

Erie's Public Schools

Family/Medical Leave

The purpose of this information sheet is to address specific leave of absence issues and to ensure the District's compliance with the Family Medical Leave Act, hereinafter referred to as FMLA.

All requests for FMLA shall be made in writing on a District form. The form shall request sufficient information to determine whether the leave qualifies as FMLA leave.

Medical certification forms shall be required and employees shall provide a fitness-for-full-duty certificate upon returning from FMLA leave when the leave was taken because of the employee's own serious health condition. A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient 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 of 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 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 regiment of continuing treatment under the supervision of the health care provider.*

3. Childbirth

Any period of incapacity due to pregnancy, or for prenatal care.

Erie's Public Schools

Family Medical Leave – page two

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 continuing 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), kidney disease (dialysis).

For purposes of determining whether an eligible employee under the FMLA has exhausted the sixty (60) workdays of leave in any twelve-month period, the District shall utilize a rolling twelve-month period measured backwards from the date leave is used, to avoid stacking of back-to-back leave entitlements.

Eligibility for FMLA leave shall be based entirely on the eligibility criteria established by the FMLA. This policy shall not be construed to expand eligibility for FMLA leave beyond what is required by the law.