



### Educational Leave Board Policy 4021

1. Leave of Absence Request form must be completed and signed by you. The signature of your supervisor is required.
2. A copy of your registration is required indicating you are enrolled.
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.

### 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.
  - b. The ending date on the orders must match the ending date on the Leave of Absence request.
  - c. A complete and sufficient certification to support a request for FMLA leave due to a current service member's serious injury or illness; serious injury or illness of a Veteran; and qualifying exigency.
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.

**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 year (excluding 12 month salaried and hourly employees).

**Please note:**  
The Board policies of Shelby County Schools can be found on our website at [www.scsk12.org](http://www.scsk12.org).

## Leave of Absence Procedures

### Contacts

**Marway 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.

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:

- Miscellaneous (\*Leave of Absence Request for Miscellaneous Leave will be reviewed and approved at the discretion of Shelby County Schools.)
Educational
Military (Orders must be included)
Legislative
Religious

NOTE TO TEACHERS/INSTRUCTIONAL EMPLOYEES
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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.

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 year (excluding 12 month salaried and 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.

Teachers Only: Would you like to use any accumulated personal days at the beginning of the approved leave? \_\_\_\_ Yes \_\_\_\_ No
If yes, how many personal days would you like to use? \_\_\_\_\_

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

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.

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.

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.

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

Shelby County Schools' does not discriminate in its programs or employment on the basis of race, color, religion, national origin, disability, sex, age, or genetics. For more information, please contact the Office of Equity Compliance at 901-416-6670.



## 2018 SCS HEALTH PLAN RATES - UNPAID LEAVE OF ABSENCE

### Employee Contributions

Medical Plan	20-Pay Premiums		24-Pay Premiums	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>OAP IN-NETWORK PLUS Option</b>				
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
<b>OAP BASIC Option</b>				
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
<b>CHOICE FUND HRA Option</b>				
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
<b>DPPO (\$2,000) Option</b>				
Employee	\$25.62		\$21.35	
Employee + 1	\$53.80		\$44.84	
Family	\$76.86		\$64.05	
<b>DPPO (\$1,500) Option</b>				
Employee	\$15.48		\$12.90	
Employee + 1	\$32.50		\$27.09	
Family	\$46.43		\$38.69	
<b>DEPO IN-NETWORK ONLY Option</b>				
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: 1/01/2018 – 12/31/2018.

# Frequently Asked Questions

## **Leave Entitlement**

### **What is my entitlement under the Family Medical Leave Act?**

If you are an “eligible” employee, you are entitled up to twelve (12) workweeks of leave in a 12-month period for one or more of the following reasons:

- for the birth of a son or daughter, and to care for a newborn child;
- to bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- or the placement with the employee of a child for adoption or foster care, and to care for the newly placed child;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; and
- if the employee is unable to work due to a serious health condition.

Spouses employed by the District may be limited to a combined total of 12 workweeks of family leave for the following reasons:

- birth and care of a child;
- to bond with a child;
- for the placement of a child for adoption or foster care, and to care for the newly placed child; and
- to care for an employee's parent who has a serious health condition.

### **What is the definition of a serious health condition?**

A “serious health condition” is defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. The “continuing treatment” for a serious health condition that qualifies for FMLA leave is:

- 1) A period of incapacity of more than three consecutive full calendar days plus treatment by a health care provider twice, or once with a continuing regimen of treatment;
- 2) Any period of incapacity related to pregnancy or for prenatal care;
- 3) Any period of incapacity or treatment for a chronic serious health condition;
- 4) A period of incapacity for permanent or long-term conditions for which treatment may not be effective;

5) Any period of incapacity to receive multiple treatments (including recovery from treatments for restorative surgery, or for a condition which would likely result in incapacity of more than three consecutive full calendar days absent for medical treatment).

### **Which employees are eligible to take FMLA leave?**

Employees are eligible to take FMLA leave if they have worked for the district for at least one (1) year and have 1,250 hours of service in the previous 12 months.

Generally, part-time employees are not eligible for FMLA leave due to the 1,250 hours eligibility requirement. Part-time employees may qualify for FLMA leave by working overtime, additional work assignments, etc. Request for time off work for part-time employees should be addressed with the supervisor/manager and approval may be granted at the discretion of the supervisor/manager.

### **What is a “rolling” 12-month period?**

The rolling 12-month period is measured backwards beginning with the date the employee uses FMLA leave.

Example: An employee takes time off work due to the birth of a child in May. The leave period taken is for 12 weeks. In November, the employee is scheduled for surgery. The request for leave in November will not be counted towards FMLA due to the 12 weeks entitlement previously used during the leave in May.

### **Can leave be taken to care for children of any age?**

FMLA leave is only available to care for a child under the age of 18 years or older with a disability where the child is unable to perform activities of daily living without assistance. An eligible employee covered by Military Family Leave can take the leave to care for spouse, son, daughter, parent, or next of kin.

### **Can leave for childbirth or adoption be taken at any time?**

Leave must be taken within 12 months after the birth or placement for adoption or foster care. In many circumstances, however, the leave may start before the birth or placement for adoption, such as leave needed for pre-natal care or for home studies in connection with an adoption.

### **May I take additional time off work to bond with my new born?**

You must submit a request in writing to your designated Leave Administrator indicating the actual date you will be returning back to work. The request for bonding time must be submitted with the initial leave request or within the first year of the birth of a child.

## Can the District deny Family Medical Leave?

The following reasons would apply:

- If you do not meet the eligibility requirements
- Employees who give unequivocal notice that they do not intend to return to work lose their entitlement to FMLA leave.
- Employees who are unable to return to work and have exhausted their 12 weeks of FMLA leave in the designated "12-month period" no longer have FMLA protections of leave or job restoration.

## How can I be compensated during my approved Leave of Absence?

If applicable, employees are required to request the use of personal days at the beginning of the approved leave. Accrued sick/vacation/personal time will be exhausted before unpaid leave can be taken.

If a recognized holiday falls during an employee's paid absence, holiday pay will be received. Employees eligible for paid holidays must be in paid status (available sick/vacation/personal) the last scheduled workday preceding the holiday and the first scheduled workday following the holiday.

- **Note to all employees (excluding 12-month salaried and 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.**

## Employer Notice Requirements

The designated Leave Administrator will notify the employee of FMLA eligibility within five (5) business days of the employee requesting leave.

- The total period of leave will not exceed one (1) year. FMLA provides up to twelve (12) weeks of job-protected leave. Additional leave- beyond twelve (12) weeks may be granted; however, the absences will be Non-FMLA.

Exceptions to the one (1) year restriction may apply for leaves granted as a reasonable accommodation under the American with Disabilities Act (ADA).

## **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 at 160 South Hollywood Street.

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 the original copies.

### **What is considered reasonable notice before taking FMLA leave?**

When the need for leave is foreseeable based on the expected birth, placement for adoption or foster care, or planned medical treatment, an employee must give at least thirty (30) days notice. When the need for leave is unforeseeable, employees are required to provide reasonable notice.

### **What happens if the 30 days' notice is not provided?**

Where leave is foreseeable and there is no reasonable excuse for not giving 30 days' notice, the employer can deny FMLA leave, and presumably apply its other policies, for up to 30 days after the notice is provided.

**May I extend my medical leave?** The employee will be required to submit an updated [Certification of Healthcare Provider Form](#) completed by the attending physician to the Benefits office. The request for extension must be submitted five (5) days prior to the expiration of the initial leave request.

**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 affect your paycheck or employment status.

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.

Failure to comply may result in a delay of the processing of your leave return which could affect your paycheck or employment status.

## 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.

Approved leaves will not exceed June 30<sup>th</sup> of each academic year. Recertification will be required by submitting new Leave of Absence paperwork.