

### Leave of Absence Request Procedure

1. Leave requests must be submitted at least one month before the occurrence.  
Leaves are not considered approved until formal action is taken by the board at its regular board meeting.
2. Employee should use the form provided by the LEA, (attached) which was modified as appropriate to submit all requests.
3.
  - a. The letter is submitted to the building principal.
  - b. The principal completes the Leave of Absence Request Form and submits to Human Resources.
  - c. Human Resources will verify the employee's actual days available and eligibility status for family leave requests, and complete form as required.  
Human Resources will submit the forms to Superintendent for final approval.
  - d. Superintendent completes form. If leave is approved, it will be put forward for Board approval at the next meeting.
  - e. Employees will receive verification of Board approval immediately following the Board meeting.

LAKEWOOD PUBLIC SCHOOLS  
HUMAN RESOURCES OFFICE  
200 RAMSEY AVENUE  
LAKEWOOD, NJ 08701

**LEAVE OF ABSENCE REQUEST FORM**  
**FAMILY MEDICAL LEAVE ACT (FMLA)/NJ FAMILY LEAVE ACT (NJFLA)**

Name: \_\_\_\_\_

Building/Office: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. I request to take a leave of absence as follows:

Sick Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

Extra Consideration  
Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

Personal Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

Vacation Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

2. I request an unpaid leave of absence as follows:

FMLA Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

NJFLA Days                      From: \_\_\_\_\_ To: \_\_\_\_\_

\**Contractual Days*                      From: \_\_\_\_\_ To: \_\_\_\_\_

*\*This is not a state approved leave and will affect your medical benefits.*

Note: If you choose an unpaid FMLA or NJFLA leave of absence you will be responsible to make payment for the medical benefits contribution that is deducted from your paycheck so that your benefits do not lapse. Please contact Darlene Deinhardt, [ddeinhardt@lakewoodpiners.org](mailto:ddeinhardt@lakewoodpiners.org) to make the arrangement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Substitute Needed:    Yes \_\_\_\_\_    No \_\_\_\_\_

Recommended Sub \_\_\_\_\_

## SAMPLE LETTER

Name  
Address  
City, State, Zip Code  
Phone #  
Email

Date

To Whom It May Concern,

I am a/an (job title) in (name of school/department). I respectfully request the use of my sick/personal/vacation days-paid leave commencing (anticipated start date of leave) and terminating (last date of leave). Thereafter, I ask to utilize the Family Medical Leave Act and return to work on or before (return date).

Attached is my medical documentation.

Sincerely,

(Your name)

This is a sample letter, if you are not using or do not have sick/personal/vacation days than you will write UNPAID LEAVE. If you are not eligible for FMLA or NJFLA then do not include the last sentence in the sample letter. If your leave extends beyond your sick/personal/vacation and you are not eligible for FMLA then simply put UNPAID LEAVE in place of the FMLA in the last sentence.

## FILE ONLINE FOR FASTER CLAIM PROCESSING AT **myLeaveBenefits.nj.gov**

### How to Complete the Claim for Family Leave Benefits

- This application (form FL-1) is for family caregiving or bonding leave. If you wish to claim benefits for your own disability or for pregnancy and recovery, complete the application for Temporary Disability Benefits (form DS-1).
- You must complete the first 2 pages of the form (Parts A and B).
- You will need to provide your employer's Federal Employer Identification Number on **Part B**. You can get this number from either your last year's W-2 form or your Human Resources office. Your employer is not required to complete this form but you can ask them to help you with any questions on **Part B**.
- **Part C** must be completed by the care recipient and the doctor *only* if you are caring for an ill family member.
- **Part D** must be completed *only* if you are not claiming all 12 weeks of Family Leave benefits in a row.
- If your reason for taking leave is related to a domestic violence or sexual violence case in which medical documentation is not applicable, attach documentation related to the case. For more information see [myleavebenefits.nj.gov/keepingNJsafe](http://myleavebenefits.nj.gov/keepingNJsafe).
- You have 30 days from the first day of your leave to file your claim. If your claim form is received more than 30 days from the first day of your leave, you must provide a reason why the claim was not filed on time. Benefits may be reduced or denied for late applications.

### Remember

- You must complete every question accurately and write legibly.
- Any missing information may cause your claim to be denied.
- Demographic questions have no effect on the approval or denial of your claim.
- Write your name and Social Security number on each page of your claim and on all attachments.
- Exact dates must be given. Do not write "present" or "current."
- If you need to list more than 2 employers, make a copy of Part B to list additional employment.
- If you return to work while you are claiming Family Leave benefits, report this date immediately to the Division of Family Leave Insurance to avoid overpayment.

### How to Send Us Your Claim Form

There are 2 options for you to submit this form. Choose only one, as sending multiple copies will delay processing. If you filed your claim online, do not also submit a paper application.

1. Fax this completed form to 609-984-4138

– OR –

2. Mail this completed form to: Division of Temporary Disability Insurance / P.O. Box 387 / Trenton, NJ 08625-0387

### After Submitting Your Claim

- If you are eligible for Family Leave Insurance benefits but do not initially claim all 12 weeks of leave when filing, we will send you a request for continued claim certification (form FL-3). Use this form if you need to claim benefits for additional periods of leave. Complete and return the form promptly to ensure uninterrupted benefits.
- You can find more information and check your claim status at [myLeaveBenefits.nj.gov](http://myLeaveBenefits.nj.gov)
- For more help on your claim, call Customer Service: 609-292-7060

## New Jersey Family Leave Benefits Application

Division of Temporary Disability &amp; Family Leave Insurance

P.O. Box 387, Trenton, NJ 08625-0387

Fax: 609-984-4138

FLFLFL

**PART A** YOUR INFORMATION

Internal Code



Social Security Number

## Profile Information

1 Last name	First name	Middle	4 Date of Birth ____/____/____ mm/dd/yy	5 Gender _____
2 Home Address (Street, Apt #, City, State, ZIP Code)			6 County	
3 Mailing Address—if different from home address (Street, Apt #, City, State, ZIP Code)			7 Phone (____) _____	

Questions 8 and 9 are for statistical purposes only and do not affect eligibility

8 With which racial/ethnic group(s) do you most identify?

- ☐ Caucasian      ☐ Native Hawaiian/Pacific Islander  
☐ African American      ☐ American Indian/Alaskan Native  
☐ Asian      ☐ Latino/Hispanic      ☐ Yes      ☐ No

9 Check the highest level of schooling you have completed.

- ☐ Have not graduated high school      ☐ Associates/Bachelor's Degree  
☐ High School Graduate/GED      ☐ Graduate Degree

## Leave Information

10 Date your Family Leave began ____/____/____	11 Date you returned/will return to work ____/____/____
12 Reason for family leave	<input type="checkbox"/> Bond with child <input type="checkbox"/> Care of family member
Complete Parts A & B	Complete Parts A, B, & C

*Bonding claims: If you are the birth mother of the child, you may be eligible for Temporary Disability maternity benefits before collecting Family Leave bonding benefits. If you would like to apply for these benefits during your pregnancy and recovery, complete the Temporary Disability Benefits Application (form DS-1).*

13 Person you are caring for or bonding with

Last name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Adoption/Foster Placement (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

14 Are you taking all 12 weeks of Family Leave benefits in a row? ☐ Yes ☐ No

Complete Part D (Partial Leave Schedule) on Page 3

## Additional Benefit Information

15 Do you want 10% of your benefits withheld for federal income tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 During the period of Family Leave covered by this claim, have you received or applied for:	
a Federal Social Security Disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, enter start/application date ____/____/____
b Pension benefits from your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, enter start date ____/____/____ Monthly amount \$ _____
c Workers' Compensation benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Unemployment Insurance benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Certification and Signature

17 I certify I was unavailable to work during the period for which I am claiming benefits. I am aware that if I provide any information in this application that I know to be false, or if I knowingly fail to disclose a material fact, I may be subject to penalties, which may include criminal prosecution. You are hereby authorized to verify my Social Security Number, and obtain any medical, employment and Social Security benefit information necessary to determine my eligibility for benefits.

Sign Here \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All medical records of the Division, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law are confidential & are not open to public inspection. The Division protects all records that may reveal the identity of the claimant, or the nature or cause of the family leave and the records may only be used in proceedings arising under the law.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number

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## PART B EMPLOYMENT INFORMATION

Instructions: Starting with your last employer, provide information for all your employers in the 6 months before your leave began.

If you need to list more employers, make a copy of this page. Be sure to state the first and last day you physically reported to work. Do not write "present" or "current."

1 Name of your most recent employer Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) ____-____-____-____-____-____ City _____ State _____		
3 Date of hire ____/____/____ mm/dd/yy		to Last physical day of work before your leave ____/____/____ mm/dd/yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____		7 Work Location City _____ State _____
8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____
11 Supervisor's Name _____		12 Phone (____) _____		
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14 Did you collect temporary disability benefits under this employer's approved private plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates ____/____/____ to ____/____/____		\$ _____ per week		
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		This pay represents:		
If yes, from ____/____/____ to ____/____/____		<input type="checkbox"/> Paid time off (vacation, sick, personal, etc.)		
Total amount paid \$ _____		<input type="checkbox"/> Difference between regular wages and leave benefits		
		<input type="checkbox"/> Other pay from your employer (explain) _____		
		<input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice		
		<input type="checkbox"/> Donated Leave		

1 Name of other employer (if applicable) Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) ____-____-____-____-____-____ City _____ State _____		
3 Date of hire ____/____/____ mm/dd/yy		to Last physical day of work before your leave ____/____/____ mm/dd/yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____		7 Work Location City _____ State _____
8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____
11 Supervisor's Name _____		12 Phone (____) _____		
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14 Did you collect temporary disability benefits under this employer's approved private plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates ____/____/____ to ____/____/____		\$ _____ per week		
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		This pay represents:		
If yes, from ____/____/____ to ____/____/____		<input type="checkbox"/> Paid time off (vacation, sick, personal, etc.)		
Total amount paid \$ _____		<input type="checkbox"/> Difference between regular wages and leave benefits		
		<input type="checkbox"/> Other pay from your employer (explain) _____		
		<input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice		
		<input type="checkbox"/> Donated Leave		

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number

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**PART C** CAREGIVING CLAIMS

**SECTION 1 MEDICAL CERTIFICATE:** To be completed by the care recipient's healthcare provider

1 Does your patient require full time care? ☐ Yes ☐ No If no, how many days per week does your patient need care? \_\_\_\_\_

2 What was the first day that your patient needed care? \_\_\_\_\_  
mm | dd | yy

3 On what day do you estimate your patient will no longer require care? \_\_\_\_\_  
mm | dd | yy

4 Diagnosis (condition that requires care) \_\_\_\_\_ # ICD Code \_\_\_\_\_

5 I certify the above statements describe the patient's condition, need for care, and the estimated length of disability:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Certificate License No. and State \_\_\_\_\_ ☐ Check, if Resident

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**SECTION 2 CARE RECIPIENT'S CERTIFICATION:** To be completed by the care recipient

1 Care Recipient's Name Last \_\_\_\_\_ First \_\_\_\_\_

2 Care Recipient's Medical Disclosure Authorization and Confirmation: I authorize my physicians/health care providers to disclose my current personal health information to my care provider, identified above, and to the New Jersey Division of Family Leave Insurance. I make this authorization to support my care provider's claim for Family Leave Insurance benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent the Division of Family Leave Insurance from recovering money to which it is legally entitled. I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature if care recipient writes an "X" \_\_\_\_\_

(If care recipient is unable to sign, Item 3 below must be completed.)

Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All of your medical records, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law, are confidential and are not open to public inspection. The Division also protects all records that may reveal your identity or the identity of your care provider.

3 Authorized representative signing on behalf of care recipient must complete the following: I, \_\_\_\_\_, print name  
represent the care recipient in this matter and I am authorized by:

☐ Parental right ☐ Power of attorney (attach copy) ☐ Court order (attach copy)

Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PART D** PARTIAL LEAVE SCHEDULE

If you are **not** claiming your leave in one consecutive 12-week period, mark the Family Leave days claimed below. Week Beginning Date should be the Sunday of the week you are taking leave. No benefits will be approved beyond the date of your signature.

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Week Beginning Date \_\_\_\_\_

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Claimant signature \_\_\_\_\_ Date \_\_\_\_\_

Lakewood School District  
200 Ramsey Avenue  
Lakewood, New Jersey 08701  
732-364-2400 X 7003

### RETURN TO WORK FORM

To: Human Resource Dept.  
Attention: Kari Novatin

From: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Re: Return to Work Form

I \_\_\_\_\_ have returned from a Leave of Absence on  
\_\_\_\_\_.

Please have your attendance secretary scan to me via email on the **FIRST DAY** of your return and send the **ORIGINAL inter-office mail to Human Resource Dept.**

**Human Resources will notify the Payroll Department to generate your next paycheck.**

I understand that a copy of this form will be put in my personnel file.

Signature \_\_\_\_\_



## 1643 FAMILY LEAVE

The Board of Education will provide family leave to staff members in accordance with the New Jersey Family Leave Act (NJFLA) and the Federal Family and Medical Leave Act (FMLA). These laws have similar and different provisions that provide different rights and obligations for a staff member and the Board.

If a staff member is eligible for leave for reasons recognized under both the FMLA and NJFLA, then the time taken shall run concurrently and be applied to both laws. The NJFLA provides twelve weeks leave in a twenty-four month period and the FMLA provides twelve weeks leave in a twelve month period

### A. New Jersey Family Leave Act

#### 1. Definitions Relative to New Jersey Family Leave Act

"Base Hours" means the hours of work for which a staff member receives compensation. Base hours shall include overtime hours for which a staff member is paid additional or overtime compensation, and hours for which a staff member receives workers' compensation benefits. Base hours shall also include hours a staff member would have worked except for having been in military service. Base hours do not include hours for when a staff member receives other types of compensation, such as administrative, personal leave, vacation, or sick leave.

"Child" means a biological, adopted, foster child, or resource family child, stepchild, legal ward, or child of a parent, including a child who becomes the child of a parent pursuant to a valid written agreement between the parent and a gestational carrier.

"Eligible employee" means any individual employed by the same employer for twelve months or more, who has worked 1,000 or more base hours during the preceding twelve month period.

"Employer" includes the State, any political subdivision thereof, and all public offices, agencies, boards, or bodies.

"Family member" means a child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, domestic partner, or one partner in a civil union couple, or any other individual related by blood to a staff member, and any other individual that a staff member shows to have a close association with a staff member which is the equivalent of a family relationship.

"Health care provider" means a duly licensed health care provider or other health care provider deemed appropriate by the Director of the Division on Civil Rights in the New Jersey Department of Law and Public Safety.

"Parent" means a person who is the biological parent, adoptive parent, foster parent, resource family parent, step-parent, parent-in-law, or legal guardian,

having a "parent-child relationship" with a child as defined by law, or having sole or joint legal or physical custody, care, guardianship, or visitation with a child, or who became the parent of the child pursuant to a valid written agreement between the parent and a gestational carrier.

"Serious health condition" means an illness, injury, impairment, or physical or mental condition which requires:

- a. Inpatient care in a hospital, hospice, or residential medical care facility; or
- b. Continuing medical treatment or continuing supervision by a health care provider.

As used in the definition of a serious health condition, "continuing medical treatment or continuing supervision by a health care provider" means:

- a. A period of incapacity (that is, inability to work, attend school, or perform regular daily activities due to a serious health condition, treatment therefore, and recovery therefrom) of more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
  - (1) Treatment two or more times by a health care provider; or
  - (2) Treatment by a health care provider on one occasion which results in a regimen of continuing treatment under the supervision of a health care provider;
- b. Any period of incapacity due to pregnancy, or for prenatal care;
- c. Any period of incapacity or treatment for such incapacity due to a chronic serious health condition;
- d. A period of incapacity, which is permanent or long-term, due to a condition for which treatment may not be effective (such as Alzheimer's disease, a severe stroke, or the terminal stages of a disease) where the individual is under continuing supervision of, but need not be receiving active treatment by, a health care provider; or
- e. Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

"Spouse" means a person to whom a staff member is lawfully married as

defined by New Jersey law.

"State of emergency" means a natural or man-made disaster or emergency for which a state of emergency has been declared by the President of the United States or the Governor, or for which a state of emergency has been declared by a municipal emergency management coordinator.

2. Reasons for NJFLA Leave

a. A staff member may take NJFLA leave to provide care made necessary by reason of:

- (1) The birth of a child of the staff member, including a child born pursuant to a valid written agreement between the staff member and the gestational carrier;
- (2) The placement of a child into foster care with the staff member or in connection with adoption of such child by a staff member;
- (3) The serious health condition of a family member of the staff member; or
- (4) A state of emergency declared by the Governor of New Jersey, or when indicated to be needed by the Commissioner of Health – New Jersey Department of Health or other public health authority, an epidemic or communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent spread of a communicable disease which:
  - (a) Requires in-home care or treatment of a child due to the closure of the school or place of care of the child of a staff member, by order of a public official due to the epidemic or other public health emergency;
  - (b) Prompts the issuance by a public health authority of a determination, including by mandatory quarantine, requiring or imposing responsive or prophylactic measures as a result of illness caused by an epidemic of a communicable disease or known or suspected exposure to the communicable disease because the presence in the community of a family member in need of care by a staff member would jeopardize the health of others; or
  - (c) Results in the recommendation of a health care provider or public health authority, that a family member in need of care by a staff member voluntarily

undergo self-quarantine as a result of suspected exposure to a communicable disease because the presence in the community of that family member in need of care by a staff member, would jeopardize the health of others.

3. Staff Member Eligibility

- a. NJFLA leave may be taken for up to twelve weeks within any twenty-four month period. The NJFLA leave shall be unpaid with benefits subject to contributions required to be made by the staff member.
- b. A staff member is eligible for NJFLA leave if a staff member is employed by the same Board for twelve months or more, and has worked 1,000 or more base hours during the preceding twelve month period.
- c. The method to determine the twenty-four month period in which the twelve weeks of NJFLA leave entitlement occurs shall be
  - ☐ the calendar year.
  - ☐ any fixed "leave year," such as a fiscal year or a year starting on a staff member's "anniversary date".
  - ☐ the twenty-four month period measured forward from the date any staff member's first leave under NJFLA begins.
  - ☒ a "rolling" twenty-four month period measured backward from the date a staff member uses any leave under NJFLA.
- d. This Policy shall serve as notice to all staff members of the method chosen in A.3.c. above. This method shall be applied consistently and uniformly to all staff members.
  - (1) If the Board transitions to another method, the Board is required to give at least sixty days' notice to all staff members and the transition must take place in such a way that staff members retain their full benefit of twelve weeks of NJFLA leave under whichever method affords the greatest benefit to a staff member.
- e. The Board shall grant NJFLA leave to more than one staff member from the same family (for example, a husband and a wife, or a brother and a sister) at the same time, provided such staff members are otherwise eligible for NJFLA leave.
- f. The fact that a holiday may occur within the week taken by a staff member as NJFLA leave has no effect and the week is counted as a

week of NJFLA leave.

- (1) However, if a staff member is out on NJFLA leave and the staff member is not regularly scheduled to work for one or more weeks, the weeks the staff member is not regularly scheduled to work do not count against their NJFLA leave entitlement.

#### 4. Types of NJFLA Leave

- a. Staff members are required to provide notice in writing for any NJFLA leave requested. In emergent circumstances, a staff member may provide the Board with oral notice when written notice is impracticable.
  - (1) Staff members must provide the Board written notice after submitting oral notice in emergent circumstances.
- b. Consecutive NJFLA leave is NJFLA leave that is taken without interruption based upon a staff member's regular work schedule and does not include breaks in employment in which a staff member is not regularly scheduled to work.
  - (1) A staff member must provide the Board with notice of consecutive NJFLA leave no later than thirty days prior to the commencement of consecutive NJFLA leave, except where emergent circumstances warrant shorter notice.
  - (2) A staff member shall provide the Board with certification pursuant to A.5. below.
- c. Intermittent NJFLA leave is NJFLA leave due to a single qualifying reason, taken in separate periods of time, broken up by periods in which the staff member returns to work.
  - (1) A staff member is entitled to take NJFLA leave intermittently for the birth of a child of the staff member, including a child born pursuant to a valid written agreement between the staff member and a gestational carrier or the placement of a child into foster care with the staff member or in connection with adoption of such child by the staff member.
    - (a) The staff member shall provide the Board with prior notice of not less than fifteen calendar days before the first day on which NJFLA benefits are paid for the intermittent NJFLA leave, unless an emergency or other unforeseen circumstance precludes prior notice.
    - (b) The staff member shall make a reasonable effort to schedule the intermittent NJFLA leave so as not to

unduly disrupt the operations of the Board and, if possible, provide the Board, prior to the commencement of intermittent NJFLA leave, with a regular schedule of the days or days of the week on which the intermittent NJFLA leave will be taken.

- (c) A staff member shall provide the Board with certification for intermittent NJFLA leave pursuant to A.5.b. below.
- (2) The staff member is entitled to take intermittent NJFLA leave for the serious health condition of a family member of the staff member when medically necessary if:
- (a) The total time which the intermittent NJFLA leave is taken does not exceed twelve months if taken in connection with a single serious health condition. If the intermittent NJFLA leave is taken in connection with more than one serious health condition, the intermittent NJFLA leave must be taken within a consecutive twenty-four month period or until such time the twelve week NJFLA leave is exhausted, whichever is shorter;
  - (b) The staff member provides the Board with prior notice of not less than fifteen calendar days before the first day on which benefits are paid for the intermittent NJFLA leave.
    - (i) The staff member may provide notice less than fifteen days prior to the intermittent NJFLA leave if an emergency or other unforeseen circumstance precludes prior notice;
  - (c) The staff member makes a reasonable effort to schedule the intermittent NJFLA leave so as not to unduly disrupt the operations of the school district and, if possible, provide the school district, prior to the commencement of intermittent NJFLA leave, with a regular schedule of the days or days of the week on which the intermittent NJFLA leave will be taken; and
  - (d) The staff member provides the Board with a copy of the certification outlined in A.5.c. below.
- (3) In the case of NJFLA leave taken due to an epidemic of a communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent spread of the communicable disease, the NJFLA leave may only be taken

intermittently if:

- (a) The staff member provides the Board with prior notice of the intermittent NJFLA leave as soon as practicable;
  - (b) The staff member makes a reasonable effort to schedule the NJFLA leave so as not to unduly disrupt the operations of the school district and, if possible, provide the school district prior to the commencement of the intermittent NJFLA leave, with a regular schedule of the day or days of the week on which the intermittent NJFLA leave will be taken; and
  - (c) A staff member provides the Board with a copy of the certification outlined in A.5.d. below.
- (4) Intermittent leave taken on a reduced leave schedule is NJFLA leave due to a single qualifying reason, that is scheduled for fewer than a staff member's usual number of hours worked per workweek, but not for fewer than a staff member's usual number of hours worked per workday and may only be taken to care for the serious health condition of a family member of a staff member when medically necessary, except that:
- (a) A staff member shall not be entitled to intermittent NJFLA leave on a reduced leave schedule for a period exceeding twelve consecutive months for any one period of NJFLA leave;
  - (b) The staff member must provide the Board with prior notice of the intermittent NJFLA leave on a reduced leave schedule as soon as practicable;
  - (c) A staff member shall make a reasonable effort to schedule intermittent NJFLA leave on a reduced leave schedule so as not to disrupt unduly the operations of the school district. A staff member shall provide the school district with prior notice of the care, medical treatment, or continuing supervision by a health care provider necessary due to a serious health condition of a family member, in a manner which is reasonable and practicable; and
  - (d) A staff member must provide the Board with a copy of the certification outlined in A.5.c. below.
- d. NJFLA leave taken because of the birth or placement for adoption of a child of the staff member may commence at any time within a year

after the date of the foster care placement, birth, or placement for adoption.

- e. A staff member shall not, during any period of NJFLA leave, perform services on a full-time basis for any person for whom a staff member did not provide those services immediately prior to commencement of the NJFLA leave.
  - (1) A staff member on NJFLA leave may not engage in other full-time employment during the term of the NJFLA leave, unless such employment commenced prior to the NJFLA leave and is not otherwise prohibited by law.
  - (2) During the term of NJFLA leave a staff member may commence part-time employment which shall not exceed half the regularly scheduled hours worked for the Board from whom a staff member requested NJFLA leave. A staff member may continue part-time employment which commenced prior to a staff member's NJFLA leave, at the same number of hours that a staff member was regularly scheduled prior to such NJFLA leave.
  - (3) The Board may not maintain a policy or practice which prohibits part-time employment during the course of a NJFLA leave.

5. Certification

- a. The Board shall require a staff member who requests NJFLA leave to sign a form of certification established by the Board attesting that such staff member is taking NJFLA leave in accordance with the law.
  - (1) The Board may not require a staff member to sign or otherwise submit a form of certification attesting to additional facts, including a staff member's eligibility for NJFLA leave.
  - (2) The Board may subject a staff member to reasonable disciplinary measures, depending on the circumstances, when a staff member intentionally misrepresents the reason that such staff member is taking NJFLA leave.
  - (3) The form of certification established by the Board shall contain a statement warning a staff member of the consequences of refusing to sign the certification or falsely certifying. Any staff member who refuses to sign the certification established by the Board may be denied the requested NJFLA leave.



- (4) The Board requires that any period of NJFLA leave be supported by certification issued by a health care provider.
- b. Where the certification, issued by the health care provider, is for the birth of a child of a staff member, including a child born pursuant to a valid written agreement between the staff member and a gestational carrier or the placement of a child into foster care with the staff member or in connection with adoption of such child by the staff member, the certification need only state the date of birth or date of placement, whichever is appropriate.
- c. Any period of NJFLA leave for the serious health condition of a family member of a staff member shall be supported by certification provided by a health care provider. The certification shall be sufficient if it states:
  - (1) The date, if known, on which the serious health condition commenced;
  - (2) The probable duration of the condition;
  - (3) The medical facts within the knowledge of the provider of the certification regarding the condition;
  - (4) The serious health condition warrants the participation of the staff member in providing health care to the family member, as provided in the "Family Leave Act," P.L. 1989, c.261 (C.34:11B-1 et seq.) and regulations adopted pursuant to the NJFLA;
  - (5) An estimate of the amount of time the staff member is needed for participation in the care of the family member;
  - (6) If the NJFLA leave is intermittent, a statement of the medical necessity for the intermittent NJFLA leave and the expected duration of the intermittent NJFLA leave; and
  - (7) If NJFLA leave is intermittent and for planned medical treatment, the dates of the treatment.
- d. In any case in which the Board has reason to doubt the validity of the certification provided pursuant to A.5.c. above, the Board may require, at its own expense, that a staff member obtain an opinion regarding the serious health condition from a second health care provider designated or approved, but not employed on a regular basis, by the Board. If the second opinion differs from the certification provided pursuant to A.5.c. above, the Board may require, at its own expense, that a staff member obtain the opinion of a third health care provider designated or approved jointly by the Board and a staff member concerning the serious health condition. The opinion of the third health care provider

shall be considered to be final and shall be binding on the Board and a staff member.

- c. Where the certification is for an epidemic of a communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent the spread of the communicable disease, the certification shall be sufficient if it includes:

- (1) For NJFLA leave taken to provide in-home care or treatment of a child due to the closure of the school or place of care of the child of a staff member, by order of a public official due to the epidemic or other public health emergency, the date on which the closure of the school or place of care of the child of a staff member commenced and the reason for such closure;
- (2) For NJFLA leave taken due to a public health authority's issuance of a determination requiring or imposing responsive or prophylactic measures as a result of illness caused by an epidemic of a communicable disease or known or suspected exposure to the communicable disease because the presence in the community of a family member in need of care by a staff member would jeopardize the health of others, the date of issuance of the determination, and the probable duration of the determination; or
- (3) For NJFLA leave taken because a health care provider or public health authority recommends that a family member in need of care by a staff member voluntarily undergo self-quarantine as a result of suspected exposure to a communicable disease because the presence in the community of that family member in need of care by a staff member would jeopardize the health of others, the date of the recommendation, the probable duration of the condition, and the medical or other facts within the health care provider or public health authority's knowledge regarding the condition.

- f. The Board shall not use the certification requirements as outlined in A.5. to intimidate, harass, or otherwise discourage a staff member from requesting or taking NJFLA leave or asserting any of a staff member's rights to NJFLA leave.

6. Denial or Exemption of NJFLA Leave

a. Denial of NJFLA Leave

- (1) The Board may deny NJFLA leave to a staff member if:
  - (a) A staff member is a salaried staff member who is among the highest paid 5% of the Board's staff members or the seven highest paid staff members of

the Board, whichever is greater;

- (b) The denial is necessary to prevent substantial and grievous economic injury to the Board's operations; and
- (c) The Board notifies a staff member of its intent to deny the NJFLA leave at the time the Board determines that the denial is necessary.

(2) The provisions of A.6.a.(1) above shall not apply when, in the event of a state of emergency declared by the Governor of New Jersey or when indicated to be needed by the Commissioner of Health – New Jersey Department of Health or other public health authority, the NJFLA leave is for an epidemic of a communicable disease, a known or suspected exposure to a communicable disease, or efforts to prevent spread of a communicable disease.

(3) In any case in which NJFLA leave has already commenced at the time of the notification pursuant to A.6.a.(1)(c) above, a staff member shall return to work within ten working days of the date of notification.

7. Reinstatement from NJFLA Leave

- a. Upon the expiration of a NJFLA leave, a staff member shall be restored to the position such staff member held immediately prior to the commencement of the NJFLA leave. If such position has been filled, the Board shall reinstate such staff member to an equivalent position of like seniority, status, employment benefits, pay, and other terms and conditions of employment.
- b. If, during NJFLA leave, the Board experiences a reduction in force or layoff and a staff member would have lost their position had a staff member not been on NJFLA leave, as a result of the reduction in force or pursuant to the good faith operation of a bona fide layoff and recall system including a system under a collective bargaining agreement where applicable, a staff member shall not be entitled to reinstatement to the former or an equivalent position. A staff member shall retain all rights under any applicable layoff and recall system, including a system under a collective bargaining agreement, as if a staff member had not taken the NJFLA leave.

8. Notice to Staff Members

- a. The Board shall display the official Family Leave Act poster of the Division on Civil Rights in the New Jersey Department of Law and Public Safety (Division) in accordance with N.J.A.C. 13:8-2.2. The poster is available for printing from the Division's website.

- b. Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights pursuant to N.J.A.C. 13:14-1.14.
- 9. Local Board of Education Practices
  - a. Accrued Paid NJFLA Leave
    - (1) Whether a staff member is required to use any other accrued leave time concurrent with NJFLA leave time will depend upon either the school district's practice or a provision in a collective bargaining agreement, if applicable.
      - (a) Sick leave may only be used concurrently with the NJFLA leave in accordance with the provisions of N.J.S.A. 18A:30-1 and N.J.S.A. 34:11B-3.
  - b. Multiple Leaves of Absence
    - (1) Where a Board maintains leaves of absence which provide benefits, other than health benefits, that differ depending upon the type of leave taken, the Board shall provide those benefits to a staff member on NJFLA leave in the same manner as it provides benefits to staff members who are granted other leaves of absence which most closely resemble NJFLA leave.
- 10. New Jersey Family Leave Insurance Program (NJFLI)
  - a. Board of Education staff members are eligible to apply for benefits under the NJFLI Program administered by the State of New Jersey Department of Labor and Workforce Development.
  - b. All applications for benefits under the NJFLI Program must be filed directly with the State of New Jersey Department of Labor and Workforce Development. The eligibility requirements, wage requirements, benefit duration and amounts, and benefit limitations shall be in accordance with the provisions of the NJFLI Program as administered by the State of New Jersey Department of Labor and Workforce Development. A formal appeal may be submitted to the State of New Jersey Department of Labor and Workforce Development if an employee or the Board disagrees with a determination on a claim.
  - c. The NJFLI Program provides eligible individuals a monetary benefit and not a leave benefit. The school district administrative and related staff will comply with the State of New Jersey Department of Labor and Workforce Development requests for information in accordance

with the provisions of N.J.A.C. 12:21-3.9.

- d. A printed notification of staff members' rights relative to the receipt of benefits under the NJFLI Program will be posted in each of the school district worksites and in a place or places accessible to all employees at the worksite.
- c. Each staff member shall receive a copy of this notification in writing at the time of the staff member's hiring, whenever the staff member provides written notice to the Superintendent of their intention to apply for benefits under the NJFLI Program, or at any time upon the first request of the staff member.
  - (1) The written notification may be transmitted to the staff member in electronic form.
  - (2) Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights under the NJFLI Program.

**B. Federal Family and Medical Leave Act**

**1. Definitions Relative to Federal Family and Medical Leave Act**

"Covered Employer" means any public or private elementary or secondary school(s) regardless of the number of employees employed.

"Employee" means a staff member eligible for family and medical leave in accordance with the Federal Family and Medical Leave Act (FMLA).

"Hours of Service" means hours actually worked by the employee. It does not mean hours paid. Thus, non-working time – such as vacations, holidays, furloughs, sick leave, or other time-off (paid or otherwise) – does not count for purposes of calculating FMLA eligibility for the employee.

"Parent" means a biological, adoptive, step, or foster father or mother, or any other individual who stood in loco parentis to a staff member when a staff member has a son or daughter as defined below. This term does not include parents "in law."

"Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical facility or continuing treatment by a health care provider. "Serious health condition" may include treatment of substance abuse pursuant to 29 CFR §825.119.

"Son" or "daughter" means a biological, adopted, or foster child, stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age eighteen or age eighteen or older and incapable of self-care because of a mental or physical disability at the time that FMLA leave is to commence.

"Spouse" means a husband or wife. For purposes of this definition, husband or wife refers to the other person with whom an individual entered into marriage as defined or recognized under State law in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex marriage or common law marriage.

"Week" or "Workweek" means the number of days a staff member normally works each calendar week.

2. Qualifying Reasons for FMLA Leave

- a. A staff member may take FMLA leave to provide care made necessary:
  - (1) For the birth of a son or daughter of a staff member and in order to care for such son or daughter;
  - (2) For the placement of a son or daughter with a staff member for adoption or foster care;
  - (3) In order to care for the spouse, son, daughter, or parent of a staff member if such spouse, son, daughter, or parent has a serious health condition;
  - (4) For a serious health condition that makes a staff member unable to perform the functions of the position of such staff member.
- b. FMLA leave taken in relation to military service shall be in accordance with 29 CFR §825.112.
- b. Entitlement to FMLA leave taken for the birth of a son or daughter or placement of a son or daughter with a staff member for adoption or foster care shall expire at the end of the twelve month period beginning on the date of such birth or placement.

3. Staff Member Eligibility

- a. A staff member is eligible for up to twelve weeks of FMLA leave in a twelve month period.
- b. A staff member shall become eligible for FMLA leave after the staff member has been employed at least twelve months by the Board and employed for at least 1,250 hours of service during the twelve month period immediately preceding the commencement of the FMLA leave.

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- (1) The twelve months a staff member must have been employed need not be consecutive months pursuant to 29 CFR §825.110(b).
    - (2) The minimum 1,250 hours of service shall be determined according to the principles established under the Fair Labor Standards Act (FLSA) for determining compensable hours of work pursuant to 29 CFR §785.
    - (3) The Board shall not provide pay for FMLA leave.
  - c. The method to determine the twelve month period in which the twelve weeks of FMLA leave entitlement occurs will be
    - ☐ the calendar year.
    - ☐ a school year.
    - ☐ a staff member's employment anniversary date.
    - ☐ the twelve month period measured forward from when a staff member's first FMLA leave begins.
    - ☒ a "rolling" twelve month period measured backward from the date a staff member uses any FMLA leave.
  - d. Pursuant to 29 CFR §825.201, a husband and wife both employed by the Board are limited to a combined total of twelve weeks of FMLA leave during the twelve month period if the FMLA leave is taken for the birth of a son or daughter of a staff member or to care for such son or daughter after birth; for placement of a son or daughter with a staff member for adoption or foster care or in order to care for the son or daughter after placement; or to care for a staff member's parent with a serious health condition.
4. Types of FMLA leave
- a. Continuous FMLA leave is taken by staff members for a continuous period of time. Such FMLA leave is not broken up by a period of work and is continuous when a staff member is absent for three consecutive working days or more. Continuous FMLA leave may be taken for any qualifying reason.
  - b. Intermittent FMLA leave is FMLA leave taken in separate blocks of time due to a single qualifying reason. A reduced FMLA leave schedule is a FMLA leave schedule that reduces a staff member's usual number of working hours per workweek, or hours per workday. A reduced FMLA leave schedule is a change in a staff member's schedule for a period of time, normally from full-time to part-time.

- (I) Intermittent or reduced FMLA leave may be taken for the following qualifying reasons:
  - (a) For the serious health condition of the staff member or to care for a parent, son, or daughter with a serious health condition.
    - (i) For intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule taken for the reason outlined in B.4.b.(1)(a) above there must be a medical need for FMLA leave and it must be that such medical need can be best accommodated through an intermittent or reduced FMLA leave schedule.
    - (ii) The treatment regimen and other information described in the certification of a serious health condition and in the certification of a serious injury or illness, shall address the medical necessity of intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule.
    - (iii) Intermittent FMLA leave may be taken for a serious health condition of a parent, son, or daughter, for a staff member's own serious health condition, which requires treatment by a health care provider periodically, rather than for one continuous period of time, and may include FMLA leave of periods from an hour or more to several weeks.
  - (b) For planned and/or unanticipated medical treatment of a serious health condition when medically necessary.
  - (c) To provide care or psychological comfort to a covered family member with a serious health condition when medically necessary.
  - (d) For absences where a staff member or family member is incapacitated or unable to perform the essential functions of the position because of a chronic serious health condition even if he or she does not receive treatment by a health care provider.
  - (e) For FMLA leave taken after the birth of a healthy child or placement of a healthy child for adoption or foster care, only if the Board agrees.



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- (i) The Board's agreement is not required; however, for FMLA leave during which the mother has a serious health condition in connection with the birth of her child or if the newborn child has a serious health condition.
  - (2) If a staff member needs FMLA leave intermittently or on a reduced FMLA leave schedule for planned medical treatment, then a staff member must make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations.
  - (3) When a staff member takes FMLA leave on an intermittent or reduced FMLA leave schedule basis, the Board must account for the FMLA leave using an increment no greater than the shortest period of time that the Board uses to account for use of other forms of leave provided that it is not greater than one hour and provided further that a staff member's FMLA leave entitlement may not be reduced by more than the amount of FMLA leave actually taken.
    - (a) If the Board accounts for use of leave in varying increments at different times of the day or shift, the Board may not account for FMLA leave in a larger increment than the shortest period used to account for other leave during the period in which the FMLA leave is taken.
    - (b) If the Board accounts for other forms of leave use in increments greater than one hour, the Board must account for FMLA leave use in increments no greater than one hour.
5. Staff Member Notice Requirements
- a. A staff member eligible for FMLA leave must give at least a thirty day written advance notice to the Superintendent or designee if the need for the FMLA leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of a staff member or a family member.
    - (1) If thirty days is not practical, a staff member must provide notice "as soon as practicable" which means as soon as both possible and practical, taking into account all the facts and circumstances in the individual case.
    - (2) Where it is not possible to give as much as thirty days' notice,

"as soon as practical" ordinarily would mean at least verbal notification to the Superintendent or designee within one or two business days or when the need for FMLA leave becomes known to a staff member.

- (3) The written notice shall include the reasons for the FMLA leave, the anticipated duration of the FMLA leave, and the anticipated start of the FMLA leave.
  - (4) When planning medical treatment, a staff member must consult with the Superintendent or designee and make a reasonable effort to schedule the FMLA leave so as not to unduly disrupt the educational program, subject to the approval of the health care provider.
    - (a) Staff members are ordinarily expected to consult with the Superintendent or designee prior to scheduling of treatment that would require FMLA leave for a schedule that best suits the needs of the Board and a staff member.
  - (5) Intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule must be medically necessary due to a serious health condition or a serious injury or illness. A staff member shall advise the Board of the reasons why the intermittent/reduced FMLA leave schedule is necessary and of the schedule for treatment, if applicable.
    - (a) A staff member and the Board shall attempt to work out a schedule for such FMLA leave that meets a staff member's needs without unduly disrupting the Board's operations, subject to the approval of the health care provider.
  - (6) Where a staff member does not comply with the Board's usual notice and procedural requirements, and no unusual circumstances justify the failure to comply, FMLA-protected leave may be delayed or denied.
- b. When the approximate timing of the need for FMLA leave is not foreseeable, a staff member should give notice to the Superintendent or designee for FMLA leave as soon as practicable under the facts and circumstances of the particular case.
- (1) It is expected a staff member will give notice to the Superintendent or designee within no more than one or two business days of learning of the need for FMLA leave, except in extraordinary circumstances where such notice is not foreseeable.

- (2) A staff member should provide notice to the Board either in person, by telephone, telegraph, fax machine, email, or other electronic means.

6. Outside Employment During FMLA Leave

- a. A staff member during any period of FMLA leave is prohibited from performing any services on a full-time basis for any person for whom a staff member did not provide services immediately prior to commencement of the FMLA leave.

- (1) A staff member using FMLA leave may commence part-time employment that shall not exceed half the regularly scheduled hours worked for the Board.

- (2) A staff member may continue the part-time employment that commenced prior to the FMLA leave at the same number of hours that a staff member was regularly scheduled prior to such FMLA leave.

7. "Instructional Employees" Exceptions for FMLA Leave

- a. "Instructional Employees" are those staff members whose principal function is to teach and instruct students in class, a small group, or in an individual setting. This term includes teachers, athletic coaches, driving instructors, and special education assistants, such as signers for the hearing impaired.

- (1) Teacher assistants or aides who do not have as their principal job actual teaching or instructing, guidance counselors, child study team members, curriculum specialists, cafeteria workers, maintenance workers, and/or bus drivers are not considered instructional staff members for the purposes of this Policy.

- (2) For purposes of this Policy "Instructional Employees" shall be referred to as "Instructional Staff Members".

- b. "Semester" means the school semester that typically ends near the end of the calendar year and the end of the spring each school year. The Board can have no more than two semesters in a school year.

- c. FMLA leave taken at the end of the school year and continues into the beginning of the next school year is considered consecutive FMLA leave.

- c. Eligible instructional staff members that need intermittent or reduced FMLA leave to care for a family member or for a staff member's own serious health condition which is foreseeable based on planned medical treatment and would be on FMLA leave more than twenty percent of

the total number of working days over the period the FMLA leave would extend, the Board may:

- (1) Require a staff member to take the FMLA leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or
  - (2) Transfer a staff member temporarily to an available alternative position for which a staff member is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of FMLA leave than does a staff member's regular position.
- e. If the instructional staff member does not give the required notice for FMLA leave that is foreseeable and desires the FMLA leave to be taken intermittently or on a reduced FMLA leave schedule, the Board may require a staff member to take FMLA leave of a particular duration, or to transfer temporarily to an alternative position. Alternatively, the Board may require a staff member to delay taking the FMLA leave until the notice provision is met.
- f. If an instructional staff member begins FMLA leave more than five weeks before the end of the school year, the Board may require a staff member to continue taking FMLA leave until the end of the semester if:
- (1) The FMLA leave will last three weeks; and
  - (2) A staff member would return to work during the three-week period before the end of the semester.
- g. If an instructional staff member begins FMLA leave for a purpose other than a staff member's own serious health condition during the five week period before the end of the semester, the Board may require a staff member to continue taking FMLA leave until the end of the semester if:
- (1) The FMLA leave will last more than two weeks; and
  - (2) The staff member would return to work during the two week period before the end of the semester.
- h. If an instructional staff member begins FMLA leave for a purpose other than a staff member's own serious health condition during the three week period before the end of a semester, the Board may require a staff member to continue taking FMLA leave until the end of the semester if the FMLA leave will last more than five working days.
- i. An example of FMLA leave falling within the situations outlines in

B.7.f., B.7.g., and B.7.h. above:

- (i) If a staff member plans two weeks of FMLA leave to care for a family member which will begin three weeks before the end of the term, the Board could require a staff member to stay out on FMLA leave until the end of the term.
  - j. In the case of a staff member who is required to take FMLA leave until the end of an academic term, only the period of FMLA leave until a staff member is ready and able to return to work shall be charged against a staff member's FMLA leave entitlement.
  - k. The Board may require a staff member to stay on FMLA leave until the end of the school term. Any additional leave required by the Board to the end of the school term is not counted as FMLA leave; however:
    - (1) The Board shall be required to maintain a staff member's group health insurance; and
    - (2) The Board shall be required to restore a staff member to the same or equivalent job including other benefits at the conclusion of the leave.
- 8. FMLA Leave Related to Military Service
  - a. Definitions for FMLA related to military service shall be in accordance with 29 CFR §§825.122; .126; .127; and .310.
  - b. The foreign deployment of the staff member's spouse, child, or parent in accordance with 29 CFR §§825.122 and .126:
    - (1) The district must grant an eligible staff member up to twelve work weeks of unpaid, job-protected FMLA leave during any twelve month period for qualifying exigencies that arise when the staff member's spouse, child, or parent is on covered active duty, or has been notified of an impending call or order to covered active duty.
  - c. Military caregiver FMLA leave provides care for a covered service member with a serious injury or illness in accordance with 29 CFR §§825.122 and .127:
    - (1) The district must grant up to a total of twenty-six workweeks of unpaid, job-protected FMLA leave during a "single twelve month period" to care for a covered service member with a serious injury or illness.
- 9. Verification
  - a. The Board shall require that a staff member's FMLA leave to care for a

staff member's covered family member with a serious health condition, or due to a staff member's own serious health condition that makes a staff member unable to perform one or more of the essential functions of a staff member's position, be supported by a certification issued by the health care provider of a staff member or a staff member's family member.

- (1) The Board must give written notice of a requirement for certification each time a certification is required. The Board's oral request to a staff member to furnish any subsequent certification is sufficient.
- b. The Board shall require a staff member furnish certification at the time a staff member gives notice of the need for FMLA leave or within five business days thereafter, or, in the case of unforeseen FMLA leave, within five business days after the FMLA leave commences.
- (1) The Board may request certification at some later date if the Board later has reason to question the appropriateness of the FMLA leave or its duration.
  - (2) A staff member must provide the requested certification to the Board within fifteen calendar days after the Board's request, unless it is not practicable under the particular circumstances to do so despite a staff member's diligent, good faith efforts or the Board provides more than fifteen calendar days to return the requested certification.
- c. When FMLA leave is taken because of a staff member's own serious health condition, or the serious health condition of a family member, the Board shall require a staff member to obtain a medical certification from a health care provider that sets forth the following information:
- (1) The name, address, telephone number, and fax number of the health care provider and type of medical practice/specialization;
  - (2) The approximate date on which the serious health condition commenced, and its probable duration;
  - (3) A statement or description of appropriate medical facts regarding the patient's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for FMLA leave.
    - (a) Such medical facts may include information on symptoms, diagnosis, hospitalization, doctor visits, whether medication has been prescribed, any referrals for evaluation or treatment (physical therapy, for example), or any other regimen of continuing treatment;

- (4) If a staff member is the patient, information sufficient to establish that a staff member cannot perform the essential functions of a staff member's job as well as the nature of any other work restrictions, and the likely duration of such inability;
- (5) If the patient is a covered family member with a serious health condition, information sufficient to establish that the family member is in need of care, and an estimate of the frequency and duration of the FMLA leave required to care for the family member;
- (6) If a staff member requests FMLA leave on an intermittent or reduced schedule basis for planned medical treatment of a staff member's or a covered family member's serious health condition, information sufficient to establish the medical

necessity for such intermittent or reduced schedule FMLA leave and an estimate of the dates and duration of such treatments and any periods of recovery;

- (7) If a staff member requests FMLA leave on an intermittent or reduced schedule basis for a staff member's serious health condition, including pregnancy, that may result in unforeseeable episodes of incapacity, information sufficient to establish the medical necessity for such intermittent or reduced schedule FMLA leave and an estimate of the frequency and duration of the episodes of incapacity; and
- (8) If a staff member requests FMLA leave on an intermittent or reduced schedule basis to care for a covered family member with a serious health condition, a statement that such FMLA leave is medically necessary to care for the family member, which can include assisting in the family member's recovery, and an estimate of the frequency and duration of the required FMLA leave.

d. A staff member may choose to comply with the certification requirement by providing the Board with an authorization, release, or waiver allowing the Board to communicate directly with the health care provider of a staff member or his or her covered family member.

- (1) It is a staff member's responsibility to provide the Board with complete and sufficient certification and failure to do so may result in the denial of FMLA leave.

c. If the Board has reason to doubt the validity of a medical certification,

the Board may require a staff member to obtain a second opinion at the Board's expense.

- (1) The Board may designate the health care provider to furnish the second opinion, but the selected health care provider may not be employed on a regular basis by the Board.
- f. If the opinions of a staff member's and the Board's designated health care providers differ, the Board may require a staff member to obtain certification from a third health care provider, again at the Board's expense. This third opinion shall be final and binding. The third health care provider must be designated or approved jointly by the Board and the staff member.

## 10. Reinstatement Following FMLA Leave

- a. On return from FMLA leave a staff member is entitled to be returned to the same position a staff member held when FMLA leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.
  - (1) A staff member is entitled to such reinstatement even if a staff member has been replaced or his or her position has been restructured to accommodate for a staff member's absence.
  - (2) The requirement that a staff member be restored to the same or equivalent job with the same or equivalent pay, benefits, and terms and conditions of employment does not extend to de Minimis, intangible, or unmeasurable aspects of the job.
- b. Denial of Reinstatement
  - (1) A staff member has no greater right to reinstatement or to other benefits and conditions of employment that if a staff member had been continuously employed during the FMLA leave period.
    - (a) The Board must be able to show that a staff member would not otherwise have been employed at the time reinstatement is requested in order to deny restoration to employment.
  - (2) The Board may deny job restoration to "key employees", if such denial is necessary to prevent substantial and grievous economic injury to the operations of the Board.
    - (a) A "key employee" is a salaried FMLA-eligible staff member who is among the highest paid ten percent of



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all staff members employed by the Board within seventy-five miles of a staff member's worksite.

- (3) If a staff member is unable to perform an essential function of the position because of a physical or mental condition, including the continuation of a serious health condition or an injury or illness also covered by workers' compensation, a staff member has no right to restoration to another position under the FMLA.

- (a) The Board's obligation may, however, be governed by the Americans with Disabilities Act, State leave law, or workers' compensation laws.

- (4) A staff member who fraudulently obtains FMLA leave from the Board is not protected by FMLA's job restoration or maintenance of health benefits provisions.

c. Intent to Return to Work

- (1) The Board may require a staff member on FMLA leave to report periodically on a staff member's status and intent to return to work.

d. Fitness for Duty Certification

- (1) As a condition of restoring a staff member whose FMLA leave was a result of a staff member's own serious health condition that made a staff member unable to perform a staff member's job, the Board shall require all similarly-situated staff members (i.e., same occupation, same serious health condition) who take FMLA leave for such conditions to obtain and present certification from a staff member's health care provider that a staff member is able to resume work.
- (2) A staff member has the same obligations to participate and cooperate in the fitness-for-duty certification process as in the initial certification process.

11. The Board of Education Notice

a. Notice of Staff Member Rights Under FMLA

- (1) The Board shall post and keep posted on its premises, in conspicuous places where staff members are employed, a notice explaining the FMLA's provisions and providing information concerning the procedures for filing complaints of violations of the FMLA with the Wage and Hour Division.

- (a) The notice will be posted prominently where it can be

readily seen by staff members and applicants for employment.

- (b) The poster and the text will be large enough to be easily read and contain fully legible text.
- (c) Electronic posting is sufficient to meet this posting requirement as long as it otherwise meets the requirements of B.11.

(2) The Board shall also provide this general notice to each staff member by including the notice in staff members' handbooks or other written guidance to staff members concerning staff member benefits or FMLA leave rights, if such written materials exist, or by distributing a copy of the general notice to each new staff member upon hiring. In either case, distribution may be accomplished electronically.

(3) Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights pursuant to 29 CFR §825 et seq.

b. Eligibility Notice

- (1) When a may be for an FMLA-qualifying reason, the staff member's eligibility to take FMLA leave within five business days, absent extenuating circumstances.

c. Designation Notice

- (1) The Board is responsible in all circumstances for designating leave as FMLA-qualifying, and for giving notice of the designation to a staff member. The Board must notify a staff member whether the leave will be designated and will be counted as FMLA leave within five business days absent extenuating circumstances.
- (2) If the Board requires paid leave to be substituted for unpaid FMLA leave, or that paid leave taken under an existing leave plan be counted as FMLA leave, the Board must inform a staff member of this designation at the time of designating the FMLA leave.

12. Local Board of Education Practices

a. Substitution of Paid Leave

- (1) Whether a staff member is required to use sick time or any other accrued leave time concurrent with FMLA leave time

will depend upon either the district's practice or a provision in the district's collective bargaining agreement, if applicable.

b. Maintenance of Staff Member Benefits

- (1) The Board must maintain a staff member's coverage under any group health plan on the same conditions as coverage would have been provided if a staff member had been continuously employed during the entire FMLA leave period.

C. Shared Provisions

1. Interference with Family Leave Rights

The NJFLA and the FMLA prohibit interference with a staff member's rights under the law, and with legal proceedings or inquiries relating to a staff member's rights. Unless permitted by the law, no staff member shall be required to take family leave or to extend family leave beyond the time requested. A staff member shall not be discriminated against for having exercised his/her rights under the NJFLA and the FMLA nor discouraged from the use of family leave.

2. Non-Tenured Teaching Staff

Family leave granted to a no tenured staff member cannot extend a staff member's employment beyond the expiration of his/her employment contract.

3. Record Keeping

The Superintendent or designee shall ensure the keeping of accurate attendance records that distinguish family leave from other kinds of leave so a staff member's entitlement to NJFLA leave and FMLA leave can be properly determined.

4. Processing of Complaints

a. New Jersey Family Leave Act

- (1) Any complaint alleging a violation of the NJFLA shall be processed in the same manner as a complaint filed under the terms of N.J.S.A. 10:5-1 et seq. and N.J.A.C. 13:4 through the New Jersey Department of Law and Public Safety, Division on Civil Rights.

b. Federal Family and Medical Leave Act (FMLA)

- (1) If there is a dispute between the Board and a staff member as

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to whether leave qualifies as FMLA leave, it should be resolved through discussion between the staff member and the Superintendent or designee. Such discussions and the decision shall be documented by the Superintendent or designee.

- (2) A staff member also may file, or have another person file on his/her behalf, a complaint with the United States Secretary of Labor. A complaint may be filed in person, by mail, or by telephone with the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, at any local office of the Wage and Hour Division.
- (3) This Policy 1643 shall be posted on the school district website, in a manner accessible to all staff members and a hard copy shall be provided to all staff members annually prior to the beginning of the school year and upon initial employment in the school district during the school year.

29 CFR §825 et seq.

29 CFR §785

N.J.S.A. 10:5-1;

N.J.S.A. 34:11B et seq.

N.J.A.C. 13:14-1 et seq.

Adopted: