

Joseph Blundo

Interim Executive Director

## THE NEWARK PUBLIC SCHOOLS

Human Resource Services

Administrative Operation Services



Christopher D. Cerf Acting Commissioner of Education

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## FML/NJFL

## **ELIGIBILITY FORM**

## **ELIGIBILITY NOTICE**

Please be advised that you should give your immediate supervisor proper notice of your plan to take a leave in an effort to assist the District with securing proper staffing during your absence.

In short, FMLA (the "Family Medical Leave Act") allows for employees to care for themselves and/or immediate family members; NJFLA (the "New Jersey Family Leave Act") only allows for employees to care for immediate family members.

**Notice of APPROVAL** to take a leave of absence can only be provided by the Office of Administrative Operation Services ("AOS"). The terms and conditions to take a leave of absence are found in your respective Collective Bargaining Agreement. AOS is charged with the responsibility of determining "eligibility" of the employee's request to take a leave of absence. The process to take a medical leave of absence, with the exception of an emergent leave, includes AOS's determination as to whether the employee:

- . Worked for Newark Public Schools for at least 12 months;
- 2. Worked at least 1,250 hours during the 12 months prior to the start of the FMLA;
- 3. Worked for Newark Public Schools for at least 1,000 hours during the last 12 months (NJFLA); and
- 4. Submitted a medical certificate approved by the Newark Public Schools Health Services Office/District physician.

With regard to requests to take a medical leave of absence, employees are responsible to provide the Newark Public Schools with:

- 1. At least 30 days' notice to take a leave;
- 2. Completed application forms; and
- 3. Complete medical certificate(s).

No employee should take a leave of absence without receipt of a WRITTEN APPROVAL by AOS. Upon approval of "eligibility," we ask that you complete and return a copy of the HIPAA form together with FMLA/NJFLA form.

Date: Ar	nticipated "start date" of leave:	FOR HRS/AOS USE ONLY	
ID#: Employee Name:		Eligible	
Address:		Not Eligible	
(P.O.	Box addresses are not acceptable)	Pending	
Home/Cell:	1 /	Comment:	
Loc/School:			
Region:			
(North/ South /East-Central/West/Central Office)			
Position:	Union:		
Last "start date" of previous medical leave of absence:			
Requesting leave for: Self			
Type of Leave: Continuous □ Intermittent □ (Check one or both)		-	
Start Date:/_/_ End Date:/_/_		Authorize Date://	ed Signature

<sup>&</sup>lt;sup>1</sup> In the case where an employee is requesting an intermittent leave of absence, the Newark Public Schools (the "District") reserves the right to secure a schedule of absences in order to ensure that the District has the appropriate staffing to conduct business.