

Maternity Leave



Eligibility:

Any employee of the Webster Parish School Board who is permanently employed by the Board and become pregnant shall be eligible for maternity leave. (leave w/o pay).

NOTE: In addition to the following plans, a female teacher has the option of requesting a medical sabbatical if complications of pregnancy occur requiring a lengthy disability and if the teacher qualifies for a sabbatical under Louisiana law.

The following will be used by payroll in this order when taking a maternity leave:

Accumulated Sick Days: Will be used when the employee will be absent only during period of disability and has accumulated sick days sufficient to cover the entire disability period. Under this plan the employee receives 100% of their daily rate of pay.

Extended Leave: ***This plan is available only for employees defined as "teacher" under the law and school bus operators.*** Under this plan, the employee must exhaust all accumulated sick leave and will follow all requirements under Act 1341, Extended Sick Leave. The employee receives 65% of her daily rate of pay under this plan.

Leave without pay ONLY under the *Family and Medical Leave Act of 1993*

Under this plan, the employee will be docked 100% of their daily rate of pay. This plan is usually selected when an employee has no accumulated sick days; does not qualify for an extended sick leave under Act 1341; or has used all allowable days under the extended sick leave provision. In addition, the employee must qualify according to all requirements of the *Family and Medical Leave Act*.

How to Request a Maternity Leave:

To request a maternity leave, the employee and her physician fills out "Request for Maternity Leave" form giving as much advance notice as possible. The completed form is to be submitted to the personnel office.

To return to work, the employee's physician completes the "Medical Release to Work" form which will give the date the patient was released to return to work. After returning, the employee's principal/supervisor will complete and sign the bottom of the form and submit the form to the personnel office no later than two days following her return to work.

Employee Leave Options

TEACHERS

Accumulated Days: 100% of salary

Extended Leave: 65% of salary

Medical Sabbatical: 65% of salary

Professional Sabbatical: 65% of salary

Family Medical Leave: Leave With/Without Pay

(See additional handout)

Packet for Requesting Leave under the Family and Medical Leave Act of 1993: Leave Without Pay

(For use with employees not eligible for Extended Medical Leave: Primarily Support Personnel)

It is the policy of the Webster Parish School System to comply with the Family and Medical Leave Act of 1993 and to otherwise grant leave without pay in accordance with the following procedures:

Eligible Employees:

Any employee who has been employed for at least twelve (12) months from which leave is requested and has worked at least 1,250 hours during the previous twelve (12) month period.

Amount of Leave:

Any eligible employee is entitled to a maximum of twelve (12) work weeks of leave during any twelve (12) month period.

Purposes of Leave:

1. To care for the employee's newborn child after birth.
2. To care for a child after placement of the child with the employee for adoption or foster care.
3. To care for an employee's spouse, son, daughter, or parent if such relative has a "serious health condition".
4. Because of a "serious health condition" that makes the employee unable to perform the functions of his/her job.
5. Leave may be taken for birth or placement of a child only within twelve (12) months of the birth or placement.

Advance Notice and Medical Certification:

1. Webster Parish School Board requires the employee to provide advance leave and medical certification. The leave may be denied if the requirements are not met as set forth herein below.
2. The employee must ordinarily provide at least thirty (30) days notice when the leave is foreseeable. Where the need is not foreseeable, thirty (30) days in advance, the employee must provide as much notice as practicable.
3. The Webster Parish School Board will require timely medical certification from a health care provider in support of the request for leave because of a serious health condition and may require second or third opinions (at the expense of the School Board). The certification must contain, at a minimum:
 - a. The date on which the serious health condition began,
 - b. The probable duration,
 - c. The "Appropriate medical facts" about the condition, and
 - d. If leave is sought to care for a family member, that the employee is needed to care for the relevant family member and an estimate of how long such care will be needed.
 - e. If leave is sought for a serious health condition, that the employee is unable to perform the functions of his/her position.
 - f. If the request is made for intermittent leave or leave on a reduced schedule, the statement must also state the dates on which treatment will be given and the duration of such treatments.
4. The Webster Parish School Board will require an employee on leave to periodically report regarding his/her intention to return to work at such times as are reasonable.
5. As a condition of restoring the employee returning from medical leave to employment, the employee must provide a certification from a health care provider stating that the employee has the physical ability to resume work. This certification is limited to the condition that entitled the employee to the leave and complies with job relatedness of the employee's work condition.

Confidentiality:

All records regarding medical certification, like all other employee medical records, will be treated and maintained in a confidential manner.

Webster Parish School Board

Personnel Services

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Jackie Sharp, Assistant Superintendent &
Personnel Supervisor

Wayne Williams Jr., Superintendent of Schools

Medical Certification Required for Employees on All Leaves/Family Medical Leave

All records regarding medical certification, like all other employee medical records, will be treated as confidential and kept in separate files.

Name: _____ Date: _____

1. Date on which the serious health condition began: _____
2. The probable duration of the condition: _____
3. Appropriate medical facts regarding the condition: _____

4. If the request is for intermittent leave or leave on a reduced schedule, the dates on which treatment will be given and the duration of such treatments must be stated here:

5. Date patient (employee or family member) was examined or treated: _____

6. Period of time of leave requested for employee's personal illness or illness of an immediate family member:

7. Would part-time employment of twenty hours or less per week impair the purpose for which the extended sick leave is required? Yes No. If no, how many hours per week could the employee work? _____

I, the undersigned physician hereby swear or affirm that I am a physician licensed under the laws of the State of Louisiana (or the State of _____). I further certify under penalty of criminal prosecution for false swearing that I have examined the herein named patient/applicant for extended sick leave and have found that the medical condition stated above makes the leave herein medically necessary for the time period set forth above.

Physician's Name and Address:

Physician's Signature:

NOTE: A signature stamp can not be accepted. Must be physician's original signature.

Telephone: _____

Date Signed: _____

I have received a copy of the Family Medical Leave Guidelines from the Webster Parish School Board.

Medical Release to Return to Work

To be completed by employee:

Name: _____

Social Security Number: _____

School/Department: _____

To be completed by physician:

This is to verify that the above named patient, under my care, will be medically able to return to work on _____ .

Additional Comments: _____

Physician' s Name and Address: _____

Physician' s Signature: _____

No Stamp/ Physician's Signature Only

Date: _____

To be completed by school principal or immediate supervisor:

This is to verify that the above named individual returned to full time work on: _____

Signature: _____ Date: _____

Submit the original of this form to the personnel office no later than two (2) days following the employee's return to work.