



Family Medical Leave/Temporary Disability

The FMLA/Temporary Disability Leave form must be faxed to (210) 945-6923, directly from the physician's office. Hand delivered forms **WILL NOT** be accepted.

Eligibility

If you have been employed by the District for less than a year you are eligible for Temporary Disability Leave. If you have been at the District for at least one year, you are eligible to use the Family Medical Leave Act for the following reasons:

1. Birth or adoption of a child
2. To care for a spouse, child or parent with a serious health condition
3. Employee's own serious health condition that makes him/her unable to perform job functions

Salary

This type of leave is **UNPAID**, unless you have state or local leave to cover you while you are off work.

If you have no local or state leave, you will be docked at your daily rate until you return to work. You may not return to work until you have provided the District with a full release to return to work.

Benefits

The District's share of your insurance premium will continue to be paid for the first 12 weeks you are off work; after that, you will be responsible for the entire premium. Your failure to pay the entire premium will result in the immediate cancellation of any and all insurance coverage for you and your family. It is your responsibility to contact the Human Resources department at 945-5612 to make arrangements for payments while you are off work.

Return to Work

Once you have been released for full duty, you must provide the Human Resources Department with a note from your doctor stating that you have been released to return to duty. This note must be provided **prior** to your return. It may be faxed to the Human Resources Department at (210) 945-6923 or hand delivered.

While on leave, you are required to furnish us with periodic reports of your status and intent to return to work (see 825.309 of the FMLA regulations). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the Employee Request for Leave form, you are required to notify us. Failure to notify this office of your change in status may result in disciplinary action up to and including termination.

You may not return to work until your campus/department has received notice from the Human Resources Department that you have been cleared to return.

Maternity

Should you be off due to the birth or adoption of a child and you wish to add the child to your health insurance, you will need to contact Linda Phillips in the Human Resources Department. Please call Linda Phillips at (210) 945-5612 to make an appointment to complete your paperwork. **You only have 30 days from the date of birth to add the child.**

Maximum Length of Leave

The maximum length for medical leave of absences, temporary disability, worker's compensation, or maternity leave is 180 calendar days.

Should you be unable to return to work as of the 181st day, your employment with the District will be automatically terminated.

CERTIFICATION OF HEALTH CARE PROVIDER
(Family and Medical Leave Act of 1993)

6a. If additional treatments will be required for the condition, provide an estimate of such treatments.

If the patient will be absent from work or other daily activities because of the treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

6b. If any of these treatments will be provided by another provider of health services (e.g. physical therapist), please state the nature of the treatments.

6c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen, (e.g., prescription drugs, physical therapy requiring special equipment):

7a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

7b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)?

Yes

No

If yes, please list the essential functions the employee is unable to perform:

7c. If neither 7a nor 7b applies, is it necessary for the employee to be absent from work for treatment?

Yes

No

CERTIFICATION OF HEALTH CARE PROVIDER

(Family and Medical Leave Act of 1993)

8a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

Yes

No

8b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

Yes

No

8c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

(Signature of Health Care Provider)

(Type of Practice)

(Date)

(Address)

(Telephone Number)

(City, State, Zip Code)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and estimate the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

(Employee Signature)

(Date)

FMLA DEFINITIONS

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition.

1. **HOSPITAL CARE**

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. **ABSENCE PLUS TREATMENT**

(a) A period of incapacity² of more than three consecutive calendar days (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

(1) Treatment³ two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) Treatment³ by a health care provider, for at least one occasion, which results in a regimen of continuing treatment³ under the supervision of the health care provider.

3. **PREGNANCY**

Any period of incapacity² due to pregnancy or for prenatal care.

4. **CHRONIC CONDITIONS REQUIRING TREATMENTS**

A chronic condition which:

(1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(2) C over an extended period of time (including recurring episodes of a single underlying condition); and

(3) May cause episodic rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.)

5. **PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION**

A period of incapacity² which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

¹ Here and elsewhere on this form, the information sought related only to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviated the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider.