

Department of Human Resources

Opening Gateways to Human Potential

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MEDICAL AND FAMILY LEAVE OF ABSENCE FACTS

What family and medical leaves of absence are available to employees of the Board of Education?

The Board's Family and Medical Leave Act policy entitles eligible employees to leaves of absence for:

- Their own serious illness.
- The serious illness of a child, spouse or parent.
- The birth, adoption, or foster care placement of a child and the care of a child within the first 12 months.
- The qualifying exigency relating to a spouse, son, daughter or parent in the military who is notified of an impending call/order of active duty.
- The serious injury or illness of a covered family member in the military.
- The Board's Supplemental Family and Medical Leave policy entitles certain categories of eligible employees to additional leaves of absence for the same reasons.

- Additional or supplemental leaves of absence run concurrently with FMLA leaves. In order to take an additional or supplemental leave, you must qualify for FMLA.

- To determine whether you may be entitled to a supplemental or additional leave of absence, go to the Supplemental and Family Medical Leave Policy at <http://policy.cps.k12.il.us/documents/513.3.pdf>.

What does the FMLA guarantee?

- 12 weeks of unpaid leave.
- No loss of seniority or benefits.
- Return to the same or an equivalent position.

Who is eligible to apply for a leave under the FMLA and the Rules of the Board of Education?

- Any employee who has been employed for 12 months and who has worked 1,250 hours in the preceding 12 months.

Who must apply for a personal or family medical leave of absence?

- Any employee who is absent for more than 10 consecutive days due to personal illness or the serious illness of a family member.
- Employees on workers' compensation or assault leave.
- Any employee who is absent for more than 10 consecutive days due to the serious illness or injury of a military family member or for a qualifying exigency caused by a call to active duty for a military family member.

Must I use accrued sick and vacation time while I am on leave?

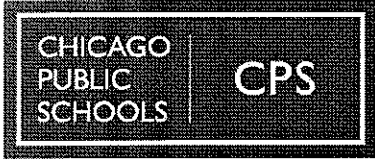
- Employees must use accrued sick and vacation time while on FMLA.

How may I apply for a family or medical leave of absence?

- Complete the attached FMLA Application form and the accompanying Department of Labor Certification of Qualifying Exigency for Military Family Leave.
- Mail, fax or hand-deliver your completed application to Employee Services at the address listed on the top of the page.

How may I return to work at the end of my leave?

- Report to Employee Services in person to complete the Medical Reinstatement to Work form and obtain a return to work letter.



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FMLA APPLICATION related to the Qualifying Exigency for Military Family Leave

Please Check One:

Please Check One:

- Tenured Teacher, PAT, TAT, PSRP, Educational Support Personnel*, Other*

- Original Leave Request (FMLA), Extension Request (Supplemental Leave)*

Title, Last Name, MI, First Name, Home Address, City, State, Zip Code, Home Phone Number, Email Address, Employee ID Number, Last Four Numbers of Social Security Number

School Name, Work Address, Cluster, Area, Work Phone, Work Fax, Position Title, Position Number, Supervisor's Name, Supervisor's Phone Number

Have you taken any leave of absence in the last 12 months? Yes/No. If yes, what type of leave and for how long?

Requested Date to Begin Leave, Requested Date to End Leave

If you are requesting a leave to care for a family member, please provide the following information: Patient's Name, Relationship to Employee

I understand that pursuant to the Family Medical Leave Act (29 USC 2601 et seq.), if I return from my leave within twelve work weeks I have the right to return to the same or equivalent position (see CPS FMLA Policy). If I request and receive a leave or an extension of this leave of absence that is more than or beyond the twelve weeks, I understand that I may not have a right to return to the same or an equivalent position.

Employee's Signature, Date

*Educational Support Personnel may not be entitled to an extension of a leave of absence beyond what they are entitled to under FMLA.

You must personally report to Employee Services to complete the Reinstatement to Work form and obtain a return to work letter, prior to returning to your position.

All information about this leave is confidential. All inquiries about medical information related to your medical or family leave will be made by Human Resources personnel in Employee Services who may contact your health care provider with your permission.

Leaves will be processed pursuant to applicable Board rules and policies and applicable collective bargaining agreement provisions.

Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
 First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

 First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):
- _____
- _____
- _____
- _____
- _____
- _____
2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. Yes No None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____
- Probable duration of exigency: _____
2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes.
- If so, estimate the beginning and ending dates for the period of absence:
- _____
3. Will you need to be absent from work periodically to address this qualifying exigency? No Yes.
- Estimate schedule of leave, including the dates of any scheduled meetings or appointments:
- _____
- _____
- _____
- Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):
- Frequency: _____ times per _____ week(s) _____ month(s)
- Duration: _____ hours _____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**