benefits, at least thirty (30) days in advance.

Name _____ Social Security Number ____ - ____ - ____ Date ____ / ____ / ____

Any correspondences regarding this Leave of Absence request will be mailed to the address Shelby County Schools has on file. It is your responsibility to ensure your records are current at all times.

Home Phone () ____ - ____ Alt. Phone () ____ - ____ Current Assigned Location Name _____ (Required)
Current Assigned Position _____ (Required)

Type of Leave:

_____ Professional Organizations/Associations

_____ Miscellaneous

_____ Educational

_____ Military (Orders must be included)

Would you like to use any accumulated sick /personal days? _____ Yes _____ No
If yes, how many sick days (up to 5 sick days allowed) _____ Personal days _____

_____ Legislative

Would you like to use any accumulated vacation/personal days? _____ Yes _____ No
If yes, how many vacation days _____ Personal days _____

_____ Religious

Would you like to use any accumulated vacation/personal days? _____ Yes _____ No
If yes, how many vacation days _____ Personal days _____

Requested date for Leave to begin ____ / ____ / ____
(First Day of Consecutive Absence)

Requested date to return to work ____ / ____ / ____

*** If you are on an approved leave of absence and go into unpaid status, you will receive a monthly invoice for medical, dental, vision, basic life, and long term disability until your return to active employment. Failure to receive an invoice does not relieve you from your responsibility of making timely premium payments.

NOTE to Employee: You are required to report to the Office of Employee Benefits five (5) business days prior to the expiration of your approved leave to receive a written clearance to give to your supervisor.
***If any portion of your Leave of Absence is unpaid, upon your return to work your salary will be recalculated according to the number of scheduled workdays and pay periods remaining in the school/work year (excluding hourly employees).

Signature of Principal/Supervisor (Required) _____ Date ____ / ____ / ____

Signature of Employee (Required) _____ Date ____ / ____ / ____

I, the employee, agree to abide by the Federal and State laws and leave policies, rules and regulations of Shelby County Schools regarding the policy under which I am requesting leave.

HUMAN RESOURCES ONLY

_____ Approved _____ Denied Approved Leave Dates: Beginning ____ / ____ / ____ Ending ____ / ____ / ____

FMLA Dates: Beginning ____ / ____ / ____ Ending ____ / ____ / ____ Number of FMLA Days used: _____

NON- FMLA Dates: Beginning ____ / ____ / ____ Ending ____ / ____ / ____ Number of Vacation Days used: _____

PAID STATUS: Beginning ____ / ____ / ____ Ending ____ / ____ / ____ UNPAID STATUS: Beginning ____ / ____ / ____ Ending ____ / ____ / ____

Approved by: _____ Date Approved ____ / ____ / ____
Signature of Leave Administrator

Table with 1 column: Leave Extension Dates. Multiple rows for dates.

Shelby County Schools
Department of Human Resources
Office of Employee Benefits

REINSTATEMENT FORM

I understand that prior to my return from leave and reporting to my assigned location, I must report to the SCS Office of Employee Benefits five (5) business days prior to the end of my approved leave of absence. This form must be signed by the Leave Administrator for written clearance.

If you are released to return back to work earlier than anticipated; you must submit a statement from your physician indicating the revised return to work date.

If you have been released by your physician to return to work with restrictions; you must submit a statement from your physician identifying the limitations and the timeframe (specific dates) in which limitations are effective.

I understand by signing this form, I have read and understand the terms of condition for returning to work from my approved leave of absence. **Additionally, I understand that failure to comply may result in a delay of the processing of my leave return which could affect my paycheck or employment status.**

Please Print:

Employee's Name: _____ Social Security Number: ____ - ____ - ____

Current Location Name: _____ Current Job Title: _____

Date to Return to Work: ____ / ____ / ____

Employee's Signature

____ / ____ / ____
Today's Date

(Required) Leave Administrator's Signature (The Office of Employee Benefits)

____ / ____ / ____
Today's Date

CC: Principal/Supervisor



2020 SCS HEALTH PLAN RATES - UNPAID LEAVE OF ABSENCE

Employee Contributions

Medical Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
OAP IN-NETWORK PLUS Option				
Employee	\$125.81	\$155.81	\$104.85	\$129.85
Employee + 1	\$280.39	\$310.39	\$233.66	\$258.66
Family	\$391.13	\$421.13	\$325.95	\$350.95
OAP BASIC Option				
Employee	\$88.09	\$118.09	\$73.41	\$98.41
Employee + 1	\$215.32	\$245.32	\$179.43	\$204.43
Family	\$300.36	\$330.36	\$250.30	\$275.30
CHOICE FUND HRA Option				
Employee	\$55.80	\$85.80	\$46.50	\$71.50
Employee + 1	\$147.76	\$177.76	\$123.13	\$148.13
Family	\$206.12	\$236.12	\$171.77	\$196.77

Dental Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
DPPO (\$2,000) Option				
Employee	\$25.62		\$21.35	
Employee + 1	\$53.80		\$44.84	
Family	\$76.86		\$64.05	
DPPO (\$1,500) Option				
Employee	\$15.48		\$12.90	
Employee + 1	\$32.50		\$27.09	
Family	\$46.43		\$38.69	
DEPO IN-NETWORK ONLY Option				
Employee	\$11.41		\$9.51	
Employee + 1	\$23.95		\$19.96	
Family	\$34.22		\$28.52	

Vision Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$3.06		\$2.55	
Employee + 1	\$5.86		\$4.89	
Family	\$9.50		\$7.92	

LIFE INSURANCE: Please check the employee portal for your life insurance premium amount

Please submit a check or money order for your health and life insurance to the SCS Benefits Office:

SCS Office of Benefits/Compensation

160 S. Hollywood Rm. 108

Memphis, TN 38112

PLEASE NOTE: Failure to pay insurance premiums while on leave of absence may result in termination of insurance coverage. Rates effective: 1/01/2020 – 12/31/2020.

Frequently Asked Questions

Employee Notice Requirements

If you are absent or expecting to be absent for ten (10) consecutive workdays and/or more, you will be required to file a Leave of Absence packet with the Office of Employee Benefits, room 108.

Consecutive absences of nine (9) days or less will be handled by the Administrator/Supervisor. You will be required to submit documentation supporting your absences.

Failure to provide supporting documentation for any absences may result in further disciplinary action.

The Leave of Absence packets are available in the Office of Employee Benefits room 108 or online <http://www.scsk12.org/benefits-for-active-employees/leave-of-absence>

Please submit original copies.

Note to all employees (excluding hourly employees): If any portion of your Leave of Absence is unpaid, upon your return to work your salary will be recalculated according to the number of scheduled workdays and pay periods remaining in the school year.

What paperwork is required before returning back to work? You must report to the Office of Employee Benefits five (5) business days prior to the end of your approved leave of absence. The reinstatement form must be signed by the Leave Administrator prior to returning back to work. Failure to comply may result in a delay of the processing of your leave return which could delay your paycheck.

After the reinstatement form has been signed by the Leave Administrator, you will receive a copy for your records and a copy to submit to your supervisor/manager upon your return to work.

Benefits Continuation while on a Paid Leave of Absence

While on an approved paid leave of absence, the premiums for medical, dental, vision, basic life, flexible spending account, Minnesota life (supplement life) and Standard (long term disability) insurance will continue to be deducted from your paycheck.

Benefits Continuation while on an Unpaid Leave of Absence

While on an approved unpaid leave of absence, you will be responsible for paying medical, dental, vision, basic life, flexible spending account, Minnesota life (supplement life) and Standard (voluntary long-term disability) insurance premiums.

Each voluntary benefit is administered by the corresponding insurance carrier. You will be required to make payments for voluntary premiums directly to the outside carriers. The carriers include: AFLAC, American Fidelity, NEA, NTA, etc.

Making Payments

If you are on an approved leave of absence and go into unpaid status, you will receive a monthly invoice for medical, dental, vision, basic life, flexible spending account, Minnesota life (supplement life) and Standard (long term disability) until your return to active employment.

Failure to receive an invoice does not relieve you from your responsibility of making timely premium payments. Failure to submit your payments will result in the termination of the insurance coverage for non-payment.

The payments should be made every pay period directly to the Office of Employee Benefits, room 108. Checks and money orders are made payable to: Shelby County Schools. Failure to submit your payments will result in the termination of the insurance coverage for non-payment. You will have the option to re-elect health insurance coverage within thirty (30) days of your return from the approved leave of absence. If you miss the thirty (30) day window, you will have the opportunity to re-elect coverage during the next health insurance open enrollment period.

A Statement of Health form must be completed and submitted to Minnesota Life for re-enrollment approval in the Basic Group Life Insurance. The Statement of Health forms are available in the Benefits Office, room 108.

A Statement of Health form must be completed and submitted to Standard Insurance Company for re-enrollment approval in the Long Term Disability plan.

***Note to Teachers/Instructional employees only:** If leave is taken more than five (5) weeks prior to the end of the semester, and the return to employment is within three (3) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.

If the leave is taken five (5) weeks prior to the end of the semester, and the return of employment is within two (2) weeks of the ending semester, the teacher will not be able to return until the first day of the next semester.