LICENSED EMPLOYEE EARLY RETIREMENT

The school district may offer an early retirement plan for full-time licensed employees as defined by the Master Contract. A licensed employee is eligible under the early retirement plan when the licensed employee:

- Submits a written resignation. The resignation may be contingent upon approval by the board of participation in the voluntary early retirement plan; and,

- Receives board approval of the licensed employee's application for participation in the early retirement plan, of the licensed employee's resignation and of the disbursement of early retirement incentive to the licensed employee.

Approval by the board of the licensed employee's early retirement application shall constitute a voluntary resignation. Approval by the board of the licensed employee's early retirement application shall also make the licensed employee eligible for disbursement of the early retirement incentive the sooner of July 1 following the licensed employee's approval for early retirement or a date mutually agreed upon by the school district and the licensed employee. Failure of the board to approve the licensed employee's early retirement application shall make the licensed employee's current contract with the board continue in full force and effect.

The early retirement incentive for each eligible licensed employee approved by the board will be based upon 150% of substitute pay multiplied by 30 days of unused sick leave, except for those employees who were “grandfathered” in by the Master Contract under the old retirement incentive which was based on the difference between the salary schedule base and the licensed employee's current salary less supplemental pay or extended contract pay shall be the lump sum amount of early retirement incentive the licensed employee will receive upon retirement.

Upon retirement, the licensed employee shall be eligible to continue participation in the school district's group insurance plan at the licensed employee's expense by meeting the requirements of the insurer. The employees must pay the monthly premium amount in full to the board secretary prior to the due date of the school district's premium payment to the insurance carrier.

This insurance coverage shall cease when the licensed employee/retiree reaches age sixty-five, secures other employment in which the employer provides insurance coverage, or dies. If dependent insurance coverage is carried, that coverage may continue beyond the employee's/retiree's sixty-fifth birthday for a period of up to five years or until the dependent reaches age sixty-five.

The board has complete discretion to offer or not to offer an early retirement plan for licensed employees. The board may discontinue or amend the school district's early retirement plan at any time.

Approved June 2000 Reviewed Aug 2016 Revised August 2013

LICENSED EMPLOYEE EARLY RETIREMENT

Legal Reference: 29 U.S.C. §§ 621 *et seq.* (1994).
Senate File 2366, 77th General Assembly, 2nd Reg. Sess. (1998).
Iowa Code §§ 97B; 216; 279.46; 509A.13 (1999).
581 I.A.C. 21.
1978 Op. Att'y Gen. 247.
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 310 Early Retirement - Administrators
401.14 Recognition for Service of Employees
407.3 Licensed Employee Retirement
413.3 Classified Employee Early Retirement

LICENSED EMPLOYEE EARLY RETIREMENT ACKNOWLEDGEMENT OF RECEIPT

The undersigned licensed employee acknowledges receipt of the early retirement plan documents stated below, for the licensed employee's consideration:

- early retirement policy (plan description);
- early retirement insurance options; and
- early retirement application.

The undersigned licensed employee acknowledges that the application and participation in the early retirement plan is entirely voluntary.

The undersigned licensed employee acknowledges that the school district recommends the licensed employee contact legal counsel and the employee's personal accountant regarding participation in the early retirement plan.

_____ _____

Licensed Employee Date

LICENSED EMPLOYEE EARLY RETIREMENT INSURANCE OPTIONS

Board policy 407.6, Licensed Employee Early Retirement, allows the employee to continue to participate in the school district's group health insurance plan until age 65 by meeting the requirements of the insurer.

The licensed employee is responsible for the cost of the health insurance premium. The licensed employee must pay the employee's share of the premium by paying the monthly premium amount in full to the board secretary prior to the due date of the school district's premium payment to the insurance carrier.

The undersigned licensed employee _____ (does, does not) wish to continue to participate in the school district's group health insurance plan.

_____ _____

Licensed Employee Date

LICENSED EMPLOYEE EARLY RETIREMENT APPLICATION

The undersigned licensed employee is applying for early retirement pursuant to board policy 407.6, Licensed Employee Early Retirement. Please complete the following information:

_____ _____
(Full Legal Name of Licensed Employee) (Social Security Number)

_____ _____ _____
(Current Job Title) (Date of Birth) (Years of Service)

Please specify the date desired for payment of the early retirement benefit and the reason for the date if a date other than _____ of the year in which the undersigned licensed employee retires is desired.

_____ _____
(Date) (Reason for date other than _____)

Please attach a letter of resignation effective June thirtieth of the year in which the undersigned licensed employee intends to retire.

The undersigned licensed employee acknowledges that application and participation in the early retirement plan is entirely voluntary.

The undersigned licensed employee acknowledges that the school district recommends that the licensed employee contact legal counsel and the employee's own personal accountant regarding participation in the early retirement plan.

Should the licensed employee die prior to full payment of an early retirement benefit, the licensed employee designates either the following individual as beneficiary or the licensed employee's estate.

____ Beneficiary _____ Estate

_____
Beneficiary

_____
Beneficiary Address

_____ _____
Licensed Employee Date

_____ _____
Witness Date

LICENSED EMPLOYEE SUSPENSION

Licensed employees shall perform their assigned job, respect and follow board policy and obey the law. The superintendent is authorized to suspend a licensed employee pending board action on a discharge, for investigation of charges against the employee, and for disciplinary purposes. It shall be within the discretion of the superintendent to suspend a licensed employee with or without pay.

In the event of a suspension, appropriate due process shall be followed.

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765 (Iowa 1987).
McFarland v. Board of Education of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).
Iowa Code §§ 20.7, .24; 279.13, .15-.19, .27 (1999).

Cross Reference: 404 Employee Conduct and Appearance
407 Licensed Employee Termination of Employment

Approved June 2000 Reviewed Aug 2016 Revised _____

Code No. 407.6

LICENSED EMPLOYEE REDUCTION IN FORCE

The board has the exclusive authority to determine the appropriate number of licensed employees. A reduction of licensed employees may occur as a result of, but not be limited to, changes in the education program, staff realignment, changes in the size or nature of the student population, financial situation considerations, and other reasons deemed relevant by the board.

The reduction in licensed employees, other than administrators, will be done through normal attrition if possible. If normal attrition does not meet the necessary reduction in force required, the board may terminate licensed employees.

It shall be the responsibility of the superintendent to make a recommendation for termination to the board. The process for reduction in force shall be as follows:

- Endorsements and educational preparation within the grade level and subject areas in which the employee is now performing;
- Relative skills, ability and demonstrated performance;
- Qualifications for co-curricular programs; and
- Number of continuous years of service to the school district. This will be considered only when the foregoing factors are relatively equal between licensed employees.

Due process for terminations due to a reduction in force shall be followed.

Legal Reference: Iowa Code §§ 20.7, .24; 279.13, .15-.19, .27 (1999).

Cross Reference:
407.5 Licensed Employee Suspension
413.6 Classified Employee Reduction in Force
703 Budget

Approved June 2000 Reviewed Aug 2016 Revised July 2017

LICENSED EMPLOYEE PROFESSIONAL DEVELOPMENT

The board encourages licensed employees to attend and participate in professional development activities to maintain, develop, and extend their skills. The board shall maintain and support an in-service program for licensed employees.

Requests for attendance or participation in a development program, other than those development programs sponsored by the school district, shall be made to the superintendent. Approval of the superintendent must be obtained prior to attendance by a licensed employee in a professional development program when the attendance would result in the licensed employee being excused from their duties or when the school district pays the expenses for the program.

The superintendent shall have sole discretion to allow or disallow licensed employees to attend or participate in the requested event. When making this determination, the superintendent will consider the value of the program for the licensed employee and the school district, the effect of the licensed employee's absence on the education program and school district operations and the school district's financial situation as well as other factors deemed relevant in the judgment of the superintendent. Requests that involve unusual expenses or overnight travel must also be approved by the board.

Legal Reference: Iowa Code § 279.8 (1999).
281 I.A.C. 12.7.

Cross Reference: 405.10 Licensed Employee Organization Affiliation
414.10 Classified Employee Professional Purposes Leave

Approved June 2000 Reviewed Aug 2016 Revised July 2017

LICENSED EMPLOYEE PUBLICATION OR CREATION OF MATERIALS

Materials created by licensed employees and the financial gain therefrom shall be the property of the school district if school materials and time were used in their creation and/or such materials were created in the scope of the licensed employee's employment. The licensed employee must seek prior written approval of the superintendent concerning such activities.

Legal Reference: Iowa Code § 279.8 (1999).

Cross Reference: 401.3 Employee Conflict of Interest
606.6 Student Production of Materials and Services

Approved June 2000 Reviewed Aug 2016 Revised _____

LICENSED EMPLOYEE TUTORING

Every effort will be made by the licensed employees to help students with learning problems before recommending that the parents engage a tutor. Since there are exceptional cases when tutoring will help students overcome learning deficiencies, tutoring by licensed employees may be approved by the superintendent.

Licensed employees may only tutor students other than those for whom the teacher is currently exercising teaching, administrative or supervisory responsibility unless approved by the superintendent.

Tutoring for a fee may not take place within school facilities or during regular school hours unless approved by the superintendent.

Legal Reference: Iowa Code §§ 20.7; 279.8 (1999).

Cross Reference: 401.3 Employee Conflict of Interest
402.7 Employee Outside Employment

Approved June 2000 Reviewed Aug 2016 Revised _____

LICENSED EMPLOYEE VACATION - HOLIDAYS - PERSONAL LEAVE

The board shall determine the amount of vacation, holidays, and personal leave that will be allowed on an annual basis for licensed employees.

It shall be the responsibility of the superintendent to make a recommendation to the board annually on vacations, holidays, and personal leave for licensed employees.

Legal Reference: Iowa Code §§ 1C.1-.2; 4.1(34); 20.9 (1999).

Cross Reference: 414.1 Classified Employee Vacations - Holidays - Personal Leave
601.1 School Calendar

Approved June 2000 Reviewed Aug 2016 Revised July 2017

LICENSED EMPLOYEE PERSONAL ILLNESS LEAVE

Licensed employees shall be granted fifteen days of sick leave per year. "Day" is defined as one work day regardless of full-time or part-time status of the employee. A new employee shall report for work at least one full work day prior to receiving sick leave benefits. A returning employee will be granted the appropriate number of days at the beginning of each fiscal year.

Sick leave may be accumulated up to a maximum of 145 days for licensed employees.

Should the personal illness occur after or extend beyond the sick leave accumulated allowance, the employee may apply for disability benefits under the group insurance plan. If the employee does not qualify for disability benefits, the employee may request a leave of absence without pay.

Evidence may be required regarding the mental or physical health of the employee when the administration has a concern about the employee's health. Evidence may also be required to confirm the employee's illness, the need for the illness leave, the employee's ability to return to work, and the employee's capability to perform the duties of the employee's position. It shall be within the discretion of the board or the superintendent to determine the type and amount of evidence necessary. When an illness leave will be greater than three consecutive days, the employee shall comply with the board policy regarding family and medical leave.

Legal Reference:
Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).
26 U.S.C. §§ 2601 *et seq*. (1994)
29 C.F.R. Pt. 825 (1996).
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (1999).
1980 Op. Att'y Gen. 605.
1972 Op. Att'y Gen. 177, 353.
1952 Op. Att'y Gen. 91.

Cross Reference:
403.2 Employee Injury on the Job
409.3 Licensed Employee Family and Medical Leave
409.9 Licensed Employee Unpaid Leave

Approved June 2000 Reviewed Aug 2016 Revised July 2017

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as fiscal year. Requests for family and medical leave shall be made to the superintendent.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It shall be the responsibility of the superintendent to develop administrative rules to implement this policy.

Legal Reference:
Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).
26 U.S.C. §§ 2601 *et seq*. (2006)
29 C.F.R. Pt. 825 (2006).
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (2009).
1980 Op. Att'y Gen. 605.
1972 Op. Att'y Gen. 177, 353.
1952 Op. Att'y Gen. 91.

Cross Reference:
409.2 Licensed Employee Personal Illness Leave
409.8 Licensed Employee Unpaid Leave
414.3 Classified Employee Family and Medical Leave

Approved June 2000 Reviewed Aug 2016 Revised July 2017

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

YOUR RIGHTS
UNDER THE
FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

MILITARY FAMILY LEAVE ENTITLEMENTS

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

BENEFITS AND PROTECTION

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

JOB ELIGIBILITY REQUIREMENTS

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

DEFINITION OF SERIOUS HEALTH CONDITION

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a

regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

USE OF LEAVE

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken.

SUBSTITUTION OF PAID LEAVE FOR UNPAID LEAVE

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

EMPLOYEE RESPONSIBILITIES

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

EMPLOYER RESPONSIBILITIES

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.
Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

***NOTE*: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

If you have access to the Internet visit FLMA's website: http://www.dol.gov/esa/whd/fmla.

To locate your nearest Wage-Hour Office, phone our toll-free information at 1-866-487-9243 or to the Web site at: http://www.wagehour.dol.gov.

For a listing of records that must be kept by employers to comply with FMLA visit the U.S. Dept. of Labor's website:
http://www.dol.gov/dol/allcfr/ESA/Title_29/Part_825/29CFR825.500.htm

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LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date:_____

I, _____, request family and medical leave for the following reason:

(check all that apply)

(check all that apply)

____ for the birth of my child;
____ for the placement of a child for adoption or foster care;
____ to care for my child who has a serious health condition;
____ to care for my parent who has a serious health condition;
____ to care for my spouse who has a serious health condition; or
____ because I am seriously ill and unable to perform the essential functions of my position.
___ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on _____ and I request leave as follows: (check one)

____ continuous

I anticipate that I will be able to return to work on _____.

____ intermittent leave for the:

____ birth of my child or adoption or foster care placement subject to agreement by the district;
____ serious health condition of myself, parent, or child when medically necessary;
____ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Details of the needed intermittent leave:

_____

I anticipate returning to work at my regular schedule on _____

____ birth of my child or adoption or foster care placement subject to agreement by the district;

___ serious health condition of myself, parent, or child when medically necessary;

____ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

____ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.
daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

Details of needed reduction in work schedule as follows:

_____

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions shall be deducted from moneys owed me during the leave period. If no monies are owed me, I shall reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

1. Employee's Name _____

2. Patient's Name (if different from employee) _____

3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition, for which the employee is taking FMLA leave, qualify under any of the categories described? If so, please check the applicable category.

   (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____
   or ____ None of the above

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity, i.e. inability to work, attend school or perform other regular activities due to the serious health condition, treatment therefor, or recovery therefrom, if different):

   b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?

   If yes, give the probable duration:

   c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

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

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

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

b. 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:

c. 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):

7. a. 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?

b. 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)?

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

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

8. a. 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?

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

c. 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)
(Address)	(Telephone Number)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

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

State the care you will provide and an estimate of 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)

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

A serious health condition means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care - In patient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
   a. treatment 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 the orders of, or on referral by, a health care provider; or
   b. treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

3. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.

4. Chronic Conditions Requiring Treatments - A chronic condition which:
   a. 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;
   b. continues over an extended period of time (including recurring episodes of a single underlying condition); and
   c. may cause episodic rather than a period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision - A period of incapacity 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.

6. Multiple Treatments (Non-chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy), radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Complete this work sheet upon receiving a request for family and medical leave that may qualify under the Family Medical Leave Act. Be sure to note the requirements relating to family and medical leave in the school district's policy/collective bargaining agreement prior to relying on this work sheet as the sole source of the school district's obligations. Also be sure to note the definitions in Regulation 409.3R2.

Section I: Eligible Employee. *(Please check all that apply.)*

____ Covered by a policy/collective bargaining agreement. *(If checked, please move to Section II.)*

_____ The employee must meet all criteria below to move to Section II.

- _____ 50 or more employees are on the payroll of or under contract to the school district.
- _____ Worked 52 weeks in the school district (consecutive or nonconsecutive). **OR**
  _____ Worked 12 months in the school district (consecutive or nonconsecutive).
- _____ Worked 1250 hours for the school district in 12 months prior to the request. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hours required.

Section II: Family and Medical Leave Purpose. *(One must be checked to move to Section III.)*

_____ Birth and care of newborn prior to first anniversary of child's birth.

_____ Care of adopted child or foster care child prior to first anniversary of placement.

_____ Care for serious health condition of spouse, child, child for which employee is "in loco parentis" and for any of these if they are over eighteen and have a disability which prevents the child from caring for himself or herself.

- _____ Requested medical certification for family and medical leave due to a serious health condition of the spouse, parent or child on ____(date)___.
- _____ Received medical certification within 15 days of the request on ____(date)___.
- _____ Serious health condition of the employee.
- _____ Requested medical certification for family and medical leave due to a serious health condition of the employee on _____(date)___.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

_____ Received medical certification within 15 days of the request on ____(date)___.

_____ Other purposes contained in a policy/collective bargaining agreement.

Section III: Timing of Family and Medical Leave Request.

_____ Date of family and medical leave request ____(date)___.

_____ Date family and medical leave to begin ____(date)___.

_____ Provide FMLA leave information to employee at time of request ____(date)___.

(If one is checked, please move to Section IV.)

_____ Leave request for foreseeable family and medical leave is 30 days prior to date family and medical leave begins.

_____ Leave request for foreseeable family and medical leave is in compliance with policy/collective bargaining agreement.

_____ Leave request for foreseeable family and medical leave was made as soon as practicable, and no later than one business day, prior to date family and medical leave begins.

_____ Leave request for unforeseeable family and medical leave was made in accordance with the policy/collective bargaining agreement timelines.

Section IV: Calculation of Available Family and Medical Leave.

Beginning date for 12-month entitlement period is July 1.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Total family and medical leave for the 12-month entitlement period	12weeks
Leave taken to date in the entitlement period	-
Leave available for the entitlement period	

If sufficient family and medical leave is available and the employee qualifies for family and medical leave, the family and medical leave will be granted in accordance with the policy/collective bargaining agreement.

The employee must be informed that the actual family and medical leave taken will be credited to the employee's 12-week entitlement.

If both spouses are employed by the school district, they may only take a combined total of 12 weeks during the entitlement period for the birth, adoption or foster care placement prior to the first anniversary of the child's birth or placement and for the care of a parent with a serious health condition.

If insufficient family and medical leave is available, the school district may award only the family and medical leave available or award the family and medical leave in accordance with other provisions of the policy/collective bargaining agreement.

Section V: Types of Family and Medical Leave. *(Please check all that apply.)*

_____ Continuous leave for purposes listed in Section II.

_____ Intermittent leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.

_____ Reduced work schedule leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.

_____ Intermittent leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.

_____ Reduced work schedule leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.

_____ Others contained in a policy/collective bargaining agreement. *(Please specify.)*

_____

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Section VI: Instructional Employee Intermittent or Reduced Schedule Leave.

_____ A policy/collective bargaining agreement extends this rule to non-instructional employees.

_____ A policy/collective bargaining agreement eliminates this rule for instructional employees.

_____ Instructional employees' intermittent or reduced schedule leave for greater than 20 percent of the work days in the family and medical leave period.

Total number of days during leave period	_____
	X .20
20 percent of leave days	_____
Days of leave requested	_____

If the number of days requested exceeds 20 percent of the family and medical leave days, the school district may require the instructional employee to take family and medical leave for the entire leave period OR transfer the instructional employee to an alternate position with equivalent pay and benefits. The employee must be informed that the actual family and medical leave taken will be credited to the employee's 12-week entitlement.

Section VII: Instructional Employees Family and Medical Leave Special Rules.

_____ Instructional employee.

_____ A policy/collective bargaining agreement extends one or all of these rules to noninstructional employees.

_____ A policy/collective bargaining agreement eliminates one or all of these rules for instructional employees.

_____ The school district can require the employee to remain on family and medical leave until end of the semester if each of the following apply:

_____ Leave begins prior to five weeks before end of semester;
_____ Leave is for three weeks or more; **and**
_____ Employee will return during last three weeks of semester.

Last work day of the semester	_____
Date of fifth week before end of the semester	_____
Date of third week before end of the semester	_____
Date of requested leave	_____
Length of requested leave	_____
Date of return from leave	_____

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

_____ The school district can require employee to remain on family and medical leave for leave other than an employee's serious health condition until end of semester if each of the following apply:

_____ Leave begins during last five weeks before end of semester;
_____ Leave is greater than two weeks; **and**
_____ Employee will return during last two weeks of semester.

Last work day of the semester _____
Date of fifth week before end of the semester _____
Date of second week before end of the semester _____

Date of requested leave _____
Length of requested leave _____
Date of return from leave _____

_____ The school district can require the employee to remain on family and medical leave for purpose other than an employee's serious health condition until the end of the semester if each of the following apply:

_____ Leave begins during last three weeks before end of the semester; **and**
_____ Leave is greater than five working days.

Last work day of the semester _____
Date of third week before end of the semester _____

Date of requested leave _____
Length of requested leave

The employee must be informed that the actual family and medical leave taken under these rules will be credited to the employee's 12-week entitlement.

Section VIII: Paid or Unpaid Family and Medical Leave.

_____ Provide employee notice whether the family and medical leave is paid or unpaid leave after completing the work sheet in accordance with the policy/collective bargaining agreement.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Section IX: Employee Progress Report.

_____ Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave *(please specify)*.

_____

_____ Requested medical recertification for family and medical leave due to a serious health condition of the spouse, parent or child on ____(date)___.

_____ Received medical recertification within 15 days of the request on ____(date)___.

Section X: Employee Benefits During Family and Medical Leave.

The employee's health insurance coverage must be continued during the period of family and medical leave. The school district may choose to continue other employee benefits to ensure their restoration along with the health insurance upon the employee's return to work. The employee will pay the employee's share of health insurance and other benefits during the leave period.

_____ Arrangements have been made with the employee to continue the employee's share of health insurance premiums while on family and medical leave:

_____ From monies due to the employee
_____ By the first of each month from the employee
_____ Other *(please specify)* _____

_____ Arrangements have been made with the employee to continue the employee's share of the employee's other benefits while on family and medical leave:

_____ From monies due to the employee
_____ By the first of each month from the employee
_____ Other *(please specify)* _____

_____ The employee has chosen to discontinue all employee benefits while on family and medical leave.

_____ Employees who fail to provide payment of the employee's share of benefits premium during the period of family and medical leave have 15 days following notice to pay the employee's share.

_____ Employees who fail to pay within 15 days after receiving notice of payment due may have employee benefits discontinued.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

_____ The school district will deduct unpaid employee portion of benefits from monies due to the employee upon return to work, and the employee has signed a written statement authorizing the deduction.

_____ The school district will seek recovery of unpaid employee portion of benefits through small claims court or other appropriate recovery process.

Even if the employee chooses to discontinue employee benefits during the period of family and medical leave, the school district should exercise great care before discontinuing employee benefits. The school district is required to restore the employee to full benefits when the employee returns to work, including group health insurance, without any qualifying period, physical examination, exclusion of pre-existing conditions and other similar requirements.

_____ The school district may discontinue the employee's benefits upon receipt of written notice of the employee's intent not to return to work.

Section XI: Key Employees.

_____ Salaried employees among the highest paid ten percent of a school district's employees are considered key employees of the school district.

Year-to-date earnings for employee	_____
Total weeks of work and paid leave	/ _____
Highest pay for employee	= _____

_____ Provide notice to key employees stating they are a key employee and they may not be reinstated at end of the family and medical leave period if substantial and grievous economic injury exists.

_____ Compile data to justify substantial and grievous economic injury. Substantial and grievous economic injury does not include minor inconvenience and costs typical to the normal operation of the school district.

_____ The key employee is entitled to benefits during the family and medical leave in the same manner as other employees.

Section XII: Employee's Return to Work.

_____ Employee is fully restored the same or an equivalent position with:

_____ Pay and benefits
_____ Health insurance
_____ Life insurance
_____ Other benefits or requirements in a policy/collective bargaining agreement

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.

2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.

3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:

   a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
   b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
   c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
   d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees. Employees are eligible for family and medical leave if three criteria are met.

1. The school district has more than 50 employees on the payroll at the time leave is requested;
2. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
3. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.

a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was received.
c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.

2. Unforeseeable family and medical leave.

a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
c. A spouse or family member may give the notice if the employee is unable to personally give notice.

D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.

1. Six purposes.

a.The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
e. because of a qualifying exigency arising out of the fact that an employee's ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
f. because the employee is the spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

2. Medical certification.

a. When required:
(1) Employees may be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
(2) Employees may be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
(3) Employees may be required to present certification of the call to active duty when taking military family and medical leave.

b. Employee's medical certification responsibilities:
(1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
(2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
(3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.

c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.

d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification shall be denied until such certification is provided.

E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.

2. Year is defined as fiscal year.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

3. If insufficient leave is available, the school district may:
   a. Deny the leave if entitlement is exhausted
   b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.

2. Intermittent - employee requests family and medical leave for separate periods of time.

   a. Intermittent leave is available for:

      a. Intermittent leave is available for:
         ____ birth of my child or adoption or foster care placement subject to agreement by the district;
         ____ serious health condition of myself, parent, or child when medically necessary;
         ____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
         ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
   b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
   c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.

   a. a. Reduced work schedule family and medical leave is available for:
         ____ birth of my child or adoption or foster care placement subject to agreement by the district;
         ____ serious health condition of myself, parent, or child when medically necessary;
         ____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
         ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness

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LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

b. In the case of foreseeable reduced work schedule leave, the employee must schedule the leave to minimize disruption to the school district operation.

c. During the period of foreseeable reduced work schedule leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.

2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:

a. Take leave for the entire period or periods of the planned medical treatment; or

b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified

3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester do not include scheduled school breaks, such as summer, winter or spring break.

a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.

b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.

c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.

H. Employee responsibilities while on family and medical leave.

1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.

2. The employee contribution payments will be deducted from any money owed to the employee or the employee shall reimburse the school district at a time set by the superintendent.

3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.

4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.

6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

I. Use of paid leave for family and medical leave.

An employee may substitute unpaid family and medical leave with any paid leave available to the employee under board policy, individual contracts or the collective bargaining agreement. Paid leave includes sick leave and personal leave. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Active Duty - duty under a call or order to active duty under a provision of law referring to in section 101(a)(13) of title 10, U.S. Code.

Common Law Marriage-according to Iowa law, common law marriages exist when there is a present intent by the two parties to be married, continuous cohabitation, and a public declaration that the parties are husband and wife. There is no time factor that needs to be met in order for there to be a common law marriage.

Contingency Operation - has the same meaning given such term in section 101(a)(13) of title 10, U.S. Code

Continuing Treatment-a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - -- treatment 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 in referral by, a health care provider; or
  - -- treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
  - -- 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;
  - -- Continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - -- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- Any period of incapacity 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.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Covered Servicemember - a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

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Eligible Employee-the district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

Essential Functions of the Job-those functions which are fundamental to the performance of the job. It does not include marginal functions.

Employment Benefits-all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an "employee benefit plan."

Family Member-individuals who meet the definition of son, daughter, spouse or parent.

Group Health Plan-any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of such employees or former employees.

Health Care Provider-

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law; and
- Nurse practitioners and nurse-midwives, and clinical social workers who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; and
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts;
- Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
- A health care provider as defined above who practices in a country other than the United States who is licensed to practice in accordance with the laws and regulations of that country.

In Loco Parentis-individuals who had or have day-to-day responsibilities for the care and financial support of a child not their biological child or who had the responsibility for an employee when the employee was a child.

Incapable of Self-Care-that the individual requires active assistance or supervision to provide daily self-care in several of the "activities of daily living" or "ADLs." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

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Instructional Employee-an employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily noninstructional employees.

Intermittent Leave-leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave or periods from an hour or more to several weeks.

Medically Necessary-certification for medical necessity is the same as certification for serious health condition.

"Needed to Care For"-the medical certification that an employee is "needed to care for" a family member encompasses both physical and psychological care. For example, where, because of a serious health condition, the family member is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport himself or herself to medical treatment. It also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care.

Next of Kin - an individual's nearest blood relative

Outpatient Status - the status of a member of the Armed Forces assigned to –

- either a military medical treatment facility as an outpatient; or,
- a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Parent-a biological parent or an individual who stands in loco parentis to a child or stood in loco parentis to an employee when the employee was a child. Parent does not include parent-in-law.

Physical or Mental Disability-a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Reduced Leave Schedule-a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

Serious health condition

- An illness, injury, impairment, or physical or mental condition that involves:
- Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from), or any subsequent treatment in connection with such inpatient care; or
  - -- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- -- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
  - -- Treatment 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 or, or on referral by, a health care provider; or
  - -- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
- -- Any period of incapacity due to pregnancy or for prenatal care.
- -- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
- -- 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;
  - -- Continues over an extended period of time (including recurring episodes of s single underlying condition); and
  - -- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- -- A period of incapacity 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.
- -- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, 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 alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistimines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other

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conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.

- Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.
- Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

Serious Injury or Illness - an injury or illness incurred by a member of the Armed forces, including the National Guard or Reserves in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Son or Daughter-a biological child, adopted child, foster child, stepchild, legal ward, or a child of a person standing in loco parentis. The child must be under age 18 or, if over 18, incapable of self-care because of a mental or physical disability.

Spouse-a husband or wife recognized by Iowa law including common law marriages.

LICENSED EMPLOYEE POLITICAL LEAVE

The board will provide a leave of absence to licensed employees to run for elective public office. The superintendent shall grant a licensed employee a leave of absence to campaign as a candidate for an elective public office as unpaid leave.

The licensed employee will be entitled to one period of leave to run for the elective public office, and the leave may commence within thirty days of a contested primary, special, or general election and continue until the day following the election.

The request for leave must be in writing to the superintendent of schools at least thirty days prior to the starting date of the requested leave.

Legal Reference: Iowa Code ch. 55 (1999).

Cross Reference: 401.15 Employee Political Activity
409 Licensed Employee Vacations and Leaves of Absence

Approved June 2000 Reviewed Aug 2016 Revised _____

LICENSED EMPLOYEE JURY DUTY LEAVE

The board will allow licensed employees to be excused for jury duty unless extraordinary circumstances exist. The superintendent has the discretion to determine when extraordinary circumstances exist.

Employees who are called for jury service shall notify the direct supervisor within twenty-four hours after notice of call to jury duty and suitable proof of jury service pay must be presented to the school district. The employee will report to work within one hour on any day when the employee is excused from jury duty during regular working hours.

Licensed employees will receive their regular salary. Any payment for jury duty, except expenses, shall be paid to the school district.

Legal Reference: Iowa Code §§ 20.9; 607A (1999).

Cross Reference: 409 Licensed Employee Vacations and Leaves of Absence

Approved June 2000 Reviewed Aug 2016 Revised _____

LICENSED EMPLOYEE MILITARY SERVICE LEAVE

The board recognizes licensed employees may be called to participate in the armed forces, including the national guard. If a licensed employee is called to serve in the armed forces, the employee shall have a leave of absence for military service until the military service is completed.

The leave shall be without loss of status or efficiency rating, and without loss of pay during the first thirty calendar days of the leave.

Legal Reference: Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).
Iowa Code §§ 20; 29A.28 (1999).

Cross Reference: 409 Licensed Employee Vacations and Leaves of Absence

Approved June 2000 Reviewed Aug 2016 Revised _____

LICENSED EMPLOYEE UNPAID LEAVE

Unpaid leave may be used to excuse an involuntary absence not provided for in this or other leave policies of the board. Unpaid leave for licensed employees must be authorized by the superintendent.

The superintendent shall have complete discretion to grant or deny the requested unpaid leave. In making this determination, the superintendent shall consider the effect of the employee's absence on the education program and school district operations, length of service, previous record of absence, the financial condition of the school district, the reason for the requested absence and other factors the superintendent believes are relevant to making this determination.

If unpaid leave is granted, the duration of the leave period shall be coordinated with the scheduling of the education program whenever possible to minimize the disruption of the education program and school district operations.

Whenever possible, licensed employees shall make a written request for unpaid leave 15 days prior to the beginning date of the requested leave. If the leave is granted, the deductions in salary shall be made unless they are waived specifically by the superintendent.

Legal Reference: Iowa Code §§ 20; 85; 85A; 85B; 279.12; 509; 509A; 509B (1999).

Cross Reference: 409 Licensed Employee Vacations and Leaves of Absence

Approved June 2000 Reviewed Aug 2016 Revised July 2017

SUBSTITUTE TEACHERS

The board recognizes the need for substitute teachers. Substitute teachers shall be licensed to teach in Iowa.

It shall be the responsibility of the building principal to maintain a list of substitute teachers who may be called upon to replace regular contract licensed employees. Individuals whose names do not appear on this list will not be employed as a substitute without specific approval of the superintendent. It shall be the responsibility of the building principal to fill absences with substitute teachers immediately.

Substitute teachers will be paid a per diem rate. Substitutes employed for up to 10 days will be paid $95 per day. Substitutes employed for 11 - 90 days consecutive days in the same position shall be paid according $112 per day. Substitutes employed for more than 90 days in the same position will be paid $146 per day. Substitute licensed employees are expected to perform the same duties as the licensed employees.

Legal Reference: Iowa Association of School Boards v. PERB, 400 N.W.2d 571 (Iowa 1987).
Iowa Code §§ 20.1, .4(5), .9 (1999).
281 I.A.C. 12.4.

Cross Reference: 405.1 Licensed Employee Defined
405.2 Licensed Employee Qualifications, Recruitment, Selection

Approved June 2000 Reviewed Reviewed Aug 2016 Revised October 2010

SHARED LICENSED EMPLOYEES

The board may make arrangements for sharing employees with neighboring school districts in order to expand the opportunities available in the education program and the operation of the school district. It shall be within the discretion of the board to determine when and with which school district sharing agreements will be made.

It shall be the responsibility of the superintendent to bring to the board's attention opportunities for sharing employees with neighboring school districts.

Legal Reference: Iowa Code §§ 28E; 256.11-.12; 257.11; 280.15; 282.7(1) (1999).

Cross Reference:
217.3 Board of Directors and Adjoining District Board of Directors
302.3 Administration and Adjoining District Administration
606.1 Shared Students

Approved June 2000 Reviewed Aug 2016 Revised _____

SUMMER SCHOOL LICENSED EMPLOYEES

The Bellevue Community School District shall offer summer school options in accordance with law and may, in its discretion, offer additional programming during the summer recess. Licensed employees who volunteer or who are appointed to deliver the summer education program are compensated in addition to their regular duties during the school academic year, unless such arrangements are made prior to determining the employee's compensation for the year.

Licensed employees will be given the opportunity to volunteer for the positions available. If the board determines a course must be offered and no licensed employee volunteers for the position, the board will make the necessary arrangements to fill the position. The board will consider applications from volunteers of current licensed employees in conjunction with other applications.

It is the responsibility of the superintendent to make a recommendation to the board regarding the need for and the delivery of the summer education program.

Legal Reference: Iowa Code §§ 279.8; .68; 280.14 (2015).

Cross Reference: 505.2 Student Promotion – Retention - Acceleration
603.2 Summer School Instruction

Approved June 2000 Reviewed Aug 2016 Revised August 2016

Code No. 410.4

STUDENT TEACHERS - INTERNSHIPS

The board will cooperate with post-secondary educational institutions to assist in the practical preparation of teachers and other licensed employee positions. Student teachers and other student interns may be assigned duties in the school district.

Licensed employees shall not be required to utilize student teachers or student interns. Experienced teachers and teachers in good standing may be allowed to have student teachers or student interns.

It shall be the responsibility of the superintendent to make arrangements with the post-secondary educational institutions for student teachers and student internships. Such arrangements shall safeguard the interest of the student teachers and student interns, the post-secondary educational institution and the school district.

It shall be the responsibility of the post-secondary educational institution to provide sufficient supervision over the work of these student teachers to make their presence profitable.

Legal Reference: Iowa Code § 272.27 (1999).
281 I.A.C. 77.
1974 Op. Att'y Gen. 6.
1936 Op. Att'y Gen. 462.

Cross Reference: 904 Public Participation in the School District

Approved June 2000 Reviewed Aug 2016 Revised _____

PARAPROFESSIONAL

The board may employ education aides or other instructional support personnel to assist licensed personnel in nonteaching duties, including, but not limited to:

- managing and maintaining records, materials and equipment;
- attending to the physical needs of children; and
- performing other limited services to support teaching duties when such duties are determined and directed by the teacher.

Education aides who hold a teaching certificate shall be compensated at the rate of pay established for their position as an education aide. It shall be the responsibility of the principal to supervise education aides.

Legal Reference: Iowa Code §§ 279.8; 280.3, .14 (1999).
281 I.A.C. 12.4(9); .5(9).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE DEFINED

Classified employees are employees who are not administrators or employees in positions which require a teaching license issued by the Iowa Board of Educational Examiners and who are employed to fulfill the duties listed on their job description on a monthly or hourly basis. Classified employees shall include, but not be limited to, teacher and classroom aides, custodial and maintenance employees, clerical employees, food service employees, bus drivers, and temporary help for summer or other maintenance. The position may be full-time or part-time.

It shall be the responsibility of the superintendent to establish job specifications and job descriptions for classified employee positions. Job descriptions may be approved by the board.

Classified employees required to hold a license for their position must present evidence of their current license to the board secretary prior to payment of wages each year.

Legal Reference: Iowa Code §§ 20; 279.8 (1999).

Cross Reference:
405.1 Licensed Employee Defined
411.2 Classified Employee Qualifications, Recruitment, Selection
412.3 Classified Employee Group Insurance Benefits

Approved June 2000 Reviewed Aug 2016 Revised July 2017

CLASSIFIED EMPLOYEE - QUALIFICATIONS, RECRUITMENT, SELECTION

Persons interested in a classified employee position shall have an opportunity to apply and qualify for classified employee positions in the school district without regard to age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity or disability. Job applicants for classified employee positions shall be considered on the basis of the following:

- Training, experience, and skill;
- Nature of the occupation;
- Demonstrated competence; and
- Possession of, or ability to obtain, state or other license or certificate, if required, for the position.

Announcement of the position shall be through means the superintendent believes will inform potential applicants about the position. Applications for employment may be obtained from and completed applications shall be returned to the central administration office. Whenever possible, the preliminary screening of applicants shall be conducted by the administrator who directly supervises and oversees the position.

The superintendent shall recommend employment of classified employees to the board for approval.

Legal Reference: 29 U.S.C. §§ 621-634 (2004).
42 U.S.C. §§ 2000e *et seq.* (2004)
42 U.S.C. §§ 12101 *et seq.* (2004).
Iowa Code §§ 35C; 216; 279.8; 294.1 (2007).

Cross Reference: 401.2 Equal Employment Opportunity
411 Classified Employees - General

Approved June 2000 Reviewed Aug 2016 Revised December 2008

CLASSIFIED EMPLOYEE LICENSING/CERTIFICATION

Classified employees who require a special license or other certification shall keep them current at their own expense. Licensing requirements needed for a position will be considered met if the employee meets the requirements established by law for the position.

Legal Reference: Iowa Code §§ 272.6; 285.5(9) (1999).
281 I.A.C. 12.4(10); 36; 43.12-.24.

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection

Approved June 2000 Reviewed Aug 2016 Revised July 2017

CLASSIFIED EMPLOYEE ASSIGNMENT

Determining the assignment of each classified employee is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments each year the superintendent shall consider the qualifications of each classified employee and the needs of the school district.

It shall be the responsibility of the superintendent to assign classified employees and report such assignments to the board.

Legal Reference: Iowa Code §§ 20; 279.8 (1999).

Cross Reference: 200.3 Powers of the Board of Directors
411.6 Classified Employee Transfers

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE TRANSFERS

Determining the location where a classified employee's assignment will be performed is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments each year the superintendent shall consider the qualifications of each classified employee and the needs of the school district.

A transfer may be initiated by the employee, the principal or the superintendent.

It shall be the responsibility of the superintendent to transfer classified employees and report such transfers to the board.

Legal Reference: 29 U.S.C. §§ 621-634 (1994).
42 U.S.C. §§ 2000e *et seq.* (1994)
42 U.S.C. §§ 12101 *et seq.* (1994).
Iowa Code §§ 20.9; 35C; 216; 279.8; 294.1 (1999).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection
411.5 Classified Employment Assignment

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE EVALUATION

Evaluation of classified employees on their skills, abilities, and competence shall be an ongoing process supervised by the superintendent. The goal of the formal evaluation of classified employees shall be to maintain classified employees who meet or exceed the board's standards of performance, to clarify each classified employee's role, to ascertain the areas in need of improvement, to clarify the immediate priorities of the board, and to develop a working relationship between the administrators and other employees.

It is the responsibility of the superintendent to ensure classified employees are formally evaluated annually. New and probationary classified employees shall be formally evaluated at least twice a year.

Legal Reference: Aplington Community School District v. PERB, 392 N.W.2d 495 (Iowa 1986).
Saydel Education Association v. PERB, 333 N.W.2d 486 (Iowa 1983).
Iowa Code §§ 20.9; 279.14 (2007).
281 I.A.C. 12.3(4).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection
411.8 Classified Employee Probationary Status

Approved June 2000 Reviewed Aug 2016 Revised December 2008

CLASSIFIED EMPLOYEE COMPENSATION

The board shall determine the compensation to be paid for the classified employees' positions, keeping in mind the education and experience of the classified employee, the educational philosophy of the school district, the financial condition of the school district and any other considerations as deemed relevant by the board.

It shall be the responsibility of the superintendent to make a recommendation to the board annually regarding the compensation of classified employees.

Legal Reference: Iowa Code §§ 20.1, .4, .7, .9; 279.8 (1999).

Cross Reference: 411.3 Classified Employee Contracts
412.2 Classified Employee Wage and Overtime Compensation

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE WAGE AND OVERTIME COMPENSATION

Each non-exempt employee compensated on an hour-by-hour basis, whether full-or part-time, permanent or temporary, will be paid no less than the prevailing minimum wage. Whenever a non-exempt employee must work more than forty hours in a given work week, the employee shall be compensated at one and one-half times their regular hourly wage rate. This compensation shall be in the form of overtime pay or compensatory time. Overtime will not be permitted without prior authorization of the superintendent.

Each non-exempt employee paid on an hour-by-hour basis must complete, sign, and turn in a daily time record showing the actual number of hours worked. Failure of the employee to maintain, or falsification of, a daily time record will be grounds for disciplinary action.

It is the responsibility of the board secretary to maintain wage records.

Legal Reference: Garcia v. San Antonio Metropolitan Transit Authority, 469 U.S. 528 (1985).
29 U.S.C. §§ 206 *et seq.* (1994).
29 C.F.R. Pt. 511-800 (1996).

Cross Reference: 411.3 Classified Employee Contracts
412.1 Classified Employee Compensation

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE GROUP INSURANCE BENEFITS

Classified employees may be eligible for group benefits as determined by the board and required by law. The board will select the group benefit program(s) and the insurance company or third party administrator which will provide or administer the program.

In accordance with the Patient Protection and Affordable Care Act (ACA), the board will offer classified employees, who work an average of at least thirty (30) hours per week or one hundred thirty (130) hours per month, based on the measurement method adopted by the board, with minimum essential coverage that provides minimum value and may or may not be "affordable". The board will have the authority and right to change or eliminate group benefit programs, for its classified employees.

Classified employees, who work an average of at least thirty (30) hours per week or one hundred thirty (130) hours per month, based on the measurement method adopted by the board, are eligible to participate in the group health plan. Employers should maintain documents regarding eligible employees acceptance and rejection of coverage.

Regular part-time classified employees (i.e., employees who work less than 30 hours per week (but more than 20 hours per week) or 130 hours per month (but more than 87 hours per month) for health benefit purposes who wish to purchase coverage may participate in group benefit programs by meeting the requirements of the applicable plan. Full-time and regular part-time classified employees who wish to purchase coverage for their spouse or dependents may do so by meeting the requirements of the applicable plan.

Legal Reference: Iowa Code §§ 20.9; 85; 85B; 279.12; 509; 509A; 509B (2013).
Internal Revenue Code § 4980H(c)(4); Treas. Reg. § 54.4980H-1(a)(21)(ii).
Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54 and 301, 78 Fed. Reg. 217, (Jan 2, 2013).
Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54 and 301, 79 Fed. Reg. 8543 (Feb. 12, 2014).

Cross Reference: 411.1 Classified Employee Defined

Approved June 2000 Reviewed July2011 Revised Aug 2016

CLASSIFIED EMPLOYEE RESIGNATION

Classified employees who wish to resign during the school year shall give the board notice of their intent to resign and final date of employment 15 days prior to their last working day.

Notice of the intent to resign shall be in writing to the superintendent.

Legal Reference: Iowa Code §§ 91A.2, .3, .5; 279.19A; 285.5(9) (1999).

Cross Reference: 411.3 Classified Employee Contracts
413 Classified Employee Termination of Employment

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE RETIREMENT

Classified employees who will complete their current contract with the board may apply for retirement. No classified employee will be required to retire at any specific age.

Application for retirement will be considered made when the classified employee states in writing to the superintendent, no later than the date set by the board for the return of the employee's contract to the board if applicable, the employee's intent to retire. The letter must state the employee's desire to retire and be witnessed by another party other than the principal or the superintendent.

Board action to approve a classified employee's application for retirement shall be final, and such action constitutes termination of the employee's contract effective the day of the employee's retirement.

Classified employees and their spouse and dependents who have group insurance coverage through the school district may be allowed to continue coverage of the school district's group health insurance program, at their own expense, by meeting the requirements of the insurer.

Legal Reference: 29 U.S.C. §§ 621 *et seq.* (1994).
Iowa Code §§ 91A.2, .3, .5; 97B; 216; 279.19A, .46 (1999).
581 I.A.C. 21.
1978 Op. Att'y Gen. 247.
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 401.14 Recognition for Service of Employees
413.3 Classified Employee Early Retirement

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE EARLY RETIREMENT

The school district may offer an early retirement plan for full-time classified employees. Full-time classified employees include, but are not limited to, custodians, secretaries, transportation director, cafeteria director and maintenance supervisor. A classified employee is eligible under the early retirement plan when the classified employee:

- Is at least 55 years of age on or before September 1 of the year in which the classified employee wishes to retire;
- Completes a total of 20 years of service as a full-time classified employee to the school district;
- Submits an application to the superintendent for participation in the plan on or before February 1st of the year in which the classified employee wishes to retire. Applications submitted after February 1st may be considered at the discretion of the board depending on the circumstances for the late application;
- Submits a written resignation. The resignation may be contingent upon approval by the board of participation in the voluntary early retirement plan; and,
- Receives board approval of the classified employee's application for participation in the early retirement plan, of the classified employee's resignation and of the disbursement of early retirement incentive to the classified employee.

Approval by the board of the classified employee's early retirement application shall constitute a voluntary resignation. Approval by the board of the classified employee's early retirement application shall also make the classified employee eligible for disbursement of the early retirement incentive the sooner of July 1 following the classified employee's approval for early retirement or a date mutually agreed upon by the school district and the classified employee. Failure of the board to approve the classified employee's early retirement application shall make the classified employee's current contract with the board continue in full force and effect.

The early retirement incentive is the amount representing 50 days of pay at the employee’s rate of pay at the time of retirement.

Upon retirement, the classified employee shall be eligible to continue participation in the school district's group insurance plan at the classified employee's expense by meeting the requirements of the insurer. The employees must pay the monthly premium amount in full to the board secretary prior to the due date of the school district's premium payment to the insurance carrier.

CLASSIFIED EMPLOYEE EARLY RETIREMENT

This insurance coverage shall cease when the classified employee/retiree reaches age sixty-five, secures other employment in which the employer provides insurance coverage, or dies. If dependent insurance coverage is carried, that coverage may continue beyond the employee's/retiree's sixty-fifth birthday for a period of up to five years or until the dependent reaches age sixty-five.

The board has complete discretion to offer or not to offer an early retirement plan for classified employees. The board may discontinue or amend the school district's early retirement plan at any time.

Legal Reference: 29 U.S.C. §§ 621 *et seq.* (1994).
Senate File 2366, 77th General Assembly, 2nd Reg. Sess. (1998).
Iowa Code §§ 97B; 216; 279.46; 509A.13 (1999).
581 I.A.C. 21.
1978 Op. Att'y Gen. 247.
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 310 Early Retirement - Administrators
401.14 Recognition for Service of Employees
407.3 Licensed Employee Retirement
413.3 Classified Employee Early Retirement

CLASSIFIED EMPLOYEE EARLY RETIREMENT ACKNOWLEDGEMENT OF RECEIPT

The undersigned classified employee acknowledges receipt of the early retirement plan documents stated below, for the classified employee's consideration:

- early retirement policy (plan description);
- early retirement insurance options; and
- early retirement application.

The undersigned classified employee acknowledges that the application and participation in the early retirement plan is entirely voluntary.

The undersigned classified employee acknowledges that the school district recommends the classified employee contact legal counsel and the employee's personal accountant regarding participation in the early retirement plan.

_____ _____

Classified Employee Date

CLASSIFIED EMPLOYEE EARLY RETIREMENT INSURANCE OPTIONS

Board policy 413.3, Classified Employee Early Retirement, allows the employee to continue to participate in the school district's group health insurance plan until age 65 by meeting the requirements of the insurer.

The classified employee is responsible for the cost of the health insurance premium. The classified employee must pay the employee's share of the premium by paying the monthly premium amount in full to the board secretary prior to the due date of the school district's premium payment to the insurance carrier.

The undersigned classified employee _____ (does, does not) wish to continue to participate in the school district's group health insurance plan.

_____ _____

Classified Employee Date

CLASSIFIED EMPLOYEE EARLY RETIREMENT APPLICATION

The undersigned classified employee is applying for early retirement pursuant to board policy 413.3 classified Employee Early Retirement. Please complete the following information:

_____ _____
(Full Legal Name of Classified Employee) (Social Security Number)

_____ _____ _____
(Current Job Title) (Date of Birth) (Years of Service)

Please specify the date desired for payment of the early retirement benefit and the reason for the date if a date other than _____ of the year in which the undersigned classified employee retires is desired.

_____ _____
(Date) (Reason for date other than _____)

Please attach a letter of resignation effective June thirtieth of the year in which the undersigned classified employee intends to retire.

The undersigned classified employee acknowledges that application and participation in the early retirement plan is entirely voluntary.

The undersigned classified employee acknowledges that the school district recommends that the classified employee contact legal counsel and the employee's own personal accountant regarding participation in the early retirement plan.

Should the classified employee die prior to full payment of an early retirement benefit, the classified employee designates either the following individual as beneficiary or the classified employee's estate.

____ Beneficiary _____ Estate

_____
Beneficiary

_____
Beneficiary Address

_____ _____
Classified Employee Date

_____ _____
Witness Date

CLASSIFIED EMPLOYEE SUSPENSION

Classified employees shall perform their assigned job, respect and follow board policy and obey the law. The superintendent is authorized to suspend a classified employee with or without pay pending board action on a discharge or during investigation of charges against the employee or for disciplinary purposes. It shall be within the discretion of the superintendent to suspend a classified employee with or without pay.

In the event of a suspension, due process will be followed.

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765 (Iowa 1987).
McFarland v. Board of Education of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).
Iowa Code §§ 20.7, .24 (1999).

Cross Reference: 404 Employee Conduct and Appearance
413 Classified Employee Termination of Employment

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE DISMISSAL

The board believes classified employees should perform their jobs, respect board policy and obey the law. A classified employee may be dismissed upon thirty days notice or immediately for cause. Due process procedures shall be followed.

It shall be the responsibility of the superintendent to make a recommendation for dismissal to the board. A classified employee may be dismissed for any reason, including, but not limited to, incompetence, willful neglect of duty, reduction in force, willful violation of board policy or administrative regulations, or a violation of the law.

Legal Reference: Iowa Code §§ 20.7, .24 (1999).

Cross Reference:
- 404 Employee Conduct and Appearance
- 413.4 Classified Employee Suspension
- 413.6 Classified Employee Reduction in Force

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE REDUCTION IN FORCE

It is the exclusive power of the board to determine when a reduction in classified employees is necessary. Employees who are terminated due to a reduction in force shall be given thirty days notice. Due process will be followed for terminations due to a reduction in force.

It shall be the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent will consider the relative qualifications, skills, ability and demonstrated performance through evaluation procedures in making the recommendations.

Legal Reference: Iowa Code §§ 20.7, .24 (1999).

Cross Reference:
407.6 Licensed Employee Reduction in Force
413.4 Classified Employee Suspension
413.5 Classified Employee Dismissal
703 Budget

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE VACATIONS - HOLIDAYS - PERSONAL LEAVE

The board shall determine the amount of vacation, holidays and personal leave that will be allowed on an annual basis for classified employees.

Classified employees who work twelve months a year will be allowed seven paid holidays, if the holidays fall on a regular working day. The seven holidays shall be New Year's Day, Good Friday, Memorial Day, July 4, Labor Day, Thanksgiving Day and Christmas Day. Classified employees, whether full-time or part-time, shall have time off in concert with the school calendar.

Classified employees will be paid only for the hours they would have been scheduled for the day. Vacation shall not be accrued from year to year without a prior arrangement with the superintendent.

It shall be the responsibility of the superintendent to make a recommendation to the board annually on vacation and personal leave for classified employees.

Legal Reference: Iowa Code §§ 1C.1-.2; 4.1(34); 20.9 (1999).

Cross Reference: 409.1 Licensed Employee Vacations - Holidays - Personal Leave
601.1 School Calendar

Approved June 2000 Reviewed Aug 2016 Revised July 2017

CLASSIFIED EMPLOYEE PERSONAL ILLNESS LEAVE

Classified employees shall be granted fifteen days of sick leave per year. "Day" is defined as one work day regardless of full-time or part-time status of the employee. A new employee shall report for work at least one full work day prior to receiving sick leave benefits. A returning employee will be granted the appropriate number of days at the beginning of each fiscal year. Sick leave may be accumulated up to a maximum of 145 days for classified employees.

Should the personal illness occur after or extend beyond the accumulated sick leave, the employee may apply for disability benefits under the group insurance plan if eligible. If the employee does not qualify for disability benefits, the employee may request a leave of absence without pay.

Evidence may be required regarding the mental or physical health of the employee including, but not limited to, confirmation of the following: the employee's illness, the need for the illness leave, the employee's ability to return to work, and the employee's capability to perform the duties of the employee's position. It shall be within the discretion of the board and the superintendent to determine the type and amount of evidence necessary. When an illness leave will be greater than three consecutive days, the employee shall comply with board policy regarding family and medical leave.

If an employee is eligible to receive workers' compensation benefits, the employee shall contact the board secretary to implement these benefits.

Legal Reference:
Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).
26 U.S.C. §§ 2601 *et seq*. (1994)
29 C.F.R. Pt. 825 (1996).
Iowa Code §§ 20; 85.33, .34, .38(3); 279.40 (1999).
1980 Op. Att'y Gen. 605.
1972 Op. Att'y Gen. 177, 353.
1952 Op. Att'y Gen. 91.

Cross Reference:
403.2 Employee Injury on the Job
414.3 Classified Employee Family and Medical Leave
414.9 Classified Employee Unpaid Leave

Approved June 2000 Reviewed Aug 2016 Revised August 2009

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as fiscal year. Requests for family and medical leave shall be made to the superintendent.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It shall be the responsibility of the superintendent to develop administrative rules to implement this policy.

The requirements stated in the Master Contract between employees in that certified collective bargaining unit and the board regarding family and medical leave of such employees shall be followed.

Legal Reference: Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).
26 U.S.C. §§ 2601 *et seq*. (2006)
29 C.F.R. Pt. 825 (2006).
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (2009).
1980 Op. Att'y Gen. 605.
1972 Op. Att'y Gen. 177, 353.
1952 Op. Att'y Gen. 91.

Cross Reference: 409.3 Licensed Employee Family and Medical Leave
414.2 Classified Employee Personal Illness Leave
414.8 Classified Employee Unpaid Leave

Approved June 2000 Reviewed Aug 2016 Revised July 2010

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES

YOUR RIGHTS
UNDER THE
FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered

MILITARY FAMILY LEAVE ENTITLEMENTS

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

BENEFITS AND PROTECTION

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

JOB ELIGIBILITY REQUIREMENTS

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

DEFINITION OF SERIOUS HEALTH CONDITION

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

USE OF LEAVE

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule

when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken.

SUBSTITUTION OF PAID LEAVE FOR UNPAID LEAVE

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

EMPLOYEE RESPONSIBILITIES

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

EMPLOYER RESPONSIBILITIES

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

***NOTE*: FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

If you have access to the Internet visit FLMA's website: http://www.dol.gov/esa/whd/fmla.

To locate your nearest Wage-Hour Office, phone our toll-free information at 1-866-487-9243 or to the Web site at: http://www.wagehour.dol.gov.

For a listing of records that must be kept by employers to comply with FMLA visit the U.S. Dept. of Labor's website: http://www.dol.gov/dol/allcfr/ESA/Title_29/Part_825/29CFR825.500.htm

US Dept. of Labor – Revised July, 2009

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date:_____

I, _____, request family and medical leave for the following reason: (check all that apply)

(check all that apply)

____ for the birth of my child;
____ for the placement of a child for adoption or foster care;
____ to care for my child who has a serious health condition;
____ to care for my parent who has a serious health condition;
____ to care for my spouse who has a serious health condition; or
____ because I am seriously ill and unable to perform the essential functions of my position.
___ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on _____ and I request leave as follows: (check one)

____ continuous

I anticipate that I will be able to return to work on _____.

____ intermittent leave for the:

____ birth of my child or adoption or foster care placement subject to agreement by the district;
____ serious health condition of myself, parent, or child when medically necessary;
____ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Details of the needed intermittent leave:

_____

_____

_____

I anticipate returning to work at my regular schedule on _____.

____ reduced work schedule for the:

____ birth of my child or adoption or foster care placement subject to agreement by the district;

____ serious health condition of myself, parent, or child when medically necessary;

____ because of a qualifying exigency arising out of the fact that my ___spouse; ___ son or daughter; ___parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

____ because I am the ___ spouse; ___ son or daughter; ___ parent; ___next of kin of a covered service member with a serious injury or illness.

Details of needed reduction in work schedule as follows:

_____

_____

_____

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions shall be deducted from moneys owed me during the leave period. If no monies are owed me, I shall reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

1. Employee's Name _____

2. Patient's Name (if different from employee) _____

3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition, for which the employee is taking FMLA leave, qualify under any of the categories described? If so, please check the applicable category.

   (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____
   or ____ None of the above

4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity, i.e. inability to work, attend school or perform other regular activities due to the serious health condition, treatment therefor, or recovery therefrom, if different):

   b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)?

   If yes, give the probable duration:

   c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

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

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

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

b. 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:

c. 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):

7. a. 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?

b. 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)?

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

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

8. a. 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?

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

c. 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)
(Address)	(Telephone Number)

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

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

State the care you will provide and an estimate of 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)

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE CERTIFICATION FORM

A serious health condition means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care - In patient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
   a. treatment 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 the orders of, or on referral by, a health care provider; or
   b. treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

3. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.

4. Chronic Conditions Requiring Treatments - A chronic condition which:
   a. 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;
   b. continues over an extended period of time (including recurring episodes of a single underlying condition); and
   c. may cause episodic rather than a period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision - A period of incapacity 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.

6. Multiple Treatments (Non-chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy), radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Complete this work sheet upon receiving a request for family and medical leave that may qualify under the Family Medical Leave Act. Be sure to note the requirements relating to family and medical leave in the school district's policy/collective bargaining agreement prior to relying on this work sheet as the sole source of the school district's obligations. Also be sure to note the definitions in Regulation 414.3R2.

Section I: Eligible Employee. *(Please check all that apply.)*

____ Covered by a policy/collective bargaining agreement. *(If checked, please move to Section II.)*

_____ The employee must meet all criteria below to move to Section II.

- _____ 50 or more employees are on the payroll of or under contract to the school district.
- _____ Worked 52 weeks in the school district (consecutive or nonconsecutive). **OR**
  _____ Worked 12 months in the school district (consecutive or nonconsecutive).
- _____ Worked 1250 hours for the school district in 12 months prior to the request. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hours required.

Section II: Family and Medical Leave Purpose. *(One must be checked to move to Section III.)*

_____ Birth and care of newborn prior to first anniversary of child's birth.

_____ Care of adopted child or foster care child prior to first anniversary of placement.

_____ Care for serious health condition of spouse, child, child for which employee is "in loco parentis" and for any of these if they are over eighteen and have a disability which prevents the child from caring for himself or herself.

- _____ Requested medical certification for family and medical leave due to a serious health condition of the spouse, parent or child on ____(date)___.
- _____ Received medical certification within 15 days of the request on ____(date)___.
- _____ Serious health condition of the employee.
- _____ Requested medical certification for family and medical leave due to a serious health condition of the employee on _____(date)___.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

_____ Received medical certification within 15 days of the request on ____(date)___.

_____ Other purposes contained in a policy/collective bargaining agreement.

Section III: Timing of Family and Medical Leave Request.

_____ Date of family and medical leave request ____(date)___.

_____ Date family and medical leave to begin ____(date)___.

_____ Provide FMLA leave information to employee at time of request ____(date)___.

(If one is checked, please move to Section IV.)

_____ Leave request for foreseeable family and medical leave is 30 days prior to date family and medical leave begins.

_____ Leave request for foreseeable family and medical leave is in compliance with policy/collective bargaining agreement.

_____ Leave request for foreseeable family and medical leave was made as soon as practicable, and no later than one business day, prior to date family and medical leave begins.

_____ Leave request for unforeseeable family and medical leave was made in accordance with the policy/collective bargaining agreement timelines.

Section IV: Calculation of Available Family and Medical Leave.

Beginning date for 12-month entitlement period is July 1.

Total family and medical leave for the 12-month entitlement period	12weeks
Leave taken to date in the entitlement period	-
Leave available for the entitlement period	

If sufficient family and medical leave is available and the employee qualifies for family and medical leave, the family and medical leave will be granted in accordance with the policy/collective bargaining agreement.

The employee must be informed that the actual family and medical leave taken will be credited to the employee's 12-week entitlement.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

If both spouses are employed by the school district, they may only take a combined total of 12 weeks during the entitlement period for the birth, adoption or foster care placement prior to the first anniversary of the child's birth or placement and for the care of a parent with a serious health condition.

If insufficient family and medical leave is available, the school district may award only the family and medical leave available or award the family and medical leave in accordance with other provisions of the policy/collective bargaining agreement.

Section V: Types of Family and Medical Leave. *(Please check all that apply.)*

_____ Continuous leave for purposes listed in Section II.

_____ Intermittent leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.

_____ Reduced work schedule leave for birth, adoption or foster care placement prior to first anniversary of child's birth or placement with school district approval in accordance with other provisions of the policy/collective bargaining agreement.

_____ Intermittent leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.

_____ Reduced work schedule leave if medically necessary for serious health condition of employee or family member and arranged as much as possible to not disrupt the school district's operation.

_____ Others contained in a policy/collective bargaining agreement. *(Please specify.)*

_____

Section VI: Instructional Employee Intermittent or Reduced Schedule Leave.

_____ A policy/collective bargaining agreement extends this rule to non-instructional employees.

_____ A policy/collective bargaining agreement eliminates this rule for instructional employees.

_____ Instructional employees' intermittent or reduced schedule leave for greater than 20 percent of the work days in the family and medical leave period.

Total number of days during leave period	_____
	X .20
20 percent of leave days	_____
Days of leave requested	_____

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

If the number of days requested exceeds 20 percent of the family and medical leave days, the school district may require the instructional employee to take family and medical leave for the entire leave period OR transfer the instructional employee to an alternate position with equivalent pay and benefits. The employee must be informed that the actual family and medical leave taken will be credited to the employee's 12-week entitlement.

Section VII: Instructional Employees Family and Medical Leave Special Rules.

_____ Instructional employee.

_____ A policy/collective bargaining agreement extends one or all of these rules to noninstructional employees.

_____ A policy/collective bargaining agreement eliminates one or all of these rules for instructional employees.

_____ The school district can require the employee to remain on family and medical leave until end of the semester if each of the following apply:

_____ Leave begins prior to five weeks before end of semester;
_____ Leave is for three weeks or more; **and**
_____ Employee will return during last three weeks of semester.

Last work day of the semester _____
Date of fifth week before end of the semester _____
Date of third week before end of the semester _____

Date of requested leave _____
Length of requested leave _____
Date of return from leave _____

_____ The school district can require employee to remain on family and medical leave for leave other than an employee's serious health condition until end of semester if each of the following apply:

_____ Leave begins during last five weeks before end of semester;
_____ Leave is greater than two weeks; **and**
_____ Employee will return during last two weeks of semester.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Last work day of the semester _____
Date of fifth week before end of the semester _____
Date of second week before end of the semester _____

Date of requested leave _____
Length of requested leave _____
Date of return from leave _____

_____ The school district can require the employee to remain on family and medical leave for purpose other than an employee's serious health condition until the end of the semester if each of the following apply:

_____ Leave begins during last three weeks before end of the semester; **and**
_____ Leave is greater than five working days.

Last work day of the semester _____
Date of third week before end of the semester _____

Date of requested leave _____
Length of requested leave

The employee must be informed that the actual family and medical leave taken under these rules will be credited to the employee's 12-week entitlement.

Section VIII: Paid or Unpaid Family and Medical Leave.

_____ Policy/collective bargaining agreement allows substitution of paid leave for family and medical leave.

Section IX: Employee Progress Report.

_____ Arrangements are made with the employee to report to the school district on a regular basis during the family and medical leave *(please specify)*.

_____

_____ Requested medical recertification for family and medical leave due to a serious health condition of the spouse, parent or child on ____(date)___.

_____ Received medical recertification within 15 days of the request on ____(date)___.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

Section X: Employee Benefits During Family and Medical Leave.

The employee's health insurance coverage must be continued during the period of family and medical leave. The school district may choose to continue other employee benefits to ensure their restoration along with the health insurance upon the employee's return to work. The employee will pay the employee's share of health insurance and other benefits during the leave period.

_____ Arrangements have been made with the employee to continue the employee's share of health insurance premiums while on family and medical leave:

_____ From monies due to the employee
_____ By the first of each month from the employee
_____ Other *(please specify)* _____

_____ Arrangements have been made with the employee to continue the employee's share of the employee's other benefits while on family and medical leave:

_____ From monies due to the employee
_____ By the first of each month from the employee
_____ Other *(please specify)* _____

_____ The employee has chosen to discontinue all employee benefits while on family and medical leave.

_____ Employees who fail to provide payment of the employee's share of benefits premium during the period of family and medical leave have 15 days following notice to pay the employee's share.

_____ Employees who fail to pay within 15 days after receiving notice of payment due may have employee benefits discontinued.

_____ The school district will deduct unpaid employee portion of benefits from monies due to the employee upon return to work, and the employee has signed a written statement authorizing the deduction.

_____ The school district will seek recovery of unpaid employee portion of benefits through small claims court or other appropriate recovery process.

Even if the employee chooses to discontinue employee benefits during the period of family and medical leave, the school district should exercise great care before discontinuing employee benefits. The school district is required to restore the employee to full benefits when the employee returns to work, including group health insurance, without any qualifying period, physical examination, exclusion of pre-existing conditions and other similar requirements.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST WORK SHEET

_____ The school district may discontinue the employee's benefits upon receipt of written notice of the employee's intent not to return to work.

Section XI: Key Employees.

_____ Salaried employees among the highest paid ten percent of a school district's employees are considered key employees of the school district.

Year-to-date earnings for employee	_____
Total weeks of work and paid leave	/ _____
Highest pay for employee	= _____

_____ Provide notice to key employees stating they are a key employee and they may not be reinstated at end of the family and medical leave period if substantial and grievous economic injury exists.

_____ Compile data to justify substantial and grievous economic injury. Substantial and grievous economic injury does not include minor inconvenience and costs typical to the normal operation of the school district.

_____ The key employee is entitled to benefits during the family and medical leave in the same manner as other employees.

Section XII: Employee's Return to Work.

_____ Employee is fully restored the same or an equivalent position with:

_____ Pay and benefits
_____ Health insurance
_____ Life insurance
_____ Other benefits or requirements in a policy/collective bargaining agreement

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.

2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.

3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:

   a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
   b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
   c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
   d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees. Employees are eligible for family and medical leave if three criteria are met.

1. The school district has more than 50 employees on the payroll at the time leave is requested;

2. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and

3. The employee has worked at least 1,250 hours within the previous year. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.

a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was received.
c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.

2. Unforeseeable family and medical leave.

a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
c. A spouse or family member may give the notice if the employee is unable to personally give notice.

D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.

1. Six purposes.

a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
e. because of a qualifying exigency arising out of the fact that an employee's ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
f. because the employee is the spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

2. Medical certification.

a. When required:

(1) Employees may be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
(2) Employees may be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
(3) Employees may be required to present certification of the call to active duty when taking military family and medical leave.

b. Employee's medical certification responsibilities:

(1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
(2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
(3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.

c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.

d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification shall be denied until such certification is provided.

E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.

2. Year is defined as fiscal year.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

3. If insufficient leave is available, the school district may:
   a. Deny the leave if entitlement is exhausted
   b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.

2. Intermittent - employee requests family and medical leave for separate periods of time.

   a. Intermittent leave is available for:
      ____ birth of my child or adoption or foster care placement subject to agreement by the district;
      ____ serious health condition of myself, parent, or child when medically necessary;
      ____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
      ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
   b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
   c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.

   a. Reduced work schedule family and medical leave is available for:

      ____ birth of my child or adoption or foster care placement subject to agreement by the district;
      ____ serious health condition of myself, parent, or child when medically necessary;
      ____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
      ___ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
   b. In the case of foreseeable reduced work schedule leave, the employee must schedule the leave to minimize disruption to the school district operation.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

c. During the period of foreseeable reduced work schedule leave, the school district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see G below.)*

G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.

2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:

   a. Take leave for the entire period or periods of the planned medical treatment; or

   b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.

3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester do not include scheduled school breaks, such as summer, winter or spring break.

   a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.

   b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.

   c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.

H. Employee responsibilities while on family and medical leave.

1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.

2. The employee contribution payments will be deducted from any money owed to the employee or the employee shall reimburse the school district at a time set by the superintendent.

3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.

4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.

6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

I. Use of paid leave for family and medical leave.

An employee may substitute unpaid family and medical leave with any paid leave available to the employee under board policy, individual contracts or the collective bargaining agreement. Paid leave includes sick leave and personal leave. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Active Duty - duty under a call or order to active duty under a provision of law referring to in section 101(a)(13) of title 10, U.S. Code.

Common Law Marriage-according to Iowa law, common law marriages exist when there is a present intent by the two parties to be married, continuous cohabitation, and a public declaration that the parties are husband and wife. There is no time factor that needs to be met in order for there to be a common law marriage.

Contingency Operation - has the same meaning given such term in section 101(a)(13) of title 10, U.S. Code.

Continuing Treatment-a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - -- treatment 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 in referral by, a health care provider; or
  - -- treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
  - -- 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;
  - -- Continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - -- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- Any period of incapacity 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.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Covered Servicemember - a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Eligible Employee-the district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

Essential Functions of the Job-those functions which are fundamental to the performance of the job. It does not include marginal functions.

Employment Benefits-all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an "employee benefit plan."

Family Member-individuals who meet the definition of son, daughter, spouse or parent.

Group Health Plan-any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of such employees or former employees.

Health Care Provider-

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law; and
- Nurse practitioners and nurse-midwives, and clinical social workers who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; and
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts;
- Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
- A health care provider as defined above who practices in a country other than the United States who is licensed to practice in accordance with the laws and regulations of that country.

In Loco Parentis-individuals who had or have day-to-day responsibilities for the care and financial support of a child not their biological child or who had the responsibility for an employee when the employee was a child.

Incapable of Self-are-that the individual requires active assistance or supervision to provide daily self-care in several of the "activities of daily living" or "ADLs." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Instructional Employee-an employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily noninstructional employees.

Intermittent Leave-leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave or periods from an hour or more to several weeks.

Medically Necessary-certification for medical necessity is the same as certification for serious health condition.

"Needed to Care For"-the medical certification that an employee is "needed to care for" a family member encompasses both physical and psychological care. For example, where, because of a serious health condition, the family member is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport himself or herself to medical treatment. It also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care.

Next of Kin - an individual's nearest blood relative

Outpatient Status - the status of a member of the Armed Forces assigned to –

- either a military medical treatment facility as an outpatient; or,
- a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

- Parent-a biological parent or an individual who stands in loco parentis to a child or stood in loco parentis to an employee when the employee was a child. Parent does not include parent-in-law.

Physical or mental disability-a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Reduced Leave Schedule-a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

Serious Health Condition

- An illness, injury, impairment, or physical or mental condition that involves:
- Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from), or any subsequent treatment in connection with such inpatient care; or

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:
  - -- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves: Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:
    - -- Treatment 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 or, or on referral by, a health care provider; or
    - -- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
  - -- Any period of incapacity due to pregnancy or for prenatal care.
  - -- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - -- 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;
    - -- Continues over an extended period of time (including recurring episodes of s single underlying condition); and
    - -- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
  - -- A period of incapacity 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.
  - -- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).
- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, 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 alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistimines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu,

CLASSIFIED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.

- Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.
- Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

Serious Injury or Illness - an injury or illness incurred by a member of the Armed forces, including the National Guard or Reserves in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Son or daughter-a biological child, adopted child, foster child, stepchild, legal ward, or a child of a person standing in loco parentis. The child must be under age 18 or, if over 18, incapable of self-care because of a mental or physical disability.

Spouse-a husband or wife recognized by Iowa law including common law marriages.

CLASSIFIED EMPLOYEE DISCRETIONARY LEAVE

The board realizes an emergency may arise which would necessitate a classified employee's absence from work which is not covered by another form of leave of absence. Such leave shall be called emergency leave.

Emergency leave must be unforeseen and beyond the control of the employee. The superintendent shall have the discretion to grant emergency leave. The superintendent shall determine whether such leave shall be paid leave or unpaid leave.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1999).

Cross Reference: 409.4 Classified Employee Emergency Leave
414 Classified Employee Vacations and Leaves of Absence

Approved June 2000 Reviewed Aug 2016 Revised _____

CLASSIFIED EMPLOYEE BEREAVEMENT LEAVE

In the event of a death of a member of a classified employee's immediate family, bereavement leave may be granted. Bereavement leave will be granted according to the Bellevue Education Association's Master. Bereavement Leave will be deducted from the classified employee's sick leave.

It shall be within the discretion of the superintendent to determine the number of bereavement leave days to be granted.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1999).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE POLITICAL LEAVE

The board will provide a leave of absence to classified employees to run for elective public office. The superintendent shall grant a classified employee a leave of absence to campaign as a candidate for an elective public office as unpaid leave.

The classified employee will be entitled to one period of leave to run for the elective public office, and the leave may commence any time within thirty days of a contested primary, special, or general election and continue until the day following the election.

The request for leave must be in writing to the superintendent at least thirty days prior to the starting date of the requested leave.

Legal Reference: Iowa Code ch. 55 (1999).

Cross Reference: 401.15 Employee Political Activity
414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE JURY DUTY LEAVE

The board will allow classified employees to be excused for jury duty unless extraordinary circumstances exist. The superintendent has the discretion to determine when extraordinary circumstances exist.

Employees who are called for jury service shall notify the direct supervisor within twenty-four hours after notice of call to jury duty and suitable proof of jury service pay must be presented to the school district. The employee will report to work within one hour on any day when the employee is excused from jury duty during regular working hours.

Classified employees will receive their regular salary. Any payment for jury duty, except expenses, shall be turned over to the school district.

Legal Reference: Iowa Code §§ 20.9; 607A (1999).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE MILITARY SERVICE LEAVE

The board recognizes classified employees may be called to participate in the armed forces, including the national guard. If a classified employee is called to serve in the armed forces, the employee shall have a leave of absence for military service until the military service is completed.

The leave shall be without loss of status or efficiency rating, and without loss of pay during the first thirty calendar days of the leave.

Legal Reference: Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).
Iowa Code §§ 20; 29A.28 (1999).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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CLASSIFIED EMPLOYEE UNPAID LEAVE

Unpaid leave may be used to excuse an involuntary absence not provided for in other leave policies. Unpaid leave for classified employees must be authorized by the superintendent. Whenever possible, classified employees shall make a written request for unpaid leave ten days prior to the beginning date of the requested leave. If the leave is granted, the deductions in salary shall be made unless they are waived specifically by the superintendent.

The superintendent shall have complete discretion to grant or deny the requested unpaid leave. In making this determination, the superintendent shall consider the effect of the employee's absence on the education program and school district operations, the financial condition of the school district, length of service, previous record of absence, the reason for the requested absence and other factors the superintendent believes are relevant in making this determination.

If unpaid leave is granted, the duration of the leave period shall be coordinated with the scheduling of the education program whenever possible, to minimize the disruption of the education program and school district operations.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1999).

Cross Reference: 414 Classified Employee Vacations and Leaves of Absence

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Code No. 414.10

CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments.

It shall be within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code § 279.8 (1999).
281 I.A.C. 12.7.

Cross Reference: 411 Classified Employees - General
408.1 Classified Employee Professional Development

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CLASSIFIED EMPLOYEE SUBSTITUTES

The superintendent shall employ substitute and temporary classified employees. Such employment shall be subject to the board's approval at its next meeting, when the superintendent shall present the names and salaries of the substitute or temporary employees to the board.

Legal Reference: Iowa Code §§ 20.9; 279.8 (1999).

Cross Reference: 411 Classified Employees - General

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