



THE NEWARK PUBLIC SCHOOLS
Talent Office
Administrative Operation Services
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Chief Talent Officer

**FMLA/NJFLA
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:

1. 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).¹

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.**

FOR HRS/AOS USE ONLY

Date: _____

ID#: _____ Employee Name: _____

Address: _____

(P.O. Box addresses are not acceptable)

Home/Cell: _____ Email: _____
(NPS or Home)

Loc/School: _____

Position: _____ Union: _____

Last “start date” of previous medical leave of absence: _____

Requesting leave for: Self _____ Qualified Family Member _____
Placement/Adoption _____ Qualified Service Member _____

Type of Leave: Continuous _____ Intermittent _____ (Check one or both)

Start Date: ____/____/____ End Date: ____/____/____

Does your spouse work for the District? Yes _____ No _____

Signature: _____

Eligible

FMLA
FMLA/NJFLA
NJFLA
Illness
Maternity

Not Eligible

Comment:

Authorized Signature
Date: ____/____/____

¹ 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.