Madison Metropolitan School District
Leave of Absence Request Form

Please fill out completely in advance of the leave, where possible. The Employee Handbook references any applicable deadlines. Contact the Benefits Division if you have any questions about completing this form.

Personal Information

Name: ____________________________  Today’s Date: ________________

School/Location: ____________________  Hire Date: ________________

B Number: ___________________________  FTE: ______________________

Position: ____________________________________________________________

Start Date of Anticipated Leave: ________________  Expected Last Day of Leave: ________________

Reason for Leave

☐ Birth of a child and to care for that child.  (Expected date of birth: ____________)

☐ Placement of a child for adoption or foster care with the employee. (Date of placement: ____________)

☐ Child rearing leave (In relation to Employee Handbook leave - after FMLA is exhausted)

☐ Serious Health Condition of the following:
  ☐ Self
  ☐ Spouse/ Domestic Partner
  ☐ Parent
  ☐ Child
  ☐ Foster Child

☐ A spouse/partner, parent or child of military personnel has a qualified exigency arising out of the fact that he/she is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

☐ To provide care to a wounded covered service member who is a spouse/partner, child, parent or next-of-kin

☐ Other (Please explain): __________________________________________________________

Pay Status Request

☐ Leave with pay (Enter applicable days/hours below)

<table>
<thead>
<tr>
<th>Personal Illness</th>
<th>Vacation</th>
<th>Floating Holiday</th>
<th>Legal Leave</th>
<th>Sick Leave Bank</th>
<th>Short Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>*Available to Teacher Unit Only</td>
<td>*Enrollees Only</td>
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</tbody>
</table>

☐ Leave without pay
Attending Health Care Provider

A leave request based on the serious health condition of the employee or employee’s qualified family member will require completion of a medical certification form by the attending health care provider.

Name: ____________________________ Telephone Number: ____________________________

Address: ____________________________

I hereby authorize the health care provider to release information and medical records as necessary to verify the medical facts of the “serious health condition” of myself or that of my family member with regard to the need for this family and medical leave, and to do so without liability for such release of information. I understand that a separate authorization signed by my parent or spouse is required for the release of the medical facts concerning their “serious health condition.” 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.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you do not provide any genetic information when responding to this request if medical information is needed. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Insurance Premium Payments

I understand that Madison Metropolitan School District will continue to maintain my health, dental and life while I am on family or medical leave provided I continue to contribute the required portion of the premium payment. I hereby agree to submit my portion of my insurance premiums on the following schedule if I do not receive a paycheck. I understand that failure to submit these premium payments may result my coverage ending.

☐ In advance of my leave ☐ Upon return from my leave ☐ Monthly ☐ N/A

General Notice

I understand that if I return to work upon expiration of my federal/state leave I will be reinstated to the same or equivalent position in accordance with federal/state law. If I wish to return to work prior to the expiration of my leave, I will notify the company at least two business days prior to my desired return date.

Family or medical leave (state and federal) will run concurrently. In all cases, the substitution of paid leave for unpaid family or medical leave will not extend or result in additional family or medical leave being available to me.

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Supervisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Supervisor Comments</td>
<td></td>
</tr>
<tr>
<td>Supervisor Recommendation (only required for “Other” type of leave): ☐ Approve ☐ Does Not Approve</td>
<td></td>
</tr>
<tr>
<td>Substitute Information</td>
<td>☐ N/A ☐ Needed Not Filled ☐ Filled With:</td>
</tr>
<tr>
<td>Benefits Division Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Leave Determination: ☐ Approved ☐ Not Approved</td>
<td></td>
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</tbody>
</table>

PLEASE RETURN THIS FORM TO THE BENEFITS DIVISION
Directions for Leave of Absence Request

- Complete this Leave of Absence Request Form, including a supervisor’s signature and return it to the Benefits Division.
- The Certification of Health Care provider must be completed by a health care physician (where applicable). This form should also be returned to the Benefits Division, along with this FMLA Leave Request Form no later than 15 days after the receipt of the Notice of Eligibility and Responsibilities and Rights.
- Contact the Benefits Division with any leave questions, updates and/or changes.

FAQ’s

How Does Family Medical Leave Work (FMLA)?
- Eligible employees may take up to 60 work days of job-protected leave for qualifying family and/or medical situations per rolling calendar year, as provided by the Family Medical Leave Act (FMLA). Upon returning from leave, the employee is entitled to be restored to the employee’s original position, or to an equivalent position with equivalent pay, benefits, duties, and responsibilities. Eligible employees are those employees who have worked for the District for at least 12 months and have work at least 1,250 (Federal FMLA) / 1,000 (Wisconsin FMLA) qualifying hours in the 12 months immediately preceding their leave of absence.
- Employees will continue to accrue Personal Illness while on a paid FMLA leave, where applicable.
- Wisconsin FMLA and Federal FMLA run concurrently. An employee may be approved for Wisconsin FMLA but not Federal FMLA due to their employment status and/or hours worked.

How Much Time is Available through FMLA?
- Wisconsin FMLA
  - 6 weeks of leave in a calendar year for the birth/adoption of a child,
  - 2 weeks of leave in a calendar year for the care of a child, spouse/domestic partner or parent, and
  - 2 weeks of leave in a calendar year for the employee’s own serious medical condition.
- Federal FMLA
  - Up to a total of 12 weeks off in a rolling calendar year for the following:
    - Birth/adoption of a child, and/or
    - To care for a child, spouse or parent with serious medical condition, and/or
    - The employee’s own serious medical condition, and/or
    - A qualifying exigency for the employee’s spouse, son, daughter, parent or next of kin; or
  - Up to 26 weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if they are the employee’s spouse, son, daughter, parent or next of kin.

Medical Leave – Non FMLA
- An employee who is not eligible for FMLA or has exhausted their FMLA may apply for a medical leave that can last up to 2 calendar years. After Medical Leave exhausts (2 years), their employment would be terminated.
- If the leave is 1 year or less, the employee will retain the right to return to the position he/she formerly held at the time the leave was requested.
- If the leave is 1 year – 2 years, the employee will be placed in the next vacant position for which he/she is qualified. If there is no vacant position at the time the employee is released to return to work, the employee shall have the option to: Be assigned to a substitute position or go on a layoff status.
Child Rearing Leave

- An employee may request a child rearing leave for up to 12 consecutive months to care for a child who is under school age. An employee shall be granted one child rearing leave per child.
- The employee shall make written application for an unpaid child rearing leave to the Benefits Department at least 90 days in advance unless the employee is unable to provide such notice due to medical reasons, or in the case of an adoption, the employee is unable to provide such advance notice due to the placement requirements of the adoption process.
- The employee shall retain the right to return to the position he/she formerly held at the time the leave was requested.

Other Unpaid Leave

- All requests for other unpaid leave of absence, other than emergencies, must be submitted to the District at least thirty (30) days prior to the anticipated beginning of the leave. Such application will be reviewed and granted or denied in District’s sole discretion. The unpaid leave of absence shall not exceed one (1) calendar year.
- The employee shall retain the right to return to the position he/she formerly held at the time the leave was requested.

INCOME WHILE ON A LEAVE

- Eligible employees may use their accrued and available Personal Illness, Vacation and/or Legal Leave balances to receive pay while on an FMLA or a Medical Leave of Absence. If Personal Illness, Vacation and/or Legal Leave is not used, the absence will be unpaid.
- All other leave of absences are unpaid.

BENEFITS WHILE ON A LEAVE

FMLA Leaves

- Employees will continue to be enrolled in medical, dental, vision, flexible spending accounts, life insurance and long-term disability insurance while on an FMLA. Premium contributions will continue at the same employee/MMSD paid levels. If the employee does not receive paychecks during this time, premiums will be invoiced.

Medical Leaves

- Employees will continue to be enrolled in medical, dental, vision, flexible spending accounts, life insurance and long-term disability insurance while on a Medical Leave and in Paid Status. Premium contributions will continue at the same employee/MMSD paid levels.
- Employees can continue to be enrolled in medical, dental, vision, flexible spending accounts and life insurance while on a Medical Leave and in an Unpaid Status. The employee will be invoiced for the entire premium.
- When MMSD’s insurance contributions end, employees will be notified and given the opportunity to pay the full cost of insurance or cancel coverage (with the right to re-enroll when returning from the leave).

Birth of a Child

- If an employee would like to change their coverage, such as add baby to health/dental/vision or enroll in FSA, they must complete the election within 30 days of birth. Visit https://hr.madison.k12.wi.us/life-event-changes for more information.
- Employees may want to consider updating their life insurance beneficiary information. Visit https://hr.madison.k12.wi.us/life-event-changes for more information.
- Visit WRS and any 403(b) vendor to update beneficiaries.

Short Term Disability (STD) - Enrollees Only

- Calendar days 1-14 are considered the waiting period. The day the employee goes out on leave due to a serious medical condition is day 1. During this time, the employee may use Personal Illness and/or Vacation to receive pay for any contracted/scheduled work days.
• Employees must apply for Benefits through The Standard Life Insurance Company directly. Instructions will be provided as a part of the leave process.
• Once STD is approved, employees will receive 66.67% of their regular earnings through The Standard Life Insurance Company until the employee is eligible to apply for Long Term Disability pay (see below).
• Disability pay, in some cases, is taxable earnings. Employee should discuss their tax situation with a tax advisor and may want to consider requesting taxes be withheld from the disability checks.

Long-Term Disability (LTD)
• Calendar days 1-75 are considered the waiting period. The day the employee goes out on leave due to a serious medical condition is day 1. During this time, the employee may use Personal Illness and/or Vacation to receive pay for any contracted/scheduled work days.
• Employees will receive an LTD Application for Benefits at least 15 days prior to the end of the waiting period. The completed Application must be returned to The Standard Life Insurance Company.
• Once LTD is approved, and through end of disability, employees may receive 80% of their regular earnings through The Standard Life Insurance Company.
• Disability pay, in some cases, is taxable earnings. Employee should discuss their tax situation with a tax advisor and may want to consider requesting taxes be withheld from the disability checks.
• The switch to Long-Term Disability may impact the employee’s Social Security and/or Medicare status. Employees are encouraged to contact the Social Security office to understand any and all implications.
  o Please be aware, there is a significant chance employees on LTD may need to enroll in Medicare A and/or B due to Long Term Disability and/or Insurance Premium Waiver.

ADDITIONAL RESOURCES FOR YOU

• Employee Assistance Program (EAP): There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which is available to you and your family. It’s free and confidential — 888-293-6948 or http://workhealthlife.com/standard3
• Nurse Line: If you are unsure if you need to seek treatment or are unsure where to go, contact a Nurse on Call through your health insurance plan (24x7).
  GHC Nurse 855-661-7350
  Dean Nurse 800-576-8773
• Prescription Drug Takeback Program: If you have unused prescriptions, you can take them to a drug takeback location, free and confidentially. Prescription at the Drug Takeback location will be properly disposed of. https://doseofrealitywi.gov/drug-takeback/find-a-take-back-location/
• Prescription pain medicine addiction is a growing problem in Dane County and Wisconsin. More information about prescription pain medication addiction, resources and treatment help can be found at https://doseofrealitywi.gov

*Please refer to the Employee Handbook for any details or definitions of the leave of absences available to you. The employee handbook will supersede all information in this FAQ.