

JEFFERSON SCHOOL DISTRICT NOTICE OF RIGHTS AND RESPONSIBILITIES WHEN TAKING FAMILY AND MEDICAL LEAVE

KEEP FOR YOUR RECORDS

Jefferson School District has received your request for family and medical leave. The following information concerns your rights and obligations under the family and medical leave law and will explain the consequences of your failure to meet these obligations. Please read the information carefully, and if you have any questions, please contact the Human Resources Department.

1. **Leave Entitlement.** The actual amount of time you spend on family and/or medical leave will be subtracted from your 12 workweeks (26 workweeks if you are caring for a qualifying person in the military) of unpaid leave entitlement under federal law. Unpaid leave entitlement under Wisconsin law is 2 workweeks for your serious health condition; 2 workweeks for the serious health condition of a child, spouse, domestic partner or parent (including your parent in-laws or the partner(s) of a domestic partner); and 6 workweeks on the birth or adoption of a child with the employee. These leave rights will run concurrently. Leave rights are administered on a calendar-year basis. To be eligible for leave, you must request leave not fewer than 30 days in writing before your leave is to begin, unless, due to the circumstances, a shorter notice is necessary. However, notice must be given not later than 2 workdays after leave begins. Leave may be taken on an intermittent or reduced leave schedule basis for a serious health condition, after attempting to coordinate the period of absence with the District. In the event of a birth, adoption or foster care placement, intermittent leave will be permitted only during the 16-week period before and after the birth or placement.
2. **Medical Certification.** If your leave request is based on your own serious health condition or the serious health condition of a qualifying person (as defined under the FMLA Policy), you must provide the District with a medical certification prepared by your health care provider. The medical certification must be provided to the District within 15 calendar days of notice to you from the District of the need to provide such information, unless the District agrees to an extension of time. If the information in the Certification is incomplete or insufficient, the District may request a clarification of the Certification from your health care provider. This certification document must be completed and returned to the District within 7 calendar days unless the District agrees to extend the response time. In the event questions continue to exist, your health care provider may be contacted for clarification of the request. If you fail to provide a timely Certification, your leave request, or your continuation of leave, may be denied. If your leave request is denied, your absences will be classified under the District's attendance policy.
3. **Additional Certifications.** If the District has any doubts about the accuracy of your initial medical certification, you must submit to another examination, at the District's expense, by a health care provider selected by the District. If the second opinion differs from the initial certification, a third opinion, from a mutually agreed upon health care provider, may be required. The third opinion is final and binding.
4. **Recertification.** You must provide the District, to the extent required by law, with recertifications on a periodic basis that your serious health condition prevents you from performing your job functions or that you are needed to care for a family member with a serious health condition.
5. **Intent to Return to Work.** For leaves that are longer than one month for the serious health condition of yourself or a covered person, you should provide with a periodic report on your status and intent to return to

work at least 2 weeks before your return to work, but in no event no later than 2 business days before your desired return to work.

6. **Return to Work.** If you are on medical leave because of your own serious health condition and it is for more than 3 consecutive workdays, you may be required to provide the District with a return-to-work release, signed by your health care provider, which addresses your ability to perform the essential duties of your job, before you can return to work. If you fail to provide the District with a return-to-work release, your reinstatement may be denied until the required certification is provided.
7. **Substitution.** You may have the option of using certain types of paid leave, i.e., short-term disability or vacation, for unpaid family and/or medical leave pursuant to the District's Policy. The District may require you to use your accrued paid leave for any unpaid leave period. When paid leave is used for your unpaid leave, the paid leave will not be available to you later. These leaves will run concurrently, provided you meet any applicable requirements of the leave policy, which are outlined in the summary previously provided to you. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave. Leave required for a work-related injury may run concurrently with your point of coverage under worker's compensation benefits.
8. **Maintenance of Health Insurance Coverage.** Your health insurance coverage and other District provided benefits will continue in full effect during your leave, if the required premium contribution is made. If you elect to use paid leave, or if the District requires the use of paid leave, your share of premiums will be paid through the District's normal payroll deduction method. Otherwise, you must pay the required contribution on a monthly basis during the period of unpaid leave, as requested by the District. If payment is not made timely, your group health insurance may be cancelled.
9. **Employment Protection.** Upon returning to work from family or medical leave, you will be reinstated to the position you held prior to leave or, if your position is no longer available, to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment, unless your employment would otherwise have ceased. You will have no greater right to employment with the District at the end of your leave than you would have had if you had not taken leave.
10. **Recovery of Premiums.** If you fail to return to work after your family or medical leave, you may be liable to the District for any health coverage premiums paid during your leave.
11. **Designation of Leave.** Once the District receives any requested information, we will inform you whether your leave will be designated as FMLA leave. If you do not provide the District with the required information within the time specified, your absence will be classified as other than family and/or medical leave.
12. **Fitness for Duty.** If leave is for your serious health condition, you may be required to present a fitness-for-duty certification to be restored to employment, unless you are directed in writing not to provide such information. If such certification is not timely received, your return to work may be delayed until a certification is provided. A list of the essential functions of your position is attached to your Health Care Provider Certification.

If you have any questions, please do not hesitate to contact the Human Resources Department.

5/24/10