



DIVISION OF HUMAN RESOURCES

Request for Leave of Absence:
Educational Leave
Sabbatical Leave
Jury Duty
Other



Q&A

LEAVE OF ABSENCE

Q: **How soon should I submit paperwork for a leave of absence?**

A: *Approximately 30 days prior (not greater than 30 days), or as soon as possible, to taking leave*

Q: **What types of Leaves are available to me / what paperwork is required / what is the eligibility period, if applicable?**

A: **Education Leave:**

Documents Required: Leave Application, Proof of acceptance for study, list of courses to take and degree sought

Sabbatical Leave:

Documents Required: Leave Application

(for travel) detailed analysis of travel experience planned, to include sites to be visited/purpose and anticipated dates of visit

(for study) proof of acceptance for study, list of courses to take and degree sought

(combination of travel & study) must comply with above items

**To be eligible for Sabbatical, an employee shall have been employed nine (9) consecutive school years as a full-time employee of the SLPS, unless otherwise specified by the district*

Military Leave:

Documents Required: Leave Application, Orders/Amended Orders

FMLA Leave:

Documents Required: Leave Application, Certification of Healthcare Provider

To be eligible for FMLA, an employee must have been employed by St Louis Public School District ("SLPS") at least twelve (12) months and has worked at least twelve hundred fifty (1,250) hours in the twelve (12) months preceding start of leave

Other types of Leave, including Non-FMLA Eligible Medical Leave:

Documentation Required: Leave Application, Certification of Healthcare Provider (if leave is for medical reasons), any documentation verifying need

Q: **Where can I locate the leave of absence paperwork?**

A: **Intranet:** Human Resources Tab > Human Resources Forms > Request for Leave of Absence

Outlook: Public Folders > All Public Folders > Human Resources > HR Forms > Leave of Absence

Human Resources: in-person at front reception area in Human Resources

you can request a copy of the appropriate leave of absence paperwork to be emailed/mailed to you by your HR Generalist

Q: **What happens once I submit the required paperwork for Leave?**

A: *Your application/paperwork will be reviewed by HR and you will be notified of eligibility & approval*

Q: **When should I submit my Release to Work form?**

A: *Approximately two weeks (14 days) prior to your return to work or as soon as possible prior to the return date*

Q: **How long can I remain on a leave of absence?**

A: *An employee can remain on a leave for up to one year, not to exceed one year, based on the type of leave of absence being requested*

Q: **Are Leaves paid or unpaid?**

A: *A Leave of Absence is unpaid, unless:*

- *The employee has an accrued sick bank / PTO bank and wants to use this time*
- *The employee is eligible for short-term disability (no sick bank remaining)*
**must contact Cigna directly to initiate a claim (800-362-4462)*



LEAVE OF ABSENCE PROCESS

Request for leave must be made at least thirty (30) days prior to the date the requested leave is to begin, or as soon as practicable under the circumstances:

- 1) The employee must complete the appropriate "Request for Leave of Absence" form. Please refer to the following for specific documentation required depending on which type of leave is being requested. ***Please note, all leave types require the completion of an application for leave and any other related forms for the specified leave of absence.***

Education Leave: The institution of higher education must be identified and proof of acceptance for study at the institution must be provided. A list of courses to be taken and the degree sought, if any, must be included in the detailed plan. ***An employee can remain on this type of leave for up to one year, not to exceed one year.***

Sabbatical Leave: If the request is for travel, a detailed analysis of the travel experience planned must be provided, which includes sites to be visited, purpose and anticipated dates of visits. Upon return, a synopsis will be required of how the travel benefited the St. Louis Public School District. If the request is for study, the institution of higher education must be identified and proof of acceptance for study at the institution must be provided. A list of courses to be taken and the degree sought, if any, must be included in the detailed plan. If the request is for a combination of study and travel, the applicant must comply with all the aforementioned items. ***An employee can remain on this type of leave for up to one year, not to exceed one year.***

Military Leave: Orders/Amended Orders required. ***An employee can remain on this type of leave for up to 5 years, not to exceed 5 years.***

FMLA Leave: Upon receipt of the Request for FMLA Leave of Absence Form, the employee shall be provided a Notice of Eligibility and Rights & Responsibilities Form; Human Resources will first complete Part A - Notice of Eligibility. At that same time, the employee shall also be given the medical certification form -- Certification of Healthcare Provider for Employee's Serious Health Condition or Certification of Healthcare Provider for Family Member's Serious Health Condition, as appropriate. The employee will be expected to return the completed medical certification form within fifteen (15) calendar days. ***Failure to provide the required 15 calendar days notice may result in leave request being denied.*** Specific dates (start date and estimated return date) must be provided. Statements such as "until further notice", "undetermined" or "until next appointment" will not be accepted. If the medical certification is incomplete or insufficient, Human Resources will notify the employee in writing of such, stating what information is needed. The employee will provide the additional information within seven (7) calendar days, whenever practicable. Within five (5) business days of receiving sufficient information to make a designation determination, Human Resources will provide the employee with a Designation Notice. ***An employee can remain on this type of leave for up to one year, not to exceed one year (note, this limitation does not apply to intermittent leave or FMLA leave to care for an immediate family member)***

****To be eligible for FMLA, an employee must have been employed by St Louis Public School District ("SLPS") at least twelve (12) months and has worked at least twelve hundred fifty (1,250) hours in the twelve (12) months preceding start of leave****

Other types of Leave, including Non-FMLA Eligible Medical Leave: Documentation verifying need is required. If for a medically related reason (and the leave does not qualify as FMLA leave), medical certification is required. The medical certification must include the date on which the condition began; the probable duration of the condition, the diagnosis and expected course of treatment; a statement that the employee is unable to perform the essential functions of his/her job. Failing to provide medical certification will result in a delay of leave until such certification is obtained or denial of leave if no certification is provided. Further, the employee will be required to present medical certification of their "fitness-for-duty" to return to work, following the period of leave. ***An employee can remain on this type of leave for up to one year, not to exceed one year.***

- 2) Once the documents are complete, applicable forms are submitted to Human Resources either in-person, mail or fax (314) 244-1739. The supervisor will be notified of the approved leave request.
- 3) After the documents are presented to HR and if the employee qualifies for STD/LTD benefits, he/she should call the Cigna Insurance Company at (1-800-362-4462) to initiate a new claim (filing the leave papers 30 days in advance will eliminate there being breaks between pay cycles from SLPS and Cigna Insurance)
- 4) Approximately two weeks (14 days) prior to his/her return to work, the employee should present to HR a "Release to Return to Work" form, which has been completed by the employee and his/her physician. This document can be submitted to Human Resources either in-person, mail or via fax (314) 244-1739. The employee should not return to work until he/she receives contact from HR stating "authorized to return to work". Supervisors are notified of return from leave dates.

*****The employee will be responsible for payment of his/her portion of the benefit premiums*****

If you have further questions or concerns please contact the appropriate HR Generalist:

Kelli Thompson	314-345-2225	kelli.thompson@slps.org
Felecia Mitchell	314-345-2267	felecia.mitchell@slps.org
Takiyah Reed	314-345-2320	takiyah.reed@slps.org
Danine Stewart	314-345-2638	danine.stewart@slps.org



General Conditions for Leave of Absence

Leave Under the Family and Medical Leave Act ("FMLA")

- The employee has been employed by the St. Louis Public School District ("SLPS") at least twelve (12) months and has worked at least twelve hundred and fifty (1,250) hours in the twelve (12) months preceding start of the leave.
- An employee can remain on this type of leave for up to one year, not to exceed one year (note, this limitation does not apply to intermittent leave or FMLA leave to care for an immediate family member).
- The employee is aware that FMLA Leave runs concurrently with short-term disability, sick leave, paid time off and/or vacation.
- If eligible for short-term disability, the first nine (9) days are considered a "waiting period" and the employee will have the option to elect to use accrued time to be paid for those days or take that time without pay.
- The employee is aware that a leave request for his/her own serious health condition or the serious health condition of a family member cannot be approved without the Special Administrative Board ("SAB") receiving a fully completed medical certification from a health care provider.
- If the employee does not return to work or contact Human Resources, per the expected return to work date indicated on the leave paperwork, it will be considered that the employee has voluntarily terminated employment with the SLPS.
- The SAB can recover employer premiums paid to continue the employee's health insurance coverage if they fail to return to work after leave, unless failure to return is because of (1) continuation, recurrence, or onset of a serious health condition, either of the employee or a family member; or (2) other circumstances beyond the employee's control.

Education Leave

(Short-term education leave – 5 days or less)

- The process is managed by the direct supervisor and documentation is kept at the school site.
- Leave is *with pay* for the purpose of attending workshops, conferences, conventions, seminars and visitations conducive to the employee's personal growth.

(Long-term education leave – 6 days to 1 year)

- The process is managed by Human Resources and documentation is submitted to Human Resources for processing.
- Leave is *without pay and benefits* for the purpose of study for professional improvement.
- Employee must be enrolled for a minimum of eight (8) approved college semester hours per semester of leave.
- The extent of leave shall not exceed the time-frame of the scheduled work year for the employee.
- Employee is required to submit an official transcript, within 30 days of returning from leave, reflecting successful completion of the required minimum of eight (8) semester hours of college credit earned during each semester of leave.

Military Leave

- Leave is granted for emergency military duty, tours of duty, reserve training and time off for physical exams for military duty.
- Emergency duty leave is with pay for up to 30 days during the school/fiscal year in which the leave begins.
- Time will be unpaid unless employee elects to use previously accrued time.
- All full-time employees who are members of the National Guard or of any reserve component of the Armed Forces of the United States shall be granted leave with regular pay for the period not to exceed a total of fifteen (15) work days in any fiscal year for reserve training.

Other (Including Non-FMLA Eligible Medical Leave)

- If eligible for short-term disability, the first five (5) days are considered a "waiting period" and the employee will have the option to elect to use accrued time to be paid for those days or take time without pay.
- Short-term disability is for a maximum of 180 calendar days or the equivalent of 6 months.
- The employee may be eligible to apply for Long-term disability.
- The employee is aware that a leave request for own serious health condition cannot be approved without the SAB receiving documentation from the treating physician sufficient to determine the reasonableness and appropriateness of the requested leave.
- If the employee does not return to work or contact Human Resources, per the expected return to work date indicated on the leave paperwork, it will be considered that the employee has voluntarily terminated employment with the SLPS.
- The SAB can recover employer premiums paid to continue the employee's health insurance coverage if they fail to return to work after leave, unless failure to return is because of (1) continuation, recurrence, or onset of a serious health condition; or (2) other circumstances beyond the employee's control.

Sabbatical Leave

- To be eligible for this leave, an employee shall have been employed nine (9) consecutive school years as a full-time employee of the SLPS, unless otherwise specified by the district.
- The leave is for the purpose of professional improvement.
- Employee shall receive one-half of his/her scheduled salary during the period of this leave.
- The leave shall not prevent the advancement on the salary schedule nor constitute a break in consecutive years of employment.
- Leave requests for first semester of each school year must be filed with Human Resources no later than March 15th of previous school/fiscal year.
- Leave requests for second semester must be filed with Human Resources no later than November 15th of current school/fiscal year.
- Employee will earn a minimum of eight (8) semester hours of college credit during each semester of the leave for study, exclusive of summer, and submit to Human Resources an official transcript immediately following the end of each semester of approved leave.
- Upon return from sabbatical leave for travel, employee is required to submit a comprehensive report providing analysis of travel experiences and of how the travel benefited the SLPS, depending if the leave was taken for study, travel or combination of both study and travel.

*** The employee will be responsible for payment of his/her portion of the benefit premiums ***



REQUEST FOR LEAVE OF ABSENCE

Request for leave must be made at least thirty (30) days prior to the date the requested leave is to begin, or as soon as practicable under the circumstances.

COMPLETED FORMS CAN BE RETURNED IN-PERSON, U.S. MAIL OR FAX (314) 244-1739

PLEASE PRINT:

Today's Date: _____

Employee Number: _____

Employee Name: _____

Location/Position: _____

Will your contact information be different, during this leave period, from what is currently on file with the district? Yes No
If yes, please provide your contact information (street, city, state, postal code, phone number): _____

If you are taking a paid leave, please indicate the following: PTO Vacation Sick Bank _____ Number of Days

I am requesting an EXTENSION of a previously approved leave of absence: Yes No (If yes, date current leave expires: _____)

MY REQUEST FOR LEAVE IS FOR THE FOLLOWING REASON: (please check one)

Birth of my child and/or in order to care for my child Expected Date of Birth _____
Leave Start Date: _____ Expected Date of Return to Work: _____

Placement of a child for adoption or foster care Expected Date of Placement _____
Leave Start Date: _____ Expected Date of Return to Work: _____

Care for my spouse, child or parent with a serious health condition*
Leave Start Date: _____ Expected Date of Return to Work: _____

My own serious health condition*
Leave Start Date: _____ Expected Date of Return to Work: _____

Any qualifying exigency arising out of the fact that my spouse, child, or parent is on active military duty, or has been notified of any impending call to active duty status, in support of a contingency operation
Leave Start Date: _____ Expected Date of Return to Work: _____
Nature of the Exigency _____

Care for my spouse, child, parent, or next of kin who is a covered service member recovering from a serious illness or injury in the line of duty on active military duty**
Leave Start Date: _____ Expected Date of Return to Work: _____

Education Leave Supervisor/Principal initials (required for short-term Educational Leave only): _____
Five days or less - should be sent to your direct supervisor for approval. Your paperwork should be kept on file at your school site once approved by your supervisor. Your supervisor's initials indicate approval for short-term Educational Leave.
More than five days - should be sent to Human Resources for approval and processing.

Leave Start Date: _____ Expected Date of Return to Work: _____

Military Leave
Leave Start Date: _____ Expected Date of Return to Work: _____

Other (including Non-FMLA Eligible Medical Leave)
Leave Start Date: _____ Expected Date of Return to Work: _____

Sabbatical Leave
Please select one of the following: for study for travel combination of study and travel
Leave Start Date: _____ Expected Date of Return to Work: _____

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* Medical certification is required for all leaves due to a "serious health condition". Certification must include the date on which the condition began; the probable duration of the condition; the relevant medical facts and expected course of treatment; a statement that the employee is needed to care for an immediate family member (i.e., the employee's spouse, child or parent), or that the employee is unable to perform the essential functions of his/her job. Failing to provide medical certification will result in a delay of leave until such certification

is obtained or denial of leave if no certification is provided. Further, an employee taking leave for his/her own serious health condition will be required to present medical certification of their "fitness-for-duty" to return to work, following the period of leave.

**The recovering service member must be a member of the Armed Forces (including the Reserves and National Guard) who is undergoing medical treatment, recuperation or therapy, is on out-patient status or is otherwise on a temporary disability retired list, for a serious injury or illness. A "serious injury or illness" is one incurred while on active duty in the Armed Services that renders the service member unable to perform his/her military duties.

ADDITIONAL INFORMATION REQUIREMENTS

*Education Leave - The institution of higher education must be identified and proof of acceptance for study at the institution must be provided. A list of courses to be taken and the degree sought, if any, must be included in the detailed plan. An employee can remain on this type of leave for up to one year, not to exceed one year.

*Military Leave - Orders / Amended Orders. An employee can remain on this type of leave for up to 5 years, not to exceed 5 years unless required by law.

*Sabbatical Leave - If the request is for travel, a detailed analysis of the travel experience planned must be provided, which includes sites to be visited, purpose and anticipated dates of visits. Upon return, a synopsis will be required of how the travel benefited the St. Louis Public School District. If the request is for study, the institution of higher education must be identified and proof of acceptance for study at the institution must be provided. A list of courses to be taken and the degree sought, if any, must be included in the detailed plan. If the request is for a combination of study and travel, the applicant must comply with all the aforementioned items. An employee can remain on this type of leave for up to one year, not to exceed one year.

*Other type of Leave - Documentation specifying need. If for a medically related reason (and the leave does not qualify as FMLA leave), medical certification is required. The medical certification must include information sufficient to determine whether the requested leave is reasonable and appropriate, including the date on which the condition began; the probable duration of the condition, the diagnosis and expected course of treatment; a statement that the employee is unable to perform the essential functions of his/her job. Failing to provide medical certification will result in a delay of leave until such certification is obtained or denial of leave if no certification is provided. Further, the employee will be required to present medical certification of their "fitness-for-duty" to return to work, following the period of leave. An employee can remain on this type of leave for up to one year, not to exceed one year.

The employee will be responsible for payment of his/her portion of the benefit premiums

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THIS SECTION TO BE COMPLETED FOR MEDICAL LEAVE ONLY (Own Serious Health Condition or Care for Immediate Family Member):

I am requesting intermittent leave or leave on a reduced leave schedule.

Yes No If yes, provide the information requested below.

The estimated schedule I would like for this leave is:

[Empty box for estimated schedule]

The reasons for requesting this schedule are:

[Empty box for reasons for requesting schedule]

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Do you have a spouse who is employed by Saint Louis Public Schools? Yes No Spouse name/Employee # _____

If yes, has he/she taken a leave under this policy within the last 12 months? Yes No

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I am aware that the above information is not all-inclusive. I have read the Special Administrative Board's Employee Information relating to my requested leave and I understand my rights and obligations therein.

Employee Signature

Date

Human Resources

Date

Associate Superintendent (if applicable)

Date

Superintendent of Schools (if applicable)

Date

HR Use:

FMLA Eligible Yes No