Brevard County Public Schools

Leaves of Absence
Information & Application Packet

Office of Employee Benefits

2700 Judge Fran Jamieson Way

Melbourne Florida 32940
Phone: 321-633-1000
Fax: 321-617-7778

Revised – 4/28/2017

LEAVE OF ABSENCE CHECKLIST

* Inform an employee of his/her rights and procedures to follow under the School Board's policies for Leaves of Absence including Family and Medical Leave Act (FMLA).
* Review your rights under the Family and Medical Leave Act of 1993.
* Complete a Leave of Absence Request form, including your benefits continuation election.
* Apply to Sick Bank if a member and eligible.
* Contact CIGNA at 800-362-4462 for disability claim information.
* If you elect benefit continuation please contact the School Board for information, 633-1000 ext. 248.
* Complete a Flex Plan Enrollment Form to cancel or change your benefits on the first day of your unpaid Leave.
* Complete a Return-to- Work Medical Certification that an employee is able to return to work from a Medical Leave of Absence.

This checklist should be used when an employee requests a leave of absence.

Reason for Leave (See Leave of Absence Guidebook for more information)

☐ Employee's serious health/medical condition. ☐ Birth of a child or care of newborn

☐ To bond with a child in connection with adoption or foster placement. ☐ Military Caregiver Leave

☐ To care for a child, spouse or parent with a serious health condition. ☐ Military Qualifying Exigency

☐ Injury in the line-of-duty (WC). (See Risk Management)

☐ Personal-Reason _____ ☐ Union ☐ Prof/Educational Study ☐ Military

Test for Eligibility - FMLA Site Contacts use CrossPointe Screen Z603 #1

Requested Leave Start Date: _____

ALL Employees: ☐ At least 12 months of service.

Support Employee: ☐ Worked at least 1250 hours in the 12 months prior to leave start date. (FMLA Hours Worked Report)

Instructional Employee: ☐ Must have worked at least one full semester in the previous 12 months.

Is employee eligible for FMLA? ☐ Yes ☐ No

Has this employee used FMLA within the last 12 months? ☐ Yes ☐ No

Remaining entitlement: _____ weeks _____ days _____ hours

Please Provide to Employee the Leave of Absence Information & Application Packet

☐ Leave of Absence Information & Application Packet

☐ FMLA Information Packet

Provided By: _____

Action Checklist

☐ Received FMLA Certification. ☐ Received Health Care Provider's Statement. Date: _____

☐ Copy of LOA Request Form given to employee. Date: _____

☐ Original LOA Request Form sent to Leave Specialist. Date: _____

☐ Received Return-to-Work Medical Certification. Date: _____

☐ Copy of Flex Plan Enrollment Form given to employee. Date: _____

_____ _____ _____

Department Signature - Site Contact School/Department Number Date

Please send signed Leave of Absence Checklist, Leave of Absence Request Form, Health Care Provider's Statement, and FMLA Certification to the Leave Specialist at the Office of Employee Benefits.

Employee Signature: _____ **Date:** _____

My signature signifies that I have read the information on this form and understand my rights and responsibilities, specifically those under the Family and Medical Leave Act (FMLA). I certify that the information submitted on this request is accurate.

Form Updated 4/27/17

EMPLOYEE RIGHTS AND RESPONSIBILITIES

UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

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 service member during a single 12-month period. A covered service member 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 service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

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.

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 on an intermittent basis.

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.

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.

For additional information:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

U.S. Wage and Hour Division

How to Drop, Add, or Change Benefits Coverage due to an Unpaid Leave of Absence

What You Will Need:

- Complete a Benefits Change Form.
- Copy of the completed Leave of Absence form.
- Send via courier to the Benefits Office at ESF within 30 days of the event date.

Please Note:

- Make sure that the box you checked at the bottom of the Leave of Absence Request form matches your intentions for the continuation of benefits.
- If you are cancelling all coverage, check the appropriate box on the Leave of Absence Request form. A Benefits Change form is not necessary if cancelling all coverage.

Click here to download the Leave of Absence Form

BREVARD PUBLIC SCHOOLS

4420D F3

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I _____[Employee Name] hereby authorize the use or disclosure of my health information as described in this authorization.

(1) *Specific person authorized to provide the information:*

_____

(2) *Specific person authorized to receive and use the information:*

_____

(3) *Specific description of the information:*

_____

(4) *Purpose of the request:*

_____

(5) Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying Brevard Public Schools in writing at Employee Benefits, 2700 Judge Fran Jamieson Way, Melbourne, Florida, 32940. I understand that the revocation is only effective after it is received and logged by Employee Benefits. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

(6) I understand that after this information is disclosed, Federal law might not protect it and the recipient might re-disclose it.

(7) I understand that I am entitled to receive a copy of this authorization.

(8) I understand that this authorization will expire when my employment with Brevard Public Schools terminates or at my written revocation of this request.

Signature of Employee: _____ Date: _____

Brevard Public Schools

Application for Use of Sick Bank

(Must be submitted at least 14 calendar days prior to the effective date of bank utilization.)

Name: _____ Employee ID Number: _____

Phone: Home: _____ School or Department Number: _____

Work: _____ Contract or Hourly Employee: _____

I wish to apply for use of the Brevard Public Schools Sick Leave Bank for the length of time specified herein and under the conditions and restrictions as described in the official Sick Bank guidelines as adopted by Brevard Public Schools.

I am a member of the Brevard Public Schools Sick Bank and hereby request

Number of days: _____

Date from: _____ Date through: _____

Date sick leave exhausted (if known) _____

I have read, understand, and agree to adhere to the official sick bank guidelines as adopted by the Board.

I understand, in the event my circumstances change so as to require the use of less than the total days applied for herein, it is my duty to notify my Supervisor in writing of such change and the reason therefore.

I understand that statements from a licensed medical doctor covering the total number of days requested and a completed Leave of Absence form must accompany this application.

_____ _____

Signature of Applicant Date

Please check the following:

☐ Detailed doctor's statement attached

☐ Copy of Leave of Absence form signed by supervisor attached

☐ Original signed Authorization for Release of Health Information attached

☐ Is this a pre-existing condition? Yes ☐ No ☐

Not answering may delay application processing.

Note: If receiving Long-Term Disability benefits, Sick Bank is considered a deductible source of income.

APPLICANT IS TO SIGN AND SEND ALL COPIES TO PAYROLL

To be completed by sick leave bank committee:

Request disapproved ☐

Number of days approved _____

Reason disapproved _____

_____

Signature of Sick Leave Bank Committee Representative

Acknowledged for Processing:

_____

Assistant Superintendent of Human Resources Services

Click here to download the Leave of Absence Form

SCHOOL BOARD OF BREVARD COUNTY

SICK BANK GUIDELINES/PROCEDURES

PURPOSE

The purpose of the sick bank shall be to make available a source from which qualifying employees may be granted additional sick days for his/her personal inpatient and outpatient surgery, emergency medical or psychological treatment with admission to a medical facility, or treatment of a life-threatening or debilitating illness that necessitates absence from work. "Debilitating" in this context means an illness or injury which results in either temporary or permanent total disability to perform one (1) or more normal activities of daily living.

An eight (8) member sick leave bank committee shall be appointed by the Superintendent. The Brevard Federation of Teachers (BFT) and the International Brotherhood of Painters and Allied Trades, Local 1010 (Local 1010) shall be invited to submit the names of two (2) bargaining unit members who shall be appointed to the committee. The Superintendent shall select the remaining four (4) members provided that two (2) of the Superintendent's selectees shall be non-bargaining unit classified employees and two (2) shall be non-bargaining unit managerial employees. The committee shall serve as the final authority for all matters pertaining to the approval or disapproval of an employee's request to seek use of the sick leave bank. Decisions and actions of the committee shall not be subject to any grievance procedure. An employee who wishes to request the committee to review its decision may submit such request in writing to the committee within fourteen (14) calendar days following the employee's notification of such decision. Such written request shall set forth the employee's reasons why such decision should be altered. A decision, if reviewed, shall not be reviewed a second time.

MEMBERSHIP

A. Membership shall become available to a full time employee only after s/he has completed at least one (l) full, current and continuous year of employment as an employee of the District. For purposes of this program only, a *full time employee* is defined *as one who is employed in a regularly established position and working the hours per day specified for that position.*

B. Membership shall be voluntary.

C. Each participating employee shall initially contribute the number of hours equal to one (l) day from his/her accrued sick leave balance provided that such balance before the deduction of the one (l) day contribution shall be no less than eight (8) days.

D. Such initial contribution shall only be allowed for the first calendar month of each school year.

E. Hours contributed to the bank shall not be returned to the contributing employee's sick leave balance except as otherwise provided herein.

F. Written application for membership shall be properly submitted on the completed form provided for such purpose and received in the designated office during the thirty (30) calendar days as provided in paragraph "D" above.

G. Approval or disapproval of membership application and/or applications for use of the bank shall not be subject to any grievance process.

H. An employee who applies to be a member will receive written notification of membership approval or denial.

I. If a current sick leave bank member becomes a participant in the DROP program s/he may continue to participate in the sick leave bank. However, new membership will not be granted to a

non-sick leave bank member who is already a participant in the DROP program.

USAGE

A. New members with *pre-existing conditions* shall not be eligible to receive days from the sick leave bank for these pre-existing conditions for one (l) year following the date of membership in the sick leave bank.

B. Written application for utilizing the sick leave bank shall be submitted, no later than fourteen (14) calendar days prior to the use of sick bank utilization, on the required form provided for that purpose. In the case of an unforeseen emergency, the sick leave bank application must be submitted within fourteen (14) calendar days of sick bank utilization.

C. Each application shall be accompanied by a statement from a licensed Florida medical doctor stating the nature of the illness as well as the anticipated beginning and ending date of the employee's absence. The committee shall have the right to require another medical opinion at the employee's expense.

D. Eligibility for bank usage shall only be established after an employee has exhausted his/her accumulated sick leave and compensatory time and his/her illness or injury has caused him/her to be absent an additional five (5) days without pay. In lieu of five (5) unpaid days, the employee may use up to five (5) days of paid vacation if s/he is eligible for vacation and has accrued vacation time available.

E. A member wishing to utilize sick leave bank will be required to add the number of personal charged to sick days taken in the current fiscal year to the five (5) days unpaid already required.

F. If the member has participated in the year-end sick leave buy back, days equal to the number of days withdrawn through that buy back process will be added to the five (5) workdays without pay currently required before payment from the sick leave bank can begin. *(Effective July 1, 1995).* The maximum number of days for sick leave buy-back is ten (10).

For example: if an employee buys back ten (10) sick leave days at the end of the year, that employee would be in an unpaid status for fifteen (15) days before the Sick Leave Bank benefits could begin. Ten (10) days bought back + five (5) workdays without pay = fifteen (15) days in an unpaid status. If the employee bought back two (2) sick leave days, they would be eligible for Sick Leave Bank after seven (7) days in an unpaid status.

G. An employee who is receiving ongoing, medically necessary treatments will be allowed to use forty (40) workdays without those days being consecutive after the five (5) unpaid sick days have been satisfied and they provide doctor statements and leave forms to cover the time used for such treatments.

H. Pregnancy is not eligible for consideration unless a pregnancy related condition develops that would qualify under the normal sick leave bank guidelines.

I. An employee is not eligible for use of the bank if receiving worker's compensation or on any approved paid leave.

J. Bank usage shall be limited to forty (40) days per member per school year and is limited to regularly scheduled work time. Additional work time, such as summer hours, is not an acceptable use of sick leave bank hours.

K. In order to be eligible for sick leave bank benefits an employee must have been in an actively working paid status one (1) day more than one-half of the current or prior school year.

ACTIVATION OF BANK

The sick leave bank shall only become operative upon the accumulation of 4,000 hours of contributed sick leave as provided herein.

TERMINATION

Termination of employment for any reason shall constitute withdrawal from the bank.

MAINTENANCE AND REPLENISHMENT

The number of hours in the bank shall be maintained at 3,200. Should the number of hours in the bank fall below 3,200, each existing member shall automatically be assessed the number of hours equal to one (l) day of his/her accumulated sick leave to be added to the bank balance. Such assessment shall be accomplished as soon as procedures reasonably permit. In the event an employee's accrued sick leave balance is insufficient to allow for such automatic replenishment, such employee shall be allowed a grace period of no more than sixty (60) school days during which time s/he must accrue the sick leave necessary to meet his/her replenishment obligation.

Failure of an employee to comply with the replenishment provision as provided herein shall cause automatic cancellation of his/her bank membership. Notification will be sent to the member when such membership is canceled.

MISUSE

An employee found to be guilty of misuse of the bank shall be required to repay all sick leave drawn from the bank, have his/her membership withdrawn, be prohibited from future membership, and be subject to disciplinary action as deemed appropriate by the Board.

WITHDRAWAL

A. A participating employee who chooses to withdraw from participation in the bank shall not be allowed to withdraw any sick leave days that s/he has contributed to the bank.

B. Written notification of withdrawal from the sick leave bank shall be sent to the Payroll Department.

RECORDS AND REPORTS

A. A database will be established and maintained for the use of the Sick Leave Bank Committee.

B. An annual report will be developed and made available at each work site. The report will show the total use and remaining balance in the Sick Leave Bank. Information on individual usage will not be included in this report.

C. A monthly report will be produced for use by the Sick Leave Bank Committee.

DISSOLUTION OF BANK

In the event it becomes necessary to dissolve the sick leave bank, the hours remaining in the bank shall be distributed equally to the accumulated sick leave balance of each of the then current members.

Revised 10/15/12

Purchasing Retirement Credit for a Leave of Absence

Employees continue to earn ***creditable service*** for any period they are on an approved leave of absence with pay. You will not earn ***creditable service*** for any period you are on an approved unpaid leave of absence. Receiving pay from a Disability Carrier does not constitute "with pay."

Employees may find it beneficial to purchase this creditable service prior to their retirement, because it could positively affect the amount of their monthly pension benefits once they retire.

Defined Benefit Plan/Pension Plan Members

You may elect to purchase *creditable service* for up to two work years of authorized leaves of absence. You can do this provided you have completed a minimum of six years of creditable service (excluding periods of leave of absence), and you return to active employment with a ***Florida Retirement System (FRS)*** employer immediately upon termination of your leave of absence and remain on your employer's payroll for at least one calendar month.

Your cost for purchasing this creditable service will be at the retirement fund employer contribution rate in effect immediately prior to your leave. This amount is multiplied by your monthly rate of compensation in effect immediately prior to taking your leave plus 6.5% annual interest from the effective date of the leave until full payment is made. You may pay for the leave any time before retirement, but this service **does not** count toward the years of service you need to be ***vested*****.**

To obtain the cost of purchasing your leave, you must complete both an **FRS-Information Request (Form FR-9)** and an **FRS-Pension Plan Application to Purchase Retirement Credit for a Leave of Absence (Form FR-28).** Forward the completed forms with a copy of your leave to the Retirement Benefits Office, ESF, for processing and submission to FRS. After FRS calculates the cost to purchase the service credit for the leave, they will mail the final results to your home address.

Defined Contribution Plan/Investment Plan Members

You **may not** purchase creditable service under the Investment Plan. If you have additional service credit you wish to use towards your retirement, you must purchase such service under the Pension Plan before you become a member of the Investment Plan.

Deferred Retirement Option Program/DROP Members

You **may not** purchase creditable service under the DROP Program. If you have additional service credit you wish to use towards your retirement, you must purchase such service under the Pension Plan before you join the DROP Program.

Additional Information

For specific information about purchasing retirement service credit, you may contact the **BPS Retirement Office online** or by phone at 633-1000 x260.

School Board of Brevard County

Brevard County Public Schools
Unpaid Leave of Absence

What you should know about your employee benefits as you go on an approved Unpaid Leave of Absence You may continue your employee benefits (health care, dental, vision, disability, etc.) while you are on an approved unpaid leave of absence. With the exception of leave under the Family Medical Leave Act (FMLA) and Non- FMLA leave (limited to 60 days and not available if you are eligible for FMLA), you must pay the entire cost of your benefits while you are on leave. Your benefits will **continue** or be **cancelled** based upon the acknowledgment you indicated on your leave of absence form. Should you choose to retain your benefits, but fail to pay for your employee benefits costs to the School Board of Brevard County while you are on leave, it will result in the automatic cancellation of your benefits. Benefits cancelled for non-payment will not be eligible for reinstatement until you return to work by completing an Employee Flexible Enrollment Form. However, if you allow your medical benefits to terminate for non-payment and a lapse of more than sixty three (63) days occurs between the termination date and the next opportunity you have to enroll, your re-enrollment may be governed by certain limitations and the requirements of providing Evidence of Insurability (EOI) for certain benefit plans. The following rules are for the cancellation of employee life, dependent life, and either of the disability coverages while on leave:

EMPLOYEE LIFE INSURANCE: If coverage was cancelled either by you or for non-payment, your basic coverage will be reinstated upon your return to work. *Additional coverage* can only be increased at one times your salary during the annual Open Enrollment period. This can be done for the next three Open Enrollments until you are at the maximum of three times your annual salary for additional coverage, with a total of four times your annual salary when including basic coverage. If coverage is continued during your leave, the same level of coverage can continue upon your return.

DEPENDENT LIFE INSURANCE: If you were cancelled for nonpayment, you may request reinstatement through the Evidence of Insurability process which will need to be approved by the carrier. Remember, coverage can be denied due to any health issue. If coverage is continued during your leave, the same level of coverage can continue upon your return. Note: If you experience a Change of Family Status event, adding or deleting dependents from life insurance coverage can be done at any time while you are on an approved unpaid leave of absence, but **MUST** be done within 30 days of the event. If you add dependents to coverage, that change is not effective until you return to an active employment status.

WAIVER OF EMPLOYEE AND DEPENDENT LIFE: If you have maintained coverage and are on a medical leave for more than 180 days, you may apply for waiver of premium. You will need to contact the Office of Employee Benefits at 633-1000 ext. 648, in order to obtain the necessary forms. Once approved, up to 12 months of premiums will be returned to you based upon the leave period and the approval time.

If totally disabled before the age of 60, the coverage with waiver can be maintained until age 70. The amount of insurance eligible for waiver of premium is the amount in effect on the day before you become totally disabled as an active, at-work employee.

DISABILITY COVERAGES: May be maintained for 13 weeks while you are on an approved personal (not medically related) unpaid leave of absence. As long as you maintain disability coverage for 13 weeks, your coverage will be reinstated when you return to work. If you do not maintain coverage for the full 13-week period, you will be required to go through the Evidence of Insurability (EOI) process during the next Open Enrollment period, and coverage can be denied by the vendor due to any health issue. To avoid EOI, do not let your disability coverage expire before you have completed 13 weeks of coverage.

DISABILITY: You do not have to exhaust all of your sick pay prior to applying for Short-term Disability (STD). Paid sick, sick bank, and vacation can also be used while you are collecting STD benefits. There is a 14-day elimination period before your STD benefits begin. This 14-day count starts the day after the last day you were actively at work or from the date of disability and includes weekends. You may use paid sick, sick bank, or vacation during the 14-day elimination period.

Click here to download the Leave of Absence Form

Disability benefits are equal to 60 percent of your annual salary. Benefits are paid based upon your annual salary and are divided by 52 weeks per year, not by the number of weeks you work per year.

To apply for disability benefits, call ING at 1-866-228-8742. The process is paperless, unless you only have Long-term Disability (LTD) coverage. There is a 180-day elimination period for LTD, but you can receive STD benefits during that time. While you are on an approved leave of absence and receiving short-term disability benefits, your disability coverage cannot be cancelled, and you must continue to pay premiums. Once you have been off of work because of a disability for 180 days, or your STD benefits have expired and you begin receiving LTD benefits, you do not have to pay any further disability coverage premiums; this is called a Waiver of Premium. If you have LTD only, please contact Employee Benefits at 633-1000 ext. 648, after you have been on leave for a period of four months, and the application for LTD Income Benefits will be mailed to you for completion. This form is required to start your LTD claim.

Dependent Care Flexible Spending Account: Per IRS regulations, Dependent Care Flexible Spending Accounts end on the last date worked prior to the Leave of Absence. Both parents must be actively at work or at in school in order to be reimbursed for child day care expenses. Once on Leave, you may still send in receipts for reimbursement for dates of service *prior* to your Leave.

When you return to work, you may re-enter the Dependent Care plan with either 1) the same election amount, and the payroll deductions will be adjusted, or 2) the same payroll deductions as before the LOA, and the election will be adjusted, but not by less than the disbursed balance.

Medical Flexible Spending Account: Medical Flexible Spending Accounts can be continued during a Leave of Absence if you choose, or can be suspended during your Leave. If you elect to continue participating in the Medical Flexible Spending Account, you will continue to pay into the account as you would if you were still actively at work. If you are on an unpaid leave, the contributions you make will be with after-tax dollars. If you elect to continue paying into the Medical Flexible Spending Account during your Leave, you will be able to access that account through your debit card or apply for reimbursement during your Leave. If you do not elect to continue paying into the account, you will not have access to your Medical Flexible Spending Account after your last day worked. You would still be eligible to receive reimbursement for dates of service *prior* to your Leave.

When you return to work, your Medical Flexible Spending Account plan will continue on the same election amount, and the payroll deductions selected during the current plan year.

Vacation and Sick leave: Do not accrue while you are on an approved unpaid leave of absence.

Changes in coverage: You may change your employee benefits while on an approved leave of absence due to a **qualifying event**. A qualifying event is defined as a change in family status. A change in family status is

- ***** Marriage or divorce.
- * Birth or adoption of a child.
- * Death of a spouse or child.
- * Change in dependent's status.
- * On the **first day** of an **Unpaid Leave**. (effective 4/1/09)
- * On the first day of your return from an unpaid leave.
- * The loss or gain of benefits for yourself or your eligible dependents.
- * Brevard Public Schools retirement.

You must request a change in your benefit coverage within **thirty days** of the date of a change in family status. Send a completed flex enrollment form and supporting documentation to the Employee Benefits department.

Returning to work from an approved unpaid leave of absence - If you are on an approved leave of absence because of illness, you may not return to work without a release from your health care provider. Unless your illness or injury is related to a Worker's Compensation situation, you may not return to work with any physical or mental restrictions if you are a Classroom Instructor or Instructor's Assistant. Non-instructional employees must have return-to-work instructions reviewed and approved by their Administrator or Supervisor so their return-to-work request can be approved or denied.

Dear Brevard Public Schools Employee:

To avoid termination of benefits for non-payment of premiums while on unpaid leave of absence, you will be responsible for remitting premiums to ***Brevard County School Board at ESF Melbourne*** for the benefits that you and any eligible dependents have elected for the current plan year.

Brevard County School Board, Office of Employee Benefits will mail a monthly benefits premium invoice reflecting the benefits in which you and/or eligible dependents are currently enrolled. This will be based on your bi-weekly pay schedule.

All payments are due by the date indicated on the invoice. If the due date has passed, the employee will be responsible for remitting payments. If payments are not received in a timely fashion, the employee may face termination of benefits. Please note that under provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), if you allow benefits to lapse for non-payment for 63 days or longer, you will be subject to certain evidence of insurability requirements upon re-enrollment.

You may change your employee benefits while on an approved leave of absence due to a **qualifying event**. A qualifying event is defined as a change in family status. A change in family status is

* Marriage or divorce.
* Birth or adoption of a child.
* Death of a spouse or child.
* Change in dependent's status.
* On the **first day** of an **Unpaid Leave**. (effective 4/1/09)
* On the first day of your return from an unpaid leave.
* The loss or gain of benefits for yourself or your eligible dependents.
* Brevard Public Schools retirement.

You must request a change in your benefit coverage within **thirty days** of the date of a change in family status. Send a completed flex enrollment form and supporting documentation to the Employee Benefits department.

If you have not received your monthly invoice, or if you have questions regarding your leave of absence account, please contact ***Office of Employee Benefits at 321-633-1000 ext. 248***.

Brevard County School Board

Office of Employee Benefits

Brevard County Public Schools
Office of Employee Benefits

MEDICAL LEAVE - RETURN TO WORK MEDICAL CERTIFICATION FORM

NOTE: This form is to be completed when you have been **released by your physician** to return to work from your medical leave. You must have your healthcare provider certify that you are able to return to work and the effective date. You will **not** be permitted to resume work until healthcare provider certifies that you are able to perform the essential functions of your job. Return the form to the Office of Employee Benefits **prior** to your request to return to work.

PART I: EMPLOYEE INFORMATION (to be completed by Employee)

Employee Name:	
School/Dept:	
Job Title:	
Employee ID #:	

Date Leave of Absence Began: **Date:** _____

☐ **Date Employee Will Return to Work:** _____

☐ **Employee IS NOT returning to work. Separation Date is:** _____

Employee's Signature:

PART II: CERTIFICATION OF QUALIFYING CONDITION (to be completed by the Health Care Provider)

Name of Health Care Provider: _____

Name of Health Care Practice: _____

Address: _____

Phone: _____ **Date of Examination:** _____

Name of Employee: **Name of Patient:**

I certify that _____ is able to perform the essential functions of his/her job without restrictions effective **Date:** ___/___/___

Please indicate if restrictions apply. If yes please describe limitations:

☐ YES
☐ NO

Return to Work date: **Date:** ___/___/___

CERTIFICATION: I affirm that the information provided above is true and accurate to the best of my knowledge.

Signature-Health Care Provider:
(do not use stamp or designee signature)

Date: