



FAMILY AND MEDICAL LEAVE ACT (FMLA) COVER SHEET

Please be advised that to be eligible for job protected leave in accordance with the Family and Medical Leave Act (FMLA) for up to 12 weeks or 60 work days, you must have been employed by the Little Rock School District for at least 12 months and physically worked 1,250 hours over the previous 12 months.

Today's Date _____

Name

Employee ID# or last four digits of social security number

Street Address

City, State, Zip Code

Primary Location

Position Title

Phone Number / Alternative Number
_____/_____

Prior Leave of Absence (Date)

Qualifying reason for the medical leave of absence request:

- The birth of a child, **OR** placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child (within one year of birth or placement)
- Your own serious health condition that makes you unable to perform the essential functions of your job.
- You are needed to care for your family member due to a serious health condition. Your family member is your:
 _____ Spouse _____ Parent _____ Child under age 18 _____ Child 18 years or older and incapable of selfcare because of a mental or physical disability
- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
 _____ Spouse _____ Parent _____ Child of any age
- You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 _____ Spouse _____ Parent _____ Child _____ Next of kin

Type of leave requested:

- Continuous leave
- Intermittent or reduced work schedule

Request start date

Anticipated end date

I understand that I am required to submit a completed FMLA Certification of Health Care Provider form and submit the form to the Human Resources Department at least thirty (30) days before my leave commences. Should my medical leave request be approved, I understand that my medical leave will run concurrently with my accrued leave. In the event that I go into an unpaid status while on an approved unpaid medical leave of absence, I understand that I must pay my portion of health insurance premiums. I understand that I must provide a medical leave release from my treating physician prior to returning to work.

I have read and understand the above statements.

Employee's Signature _____

Date _____

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 servicemember during a single 12-month period. A covered servicemember 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 servicemember medically unfit to perform his or her duties for which the servicemember 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



New Directions Behavioral Health (EAP)



As of January 1, 2019, New Directions Behavioral Health is the new Employee Assistance Program provider for the State of Arkansas. New Directions offers services to State and Public School employees and their households at no extra cost to the participant. Services include: confidential counseling, legal services, improving overall health, career development, and more!

Connect With New Directions



Call the Helpline
1-877-300-9103
Available 24x7



Online
www.NDBH.com

Employees have access to New Directions services and programs any time on the web.

- ▶ Visit www.NDBH.com;
- ▶ Select the Log In icon;
- ▶ In the Individuals and Families tab, select Employee Assistance Program;
- ▶ Enter company code **ARBenefits**.

Benefits of the online portal include:

- ▶ Request counseling;
- ▶ Live Chat with a Benefit Specialist;
- ▶ Learn about short term counseling through mobile text;
- ▶ Access myStrength;

And more!

Available EAP Resources

Assessment & Referrals

Assistance to help match you with the appropriate services, health plan or community services you need.

Short Term Counseling

In-person or telephone counseling with certified, licensed professionals.

Monthly Tips

Quick life hacks, aspirational quotes, health tips and advice to live a more stress-free day.

Work Life Tools

Consultation, appointment setting and referrals for daily living, dependent care, etc.

Relationship Support

Around-the-clock support and resources for help with parenting, person or work-related relationships.

Legal & Financial Consult

Network of attorneys and financial counselors who can provide expertise and advice on many issues. Plus, a database with customizable legal documents.

Health Resource Library

Collection of articles, videos, self-assessments and tools covering a wide range of issues and topics designed to improve your health.

myStrength

Take charge of your mental with myStrength. The web and mobile platform offers self-paced activities, health trackers, inspirations, and over 2,000 pieces of helpful content, to help you reach goals and maximize your overall wellbeing.

Tobacco Cessation

Members who use tobacco products can enroll in a telephonic tobacco cessation program through New Directions.

Members will participate in an over-the-phone counseling session and then be able to receive nicotine replacement therapies from their pharmacy at no cost to them.

Enroll today by calling
1-877-300-9103.

Take your EAP with you with the New Directions EAP App.

