



SCOTTSBORO CITY BOARD OF EDUCATION LEAVE OF ABSENCE CHECK LIST

- Leave of Absence Request form completed and signed by Principal or Supervisor
- A physician's statement/medical certification must be attached to the Leave of Absence Request form, if applicable
- If requesting FMLA leave, FMLA form WH-380E (for employee) or WH-380F (for family) has been completed and submitted to the Central Office (see FMLA Fact Sheet). *These forms are also available on our district website.*
- Medical Release form completed and submitted to Central Office prior to returning to work. *Pursuant to Board Policy 5.12.11, The Board may require an employee who has taken leave due to the employee's own serious medical condition to provide the Board with a healthcare provider's certification in order to return to work.*



Scottsboro City Board of Education

305 South Scott Street
Scottsboro, AL 35768
Phone: (256) 218-2100

LEAVE OF ABSENCE REQUEST FORM (10+ days)

Pursuant to Scottsboro City Board of Education Policy Section 5.12.8, except where circumstances are such that reasonable advance planning is not possible, employees must provide the Superintendent at least 30 days written notice of the date when leave is to begin.

Employee Name: _____

School: _____

Mailing address: _____

Position: _____

City, State Zip: _____

Type of Leave: _____

Beginning Date of Leave: _____

Ending Date of Leave: _____

*A physician's statement /
medical certification must be
attached to this request for a
leave of absence, as applicable

I will use the following days: (Please indicate the number of days)

_____ Sick

_____ Sick Bank (up to 15 days)

_____ Personal/Vacation

_____ Unpaid (any remaining days)

(Employee's Signature)

(Date)

(Principal / Supervisor Signature)

(Date)

Form routing: Employee → Principal/Supervisor → Superintendent → HR Director → Payroll Clerk.

For Central Office Use Only							
<u>Month</u>	<u>Sick</u>	<u>Personal</u>	<u>Unpaid</u>	<u>Month</u>	<u>Sick</u>	<u>Personal</u>	<u>Unpaid</u>
July				January			
August				February			
September				March			
October				April			
November				May			
December				June			

Beginning date of unpaid leave: _____



FMLA Fact Sheet

The Family and Medical Leave Act of 1993 requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for the Board of Education for at least 12 months, and for 1,250 hours over the previous 12 months. Pursuant to the Scottsboro City Board of Education Policy 5.12.7, unpaid leave granted in compliance with the Act, when combined with paid leave available to an employee, shall not exceed a combined total of 12 weeks.

Reasons for Taking Leave:

- For the father and/or mother for the birth of a child and to bond with the newborn child within one year of birth;
- The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement;
- For a serious health condition that makes the employee unable to perform the functions of his or her job;
- To care for the employee’s spouse, son or daughter, or parent who has a serious health condition;
- Any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a military member on covered active duty; or
- To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember.

Advance Notice and Medical Certification

- Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable.
- The Board requires that a request for leave based on the serious health condition of the employee, the employee’s son, daughter, spouse or parent be supported by a certification issued by the appropriate health care provider, and may require second or third opinions at the Board’s expense, per Board Policy 5.12.9.
- Form WH-380-E or WH-380-F must be completed for FMLA leave (Forms may be downloaded from the Board of Education website)
- The Board may require the employee to provide certification by the employee’s health care provider that the employee is able to resume work, per Board Policy 5.12.11.

Job Benefits and Protection

- For the duration of FMLA leave, the Board maintains the employee’s health benefits under the same conditions these benefits would have been provided if no leave had been taken. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.
- Upon return from FMLA leave, most employees are entitled to restoration to an equivalent position with equivalent pay, benefits, and conditions of employment.

The Scottsboro City Board of Education complies with the Federal Family and Medical Leave Act (FMLA) as set forth in the policy manual revised July 10, 2014.



Scottsboro City Board of Education
Intent to Return to Work
and
Medical Release Form

TO: Mrs. Amy Childress, Superintendent

FROM: _____
(Employee's Name) (Last 4 Digits of SSN)

Pursuant to my approved Leave of Absence Request, I affirm my intent to return to work on _____, as specified in my approved Leave of Absence Request Form.

(Employee's Signature) (Date)

If your absence was due to extended physician's care, please have your health care provider complete the following:

- The above named employee is fully released to return to work, without restrictions, on _____ (date)
- The employee is released to work on _____ (date), but with the following restrictions: _____ until _____ (date).

(Print name of Health Care Provider) (Type of Practice)

(Address) (Telephone)

(Signature of Health Care Provider) (Date)

Form routing: Employee → Principal/Supervisor → Superintendent → HR Director → Payroll Clerk.