



The Family and Medical Leave Act of 1993 (FMLA) provides for 12 workweeks of unpaid, job-protected leave for eligible employees of Anne Arundel County Public Schools (AACPS).

ELIGIBILITY

If you are currently employed by AACPS and you have worked for AACPS for at least a total of 12 months, you are eligible for up to 12 workweeks of FMLA within any 12-month period beginning July 1 and ending June 30. You will be restored to the same or an equivalent position upon your return from leave.

TYPES OF LEAVE

You may take up to a total of 12 workweeks of leave for one or more of the following:

- (A) birth of your son or daughter and in order to care for such son or daughter.
- (B) the placement of a son or daughter with you for adoption or foster care.
- (C) to care for your spouse, son, daughter or parent with a serious health condition.
- (D) because of your own serious health condition which makes you unable to perform the functions of your position.

Leave for type (A) or (B) must be completed within the 12-month period beginning on the date of birth or placement.

Spouses employed by AACPS are entitled to a combined total of 12 workweeks of leave during any Leave Year for type (A) or (B) or to care for an ill parent.

Leave for type (C) or (D) may be taken intermittently or on a reduced leave schedule when **medically** necessary based on prescribed medical treatment.

USE OF LEAVE

A. Birth of Child and Child Care

- (1) Personal sick leave can only be used during the period of disability associated with childbirth.
 - a. If sick leave is depleted or not elected before the end of your disability, you may apply for FMLA with the option to use your annual/personal business leave.
 - b. If sick leave is depleted or not elected before the end of your disability and annual/personal business leave is either depleted or not elected, you may apply for FMLA on a leave without pay basis.

B. Adoption or Foster Care

- (1) Up to six (6) weeks of sick leave may be used.
- (2) If sick leave is depleted prior to the six weeks or not elected, you may apply for FMLA with the following options:
 - a. use your annual/personal business leave.
 - b. go on leave without pay.

C. Health Condition of a Family Member

- (1) If sick leave is depleted or not elected, you may apply for FMLA with the following options:
 - a. use your annual/personal business leave.
 - b. go on leave without pay.

D. Personal Illness

- (1) You may apply for FMLA with the following options:
 - a. use your sick/annual/personal business leave.
 - b. go on leave without pay.
- (2) Union sick leave banks require depletion of sick leave before a sick bank grant is approved. Please contact the appropriate union for information regarding the application of a sick bank grant.

NOTICE OF LEAVE

If your need for FMLA is foreseeable, you must submit an Application for FMLA to the Division of Human Resources 30 days in advance. If this is not possible, you must do so as soon as practicable.

A request for medical leave either for you or for your spouse, child, or parent must be supported by medical certification. AACPS, at its own expense, may require a second and a third opinion from a health care provider mutually agreed upon by you and AACPS.

BENEFITS WHILE ON LEAVE

While on FMLA you will continue to be covered under AACPS group health and life insurance plans. You continue to pay your portion of the premium costs. If you fail to return to work at the conclusion of your leave, you may be required to reimburse AACPS for premiums paid for you.

RESTORATION TO POSITION

If FMLA is being used for personal medical leave, you may not return to work without a completed Return to Work Medical Certification. This must be submitted to the Integrated Disability and Leave Management Office at 443.458.0140 (FAX).

Except in the case of unusual circumstances, at the conclusion of FMLA you will be returned to the position you held prior to taking the leave. If that position is not available, you will be placed in an alternative position that is equivalent in pay, conditions, and terms of employment to your prior position.

DEFINITIONS

Employment Benefits - All benefits provided employees including life insurance, health insurance, sick leave, annual leave, etc.

Health Care Provider -

- (1) Doctor of medicine or osteopathy, clinical psychologist, chiropractor, podiatrist, optometrist, dentist, nurse practitioner, and nurse mid-wife are authorized to practice medicine by the State.
- (2) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.

Intermittent Leave - Leave taken in separate periods of time for a single illness or injury.

Parent - The biological parent of the employee or an individual who stood in loco parentis to the employee.

Reduced Leave Schedule - A reduction in the usual number of hours per workweek or hours per workday of the employee.

Serious Health Condition - An illness, injury, impairment, or physical or mental condition that involves:

- (1) inpatient care in a hospital, hospice, or residential medical care facility or
- (2) continuing treatment by a health care provider.

Son or Daughter - A biological, adopted, foster child, step-child, legal ward, or child of an employee standing in loco parentis who is under 18 years of age or who is 18 years of age or older and incapable of self-care because of a mental or physical disability.

MISCELLANEOUS

- No employment benefit accrued **prior** to the date FMLA began will be lost.
- No accrual of benefits, including seniority, will occur while an employee is on FMLA. Days on FMLA, not covered by annual leave or personal business leave, are lost time.
- If an employee is on paid leave pursuant to a sick bank grant for his or her own serious health condition, such leave is exempt from that employee's FMLA entitlement.
- Failure to apply for FMLA in a timely manner will result in automatic use of annual/personal business leave before leave-without-pay status. All annual/personal business leave or leave without pay related to an FMLA event will apply to the allowed 12 workweeks of leave.
- Spouses who are both employed by AACPS are limited to a total of 12 workweeks of leave for childcare.
- Leave taken intermittently or on a reduced leave schedule is not permitted for childcare.
- AACPS may require medical recertification.
- AACPS may require periodic check-ins by employees on FMLA.



If you meet the qualification requirements for FMLA and wish to apply, complete and submit to the Division of Human Resources the Application for FMLA.

DOCUMENTATION REQUIRED

If you are applying for leave due to the birth of your son or daughter, an estimated due date note must be submitted with the Application for FMLA.

If you are applying for leave due to placement of a son or daughter with you for adoption or foster care, a copy of the placement papers must be submitted either with the Application for FMLA or as soon thereafter as possible.

If you are applying for leave due to the serious health condition of your spouse, son, daughter, or parent, the Medical Certification Form (attached) must be submitted with the Application for FMLA.

If you are applying for leave due to your own serious health condition, the Medical Certification Form (attached) must be submitted with the Application for FMLA.

To return to work from leave for your own personal illness, you must submit a Return to Work Certification Medical Form to the Integrated Disability and Leave Management Office (FAX 443.458.0140) prior to reporting for duty.

SPECIAL RULES FOR CLASSROOM TEACHERS

To insure instructional continuity and to minimize disruption to the students of AACPS, it may not be possible to grant intermittent leave or a leave on a reduced schedule to an employee whose position is instructional in nature. In addition, it may not be possible to approve a return from leave near the conclusion of the school year. Except in unusual circumstances when FMLA is taken near the end of an academic term, the Board will not mandate FMLA extensions.

If you are requesting intermittent leave or a leave on a reduced schedule that has been determined medically necessary, or if you are requesting to return to your position anytime within the last 3 weeks of the school year, your application will require approval from your principal as well as the Director of Human Resources. You must discuss your leave request with your principal before submitting your application to the Division of Human Resources.

APPROVAL OF APPLICATION

Upon approval of your Application for FMLA, you will receive information regarding the costs of your benefits and the manner in which you are to remit your payment.

FOR FURTHER INFORMATION

- Questions regarding FMLA Integrated Disability and Leave Management Office 410.222.5090
- Questions regarding benefits Benefits Office 410.222.5219
- Questions regarding payroll Payroll Office 410.222.5210
- Department of Labor website <http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
Division of Human Resources
2644 Riva Road – Annapolis, MD 21401

Family and Medical Leave Act
Application
443.458.0140 (FAX)

The Family and Medical Leave Act of 1993 (FMLA) provides job-protected family and medical leave for eligible employees for four specific reasons. Leave may not total more than 12 workweeks from July 1 through June 30 of each year regardless of the reason or the number of occurrences within that period. Application may be made only by employees who have worked 12 months for Anne Arundel County Public Schools and, except for unforeseen circumstance, must be made 30 days in advance of the leave.

Name: _____ SSN: _____

Position: _____ Work Location: _____

Reason for Requested Leave (Check one box.)

- A. Birth of my son or daughter and in order to care for such son or daughter
- B. Placement of a son or daughter with me for adoption or foster care.
- C. To care for my spouse, child (age _____), or parent with a serious health condition.

Name of Family Member: _____

- D. My own serious health condition which makes me unable to perform the functions of my position.

<p>Leave for type A and B above must be taken within the first 12 months of birth or placement and may not be taken intermittently or on a reduced leave schedule. Please submit an estimated due date note for type A leave.</p>	<p>Leave for type C, or D above will be processed only upon receipt of a completed Department of Labor form. Leave type B will be processed only upon receipt of adoption documentation.</p>	<p>A Return to Work Medical Certification form must be completed and submitted to the Office of Integrated Disability and Leave Management Office (FAX 443.458.0140) before you may return to work from type D above.</p>
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Date you request your leave to begin or estimated due date: _____

Date of anticipated return to work: _____

If requesting a reduced leave schedule or **intermittent leave**, which has been determined medically necessary based on prescribed treatment, provide a schedule of when you will not be able to work.

You may elect to use your sick leave, annual leave or personal business leave until it is depleted before going on leave without pay. Use of annual/personal business leave will provide you with income but will not lengthen the 12 workweeks available to you.

- I wish do not wish to use my sick leave.
- I wish do not wish to use my annual leave.
- I wish do not wish to use my personal business day(s).

While on FMLA you will continue to be covered under AACPS group health and life insurance plans. You continue to pay your portion of the premium costs. Upon approval of this application you will receive information regarding the costs of your benefits and the manner in which you are to remit your payment.

Signature: _____ Date: _____

Address: _____ Phone: _____