

EMPLOYEE VACATION - HOLIDAYS

The board will determine the amount of vacation and holidays that will be allowed on an annual basis for employees.

It shall be the responsibility of the superintendent to make a recommendation to the board annually on vacations and holidays for employees.

Holidays:

Administrative and classified employees who work twelve months a year will be allowed seven paid holidays. The seven holidays are: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day, and one floating holiday at the discretion of the Superintendent.

Employees who work during the school academic year, whether full-time or part-time, will have time off in concert with the school calendar.

Vacation:

Vacation for full-time regular employee who work twelve months a year, unless the employee's individual contract indicates otherwise, will be:

- One half day of vacation earned for each month of employment through the first 24 month.
- One day of vacation per month is earned from the end of the second year of employment through the end of the tenth year.
- One and one half days of vacation per month is earned from the end of the tenth year until no longer eligible to earn vacation days.
- After twenty years of continuous service in the school district, an employee will earn an addition two paid vacation days.
- Days shall be at least ¼ in length.
- Days must be used by January 1 of the subsequent year.

Person Days:

Personal days for personnel employed less than twelve months of the year shall be granted as follows:

- Up to two (2) days leave, with an accumulation of up to four (4) days, shall be granted for personal business.
- Leave must be requested by the employee one week in advance, two weeks in advance if the request is for leave before or after a scheduled break.
- Time may be taken at a minimum of one-fourth days.
- Leaves will be approved pending availability of substitutes by the administration

Legal Reference: Iowa Code §§ 1C.1-.2; 4.1(34); 20.9 (2011).

Cross Reference: 414.1 Support Employee Vacations - Holidays - Personal Leave
601.1 School Calendar

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019
July 20, 2020

Revised Aug/ 10, 2020

EMPLOYEE LEAVES OF ABSENCE

The board will offer the following leave to full-time regular licensed employees:

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- Family Sick Leave - Leave to care for a sick member of the employee's immediate family
- Bereavement Leave – Leave to mourn the loss of a family member or close friend
- Adoption Leave – Leave for an employee who legally adopts a child
- Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day
- Jury Duty Leave – Leave to be excused for jury duty
- Military Leave – Leave for military service, including the national guard
- Political Leave – Leave to run for elective public office
- Discretionary Leave- Emergency leave that is unforeseen and beyond control of the employee, and is not covered by another form of leave.
- Unpaid Leave – Involuntary absence not provided for in any other leave policies

The board will offer the following paid leave to full-time regular classified employees:

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- Family Sick Leave – Leave to care for a sick member of the employee's immediate family
- Bereavement Leave – Leave to mourn the loss of a family member or close friend
- Adoption Leave – Leave for an employee who legally adopts a child
- Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day
- Jury Duty Leave – Leave to be excused for jury duty
- Military Leave – Leave for military service, including the national guard
- Political Leave – Leave to run for elective public office
- Discretionary Leave – Emergency leave that is unforeseen and beyond control of the employee, and is not covered by another form of leave
- Unpaid Leave – Involuntary absence not provided for in any other leave policies

The provisions of each leave offering will be detailed in Employee Handbook.

Leave offered by the district will not be less than what is required by law. In the event of an emergency or unforeseen circumstance, the superintendent may authorize additional paid leave.

Legal Reference: 29 U.S.C. §§ 2601 et seq.
Pub.L. 116-127
29 C.F.R. §§ 825; 826.
Iowa Code §§ 20; 29A; 55; 85; 216; 279.40; 607A.
Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).
Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).

Cross Reference: 403.2 Employee Injury on the Job
409.3 Licensed Employee Family and Medical Leave
409.8 Licensed Employee Unpaid Leave

Approved August 10, 2020

Reviewed July 20, 2020
January 18, 2021

Revised January 18, 2021

**EMERGENCY PAID SICK LEAVE REQUEST FORM UNDER THE FAMILIES FIRST
CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: _____

Anticipated Begin Date: _____

Expected Return to Work Date: _____

Employee Request for Leave at Full Pay

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I am quarantined pursuant to Federal, State, or local government order.
- I am quarantined on the advice of a health care provider due to COVID-19 concerns.
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected. If you are experiencing symptoms and seeking a medical diagnosis, please identify your symptoms and the date of your medical appointment.

Employee Request for Leave at 2/3 Pay

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider due to COVID-19. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

Please attach the applicable government order or documentation from medical provider.

- I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

Please attach the applicable government order or documentation from medical provider.

____ I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

If you are requesting 2/3 paid leave in conjunction with Expanded Family Medical Leave to care for a child under the age of 18 affected by school or care closure due to COVID-19, please complete the "Expanded Family and Medical Leave Request Form" to submit with this form.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.

EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FOR UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Name: _____

Anticipated Begin Date: _____

Expected Return to Work Date: _____

Employees may be entitled to expanded family medical leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards.

Reason for Leave

Employees satisfying the standards below are eligible for 12 weeks* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the related instructions.

I, _____, request family and medical leave because I am unable to work or telework because I need to care for my child(ren) under 18 because my child(ren)'s elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving expanded family medical leave benefits.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

** An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA.*

Substitution of Paid Leave for the First Ten Days of Expanded Family Medical Leave

In accordance with the FFCRA, the first ten days of expanded family medical leave is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the School District. If requesting Emergency Paid Sick Leave, please complete and submit an "Emergency Paid Sick Leave Request Form."

___ Emergency Sick Leave ___ Sick Leave ___ Personal Leave

Supplement 2/3 Pay with Accrued District Leave

Employees may choose to supplement the 2/3 pay provided through expanded family medical leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your expanded family medical leave to supplement your 2/3 expanded family medical leave compensation. Requested leave is subject to availability based on confirmation by the District.

Emergency Sick Leave Sick Leave Personal Leave

After completing the first ten days of expanded family medical leave, an employee may choose to take 10 weeks of continuous leave under expanded family medical leave for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave only with the District's permission. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on expanded family medical leave unless supplemented in a manner noted above.

I am requesting (choose one):

continuous leave

intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave:

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as calendar year. Requests for family and medical leave shall be made to the superintendent.

Employees may be required to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It shall be the responsibility of the superintendent to develop administrative rules to implement this policy.

Links:

- [WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition \(PDF\)](#)
- [WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition \(PDF\)](#)
- [WH-381 Notice of Eligibility and Rights & Responsibilities \(PDF\)](#)
- [WH-382 Designation Notice \(PDF\)](#)
- [WH-384 Certification of Qualifying Exigency For Military Family Leave \(PDF\)](#)
- [WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(PDF\)](#)

Legal Reference: Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).
29 C.F.R. Pt. 825 (2010).
Iowa Code §§ 20; 85.33, .34, .38(3); 216; 279.40 (2011).

Cross Reference: 409.2 Employee Leave of Absence

Approved July, 2006
February 12, 2013

Reviewed _____
June 10, 2019
July 20, 2020

Revised January 21, 2013
August 10, 2020

409.3E1

EMPLOYEE FAMILY AND MEDICAL LEAVE NOTICE TO EMPLOYEES Code No.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

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

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date: _____

I, _____, request family and medical leave for the following reason: (check all that apply)

- for the birth of my child;
- for the placement of a child for adoption or foster care;
- to care for my child who has a serious health condition;
- to care for my parent who has a serious health condition;
- to care for my spouse who has a serious health condition; or
- because I am seriously ill and unable to perform the essential functions of my position.
- because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is in active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member in order to be eligible for family and medical leave within 15 days of the request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the school district.

I request that my family and medical leave begin on _____ and I request leave as follows: (check one)

continuous

I anticipate that I will be able to return to work on _____.

- intermittent leave for the:
 - birth of my child or adoption or foster care placement subject to agreement by the district
 - serious health condition of myself, parent, or child when medically necessary
 - because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is in active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

Details of the needed intermittent leave:

I anticipate returning to work at my regular schedule on _____.

EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

_____ reduced work schedule for the:
 _____ birth of my child or adoption or foster care placement subject to agreement by the
 school district
 _____ serious health condition of myself, parent, or child when medically necessary
 _____ because of a qualifying exigency arising out of the fact that my _____ spouse; _____
 of son or daughter: _____ parent is in active duty or call to active duty status in support
 _____ a contingency operation a a member of the National Guard or Reserves.
 covered because I am the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a
 Service member with a serious injury or illness.

Details of needed reduction in work schedule as follows:

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize interruptions to school district operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions shall be deducted from moneys owed me during the leave period. If no monies are owed me, I shall reimburse the school district by personal check or cash for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the school district for any payment of my contributions with deductions from future monies owed to me or the school district may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____

Date _____

EMPLOYEE FMLA CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OMB Control Number: 1235-0003 Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____ First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax:(____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

___ No ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___ No ___ Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___ No ___ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

EMPLOYEE FMLA NOTICE OF ELGIBILITY AND RIGHTS & RESPONSIBILITIES

Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

- _____ The birth of a child, or placement of a child with you for adoption or foster care;
- _____ Your own serious health condition;
- _____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- _____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- _____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- _____ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- _____ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
 - _____ You have not met the FMLA’s 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
 - _____ You have not met the FMLA’s hours of service requirement.
 - _____ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- _____ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request _____ is/ _____ is not enclosed.
- _____ Sufficient documentation to establish the required relationship between you and your family member.
- _____ Other information needed (such as documentation for military family leave): _____

_____ No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- ____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- ____ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- ____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- ____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - ____ the calendar year (January – December).
 - ____ a fixed leave year based on _____.
 - ____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - ____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.
 - ____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.
 - ____ Applicable conditions for use of paid leave: _____
 - _____
 - _____
 - _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____ at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

EMPLOYEE FMLA DESIGNATION NOTICE

Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 5/31/2018

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement.

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____ and decided:

_____ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

_____ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

_____ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

_____ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

_____ We are requiring you to substitute or use paid leave during your FMLA leave.

_____ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is _____ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

_____ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

(Specify information needed to make the certification complete and sufficient)

_____ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

_____ Your FMLA Leave request is Not Approved.

_____ The FMLA does not apply to your leave request.

_____ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 - 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the [*employee handbook*].
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
 - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;
 - b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
 - c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
 - d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

Employees are eligible for family and medical leave if two criteria are met.

1. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and,
2. The employee has worked at least 1,250 hours during the 12 months immediately before the date FMLA leave is to begin. Full-time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

If the employee requesting leave is unable to meet the above criteria, the employee is not eligible for family and medical leave.

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

- C. Employee requesting leave -- two types of leave.
1. Foreseeable family and medical leave.
 - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.
 - b. Employee must give at least thirty days notice for foreseeable leave. Failure to give the notice may result in the leave beginning thirty days after notice was received. For those taking leave due to military family and medical leave, notice should be given as soon as possible.
 - c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the school district. The scheduling is subject to the approval of the health care provider.
 2. Unforeseeable family and medical leave.
 - a. Definition - leave is unforeseeable in such situations as emergency medical treatment or premature birth.
 - b. Employee must give notice as soon as possible but no later than one to two work days after learning that leave will be necessary.
 - c. A spouse or family member may give the notice if the employee is unable to personally give notice.
- D. Eligible family and medical leave determination. The school district may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship.
1. Six purposes.
 - a. The birth of a son or daughter of the employee and in order to care for that son or daughter prior to the first anniversary of the child's birth;
 - b. The placement of a son or daughter with the employee for adoption or foster care and in order to care for that son or daughter prior to the first anniversary of the child's placement;
 - c. To care for the spouse, son, daughter or parent of the employee if the spouse, son, daughter or parent has a serious health condition; or
 - d. Employee's serious health condition that makes the employee unable to perform the essential functions of the employee's position.
 - e. because of a qualifying exigency arising out of the fact that an employee's ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - f. because the employee is the spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

2. Medical certification.

a. When required:

- (1) Employees may be required to present medical certification of the employee's serious health condition and inability to perform the essential functions of the job.
- (2) Employees may be required to present medical certification of the family member's serious health condition and that it is medically necessary for the employee to take leave to care for the family member.
- (3) Employees may be required to present certification of the call to active duty when taking military family and medical leave.

b. Employee's medical certification responsibilities:

- (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
- (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
- (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.

c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.

d. Employees taking military caregiver family and medical leave to care for a family service member cannot be required to obtain a second opinion or to provide recertification.

Family and medical leave requested for the serious health condition of the employee or to care for a family member with a serious health condition which is not supported by medical certification will be denied until such certification is provided.

E. Entitlement.

1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
2. Year is defined as: Calendar year

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

3. If insufficient leave is available, the school district may:
 - a. Deny the leave if entitlement is exhausted
 - b. Award leave available

F. Type of Leave Requested.

1. Continuous - employee will not report to work for set number of days or weeks.
2. Intermittent - employee requests family and medical leave for separate periods of time.
 - a. Intermittent leave is available for:
 - _____ birth of my child or adoption or foster care placement subject to agreement by the district;
 - _____ serious health condition of myself, spouse, parent, or child when medically necessary;
 - _____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
 - _____ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
 - b. In the case of foreseeable intermittent leave, the employee must schedule the leave to minimize disruption to the school district operation.
 - c. During the period of foreseeable intermittent leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)
3. Reduced work schedule - employee requests a reduction in the employee's regular work schedule.
 - a. Reduced work schedule family and medical leave is available for:
 - _____ birth of my child or adoption or foster care placement subject to agreement by the district;
 - _____ serious health condition of myself, spouse, parent, or child when medically necessary;
 - _____ because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
 - _____ because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.
 - b. In the case of foreseeable reduced work schedule leave, the employee must schedule the leave to minimize disruption to the school district operation.
 - c. During the period of foreseeable reduced work schedule leave, the school district may move the employee to an alternative position with equivalent pay and benefits. (*For instructional employees, see G below.*)

G. Special Rules for Instructional Employees.

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting. This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.
 2. Instructional employees who request foreseeable medically necessary intermittent or reduced work schedule family and medical leave greater than twenty percent of the work days in the leave period may be required to:
 - a. Take leave for the entire period or periods of the planned medical treatment; or,
 - b. Move to an available alternative position, with equivalent pay and benefits, but not necessarily equivalent duties, for which the employee is qualified.
 3. Instructional employees who request continuous family and medical leave near the end of a semester may be required to extend the family and medical leave through the end of the semester. The number of weeks remaining before the end of a semester does not include scheduled school breaks, such as summer, winter or spring break.
 - a. If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last at least three weeks and the employee would return to work during the last three weeks of the semester if the leave was not continued.
 - b. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last five weeks of a semester, the school district may require that the leave be continued until the end of the semester if the leave will last more than two weeks and the employee would return to work during the last two weeks of the semester.
 - c. If the employee begins family and medical leave for a purpose other than the employee's own serious health condition during the last three weeks of the semester and the leave will last more than five working days, the school district may require the employee to continue taking leave until the end of the semester.
 4. The entire period of leave taken under the special rules is credited as family and medical leave. The school district will continue to fulfill the school district's family and medical leave responsibilities and obligations, including the obligation to continue the employee's health insurance and other benefits, if an instructional employee's family and medical leave entitlement ends before the involuntary leave period expires.
- H. Employee responsibilities while on family and medical leave.
1. Employee must continue to pay health care benefit contributions or other benefit contributions regularly paid by the employee unless employee elects not to continue the benefits.
 2. The employee contribution payments will be deducted from any money owed to the employee or the employee will reimburse the school district at a time set by the superintendent.
 3. An employee who fails to make the health care contribution payments within thirty days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.

EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION

4. An employee may be asked to re-certify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every thirty days and return the certification within fifteen days of the request.
5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

I. Use of paid leave for family and medical leave.

An employee may substitute unpaid family and medical leave with appropriate paid leave available to the employee under board policy, individual contracts or the collective bargaining agreement. Paid leave includes, but is not limited to, sick leave, family illness leave, vacation, personal leave, bereavement leave and professional leave. When the school district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee within two business days that the paid leave will be counted as FMLA leave

EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Active Duty – duty under a call or order to active duty under a provision of law referring to in section 101(a)(13) of title 10, U.S. code.

Common law marriage-according to Iowa law, common law marriages exist when there is a present intent by the two parties to be married, continuous cohabitation, and a public declaration that the parties are husband and wife. There is no time factor that needs to be met in order for there to be a common law marriage.

Contingency Operation – has the same meaning given such term in section 101(a)(13) of title 10, U.S. Code.

Continuing treatment-a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
 - 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 in referral by, a health care provider; or
 - treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
 - 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;
 - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
- Any 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.
- Any period of absence to receive multiple treatments (including any period of recovery from) 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).

Covered Servicemember – a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in out- patient status, or is otherwise on the temporary disability retired list, for a serious injury of illness.

Eligible Employee- The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Essential Functions of the Job-those functions which are fundamental to the performance of the job. It does not include marginal functions.

Employment benefits-all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an "employee benefit plan."

Family Member-individuals who meet the definition of son, daughter, spouse or parent.

Group health plan-any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of such employees or former employees.

Health care provider-

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law; and
- Nurse practitioners and nurse-midwives, and clinical social workers who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law; and
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts;
- Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
- A health care provider as defined above who practices in a country other than the United States who is licensed to practice in accordance with the laws and regulations of that country.

In loco parentis-individuals who had or have day-to-day responsibilities for the care and financial support of a child not their biological child or who had the responsibility for an employee when the employee was a child.

Incapable of self-care-that the individual requires active assistance or supervision to provide daily self-care in several of the "activities of daily living" or "ADLs." Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

Instructional employee-an employee employed principally in an instructional capacity by an educational agency or school whose principal function is to teach and instruct students in a class, a small group, or an individual setting, and includes athletic coaches, driving instructors, and special education assistants such as signers for the hearing impaired. The term does not include teacher assistants or aides who do not have as their principal function actual teaching or instructing, nor auxiliary personnel such as counselors, psychologists, curriculum specialists, cafeteria workers, maintenance workers, bus drivers, or other primarily noninstructional employees.

Intermittent leave-leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave or periods from an hour or more to several weeks.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Medically Necessary-certification for medical necessity is the same as certification for serious health condition.

"Needed to Care For"-the medical certification that an employee is "needed to care for" a family member encompasses both physical and psychological care. For example, where, because of a serious health condition, the family member is unable to care for his or her own basic medical, hygienic or nutritional needs or safety or is unable to transport them self to medical treatment. It also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care.

Next of Kin – an individual’s nearest blood relative

Outpatient Status – the status of a member of the Armed Forces assigned to-

- Either a military medical treatment facility as an outpatient; or
- A unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Parent-a biological parent or an individual who stands in loco parentis to a child or stood in loco parentis to an employee when the employee was a child. Parent does not include parent-in-law.

Physical or mental disability-a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

Reduced leave schedule-a leave schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

Serious health condition

- An illness, injury, impairment, or physical or mental condition that involves:
- Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility including any period of incapacity (for purposes of this section, defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from), or any subsequent treatment in connection with such inpatient care; or
 - Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes:
 - A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - 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 or, or on referral by, a health care provider; or
 - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
 - Any period of incapacity due to pregnancy or for prenatal care.
 - Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- 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;
 - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
 - 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.
 - Any period of absence to receive multiple treatments (including any period of recovery from) 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)
- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.
 - Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.
 - Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.
 - Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Serious Injury or Illness 0 an injury or illness incurred by a member of the Armed Forces, including the National Guard or Reserves in the line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

Son or daughter-a biological child, adopted child, foster child, stepchild, legal ward, or a child of a person standing in loco parentis. The child must be under age 18 or, if over 18, incapable of self-care because of a mental or physical disability.

Spouse-a husband or wife recognized by Iowa law including common law marriages.

SUBSTITUTE TEACHERS

The board recognizes the need for substitute teachers. Substitute teachers shall be licensed to teach in Iowa.

It shall be the responsibility of the building principal to maintain a list of substitute teachers who may be called upon to replace regular contract licensed employees. Individuals whose names do not appear on this list will not be employed as a substitute without specific approval of the superintendent. It shall be the responsibility of the building principal to fill absences with substitute teachers immediately.

Substitute teachers will be paid a per diem rate. Substitutes employed for 10 or more consecutive days in the same position shall be paid the BA base, and will be retroactive to the first day of the substitute period. Substitute licensed employees are expected to perform the same duties as the licensed employees.

Legal Reference: Iowa Association of School Boards v. PERB, 400 N.W.2d 571 (Iowa 1987).
Iowa Code §§ 20.1, .4(5), .9 (2011).
281 I.A.C. 12.4.

Cross Reference: 405.1 Licensed Employee Defined
405.2 Licensed Employee Qualifications, Recruitment, Selection

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SHARED LICENSED EMPLOYEES

The board may make arrangements for sharing employees with neighboring school districts in order to expand the opportunities available in the education program and the operation of the school district. It shall be within the discretion of the board to determine when and with which school district sharing agreements will be made.

It shall be the responsibility of the superintendent to bring to the board's attention opportunities for sharing employees with neighboring school districts.

Legal Reference: Iowa Code §§ 28E; 256.11-.12; 257.11; 280.15; 282.7(1) (2011).

Cross Reference: 217.3 Board of Directors and Adjoining District Board of Directors
302.3 Administration and Adjoining District Administration
606.1 Shared Students

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUMMER SCHOOL LICENSED EMPLOYEES

It shall be within the discretion of the board to offer an education program during the summer recess. Licensed employees who volunteer or who are appointed to deliver the summer education program shall be compensated in addition to their regular duties during the school academic year, unless such arrangements are made prior to determining the employee's compensation for the year.

Should the board determine a summer education program is necessary, licensed employees shall be given the opportunity to volunteer for the positions available. If the board determines a course must be offered and no licensed employee volunteers for the position, the board will make the necessary arrangements to fill the position. The board will consider applications from volunteers of current licensed employees in conjunction with other applications.

It shall be the responsibility of the superintendent to make a recommendation to the board regarding the need for and the delivery of the summer education program.

Legal Reference: Iowa Code §§ 279.8; 280.14 (2011).

Cross Reference: 603.2 Summer School Instruction

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

STUDENT TEACHERS - INTERNSHIPS

The board will cooperate with post-secondary educational institutions to assist in the practical preparation of teachers and other licensed employee positions. Student teachers and other student interns may be assigned duties in the school district.

Licensed employees shall not be required to utilize student teachers or student interns. Experienced teachers and teachers in good standing may be allowed to have student teachers or student interns.

It shall be the responsibility of the superintendent to make arrangements with the post-secondary educational institutions for student teachers and student internships. Such arrangements shall safeguard the interest of the student teachers and student interns, the post-secondary educational institution and the school district.

It shall be the responsibility of the post-secondary educational institution to provide sufficient supervision over the work of these student teachers to make their presence profitable.

Legal Reference: Iowa Code § 272.27 (2011).
281 I.A.C. 77.
1974 Op. Att'y Gen. 6.
1936 Op. Att'y Gen. 462.

Cross Reference: 904 Public Participation in the School District

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

EDUCATION AIDE

The board may employ education aides or other instructional support personnel to assist licensed personnel in nonteaching duties, including, but not limited to:

- managing and maintaining records, materials and equipment;
- attending to the physical needs of children; and
- performing other limited services to support teaching duties when such duties are determined and directed by the teacher.

Education aides who hold a teaching certificate shall be compensated at the rate of pay established for their position as an education aide. It shall be the responsibility of the principal to supervise education aides.

Legal Reference: Iowa Code §§ 279.8; 280.3, .14 (2011).
281 I.A.C. 12.4(9); .5(9).

Cross Reference: 411.2 Support Employee Qualifications, Recruitment, Selection

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEES DEFINED

Support employees are employees who are not administrators or employees in positions which require an Iowa Department of Education teaching license and who are employed to fulfill the duties listed on their job description on a monthly or hourly basis. Support employees shall include, but not be limited to, teacher and classroom aides, custodial and maintenance employees, clerical employees, food service employees, bus drivers, and temporary help for summer or other maintenance. The position may be full-time or part-time.

It shall be the responsibility of the superintendent to establish job specifications and job descriptions for support employee positions. Job descriptions may be approved by the board.

Support employees required to hold a license for their position must present evidence of their current license to the board secretary prior to payment of wages each year.

Legal Reference: Iowa Code §§ 20; 279.8 (2011).

Cross Reference: 405.1 Licensed Employee Defined
411.2 Support Employee Qualifications, Recruitment, Selection
412.3 Support Employee Group Insurance Benefits

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE - QUALIFICATIONS, RECRUITMENT, SELECTION

Persons interested in a support employee position will have an opportunity to apply and qualify for support employee positions in the school district without regard to race, color, national origin, gender, disability, age, religion, creed, sexual orientation, and gender identity. Job applicants for support employee positions will be considered on the basis of the following:

- Training, experience, and skill;
- Nature of the occupation;
- Demonstrated competence; and
- Possession of, or ability to obtain, state or other license or certificate, if required, for the position.

Announcement of the position will be through means the superintendent believes will inform potential applicants about the position. Applications for employment may be obtained from and completed applications will be returned to the central administration office. Whenever possible, the preliminary screening of applicants will be conducted by the administrator who directly supervises and oversees the position.

The superintendent will recommend employment of support employees to the board for approval.

Legal Reference: 29 U.S.C. §§ 621-634 (2010).
42 U.S.C. §§ 2000e *et seq.* (2010)
42 U.S.C. §§ 12101 *et seq.* (2010).
Iowa Code §§ 35C; 216; 279.8; 294.1 (2011).

Cross Reference: 401.2 Equal Employment Opportunity
411 Support Employees - General

Approved July, 2006

Reviewed October 10, 2009
January 21, 2013
June 10, 2019

Revised October 10, 2009

SUPPORT EMPLOYEE CONTRACTS

The board may enter into written contracts with support employees employed on a regular basis. The contract will state the terms of employment.

Each contract will include a 14 day cancellation clause. Either the employee or the board must give notice of the intent to cancel the contract at the end of 14 days. This notice will not be required when the employee is terminated during a probationary period or for cause.

Support employees will receive a job description stating the specific performance responsibilities of their position.

It is the responsibility of the superintendent to draw up and process the support employee contracts and present them to the board for approval. The contracts, after being signed by the board president, are filed with the board secretary.

Legal Reference: Iowa Code §§ 20; 279.7A; 285.5(9) (2011).

Cross Reference: 411 Support Employees - General
412.1 Support Employee Compensation
412.2 Support Employee Wage and Overtime Compensation
413 Support Employee Termination of Employment

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE LICENSING/CERTIFICATION

Support employees who require a special license or other certification shall keep them current at their own expense. Licensing requirements needed for a position will be considered met if the employee meets the requirements established by law and by the Iowa Department of Education for the position.

Legal Reference: Iowa Code §§ 272.6; 285.5(9) (2011).
281 I.A.C. 12.4(10); 36; 43.12-.24.

Cross Reference: 411.2 Support Employee Qualifications, Recruitment, Selection

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE ASSIGNMENT

Determining the assignment of each support employee is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments each year the superintendent shall consider the qualifications of each support employee and the needs of the school district.

It shall be the responsibility of the superintendent to assign support employees and report such assignments to the board.

Legal Reference: Iowa Code §§ 20; 279.8 (2011).

Cross Reference: 200.3 Powers of the Board of Directors
411.6 Support Employee Transfers

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE TRANSFERS

Determining the location where a support employee's assignment will be performed is the responsibility of the superintendent and within the sole discretion of the board. In making such assignments each year the superintendent shall consider the qualifications of each support employee and the needs of the school district.

A transfer may be initiated by the employee, the principal or the superintendent.

It shall be the responsibility of the superintendent to transfer support employees and report such transfers to the board.

Legal Reference: 29 U.S.C. §§ 621-634 (2010).
42 U.S.C. §§ 2000e *et seq.* (2010)
42 U.S.C. §§ 12101 *et seq.* (2010).
Iowa Code §§ 20.9; 35C; 216; 279.8; 294.1 (2011).

Cross Reference: 411.2 Support Employee Qualifications, Recruitment, Selection
411.5 Support Employment Assignment

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE EVALUATION

Evaluation of support employees on their skills, abilities, and competence shall be an ongoing process supervised by the superintendent. The goal of the formal evaluation of support employees shall be to maintain support employees who meet or exceed the board's standards of performance, to clarify each support employee's role, to ascertain the areas in need of improvement, to clarify the immediate priorities of the board, and to develop a working relationship between the administrators and other employees.

It shall be the responsibility of the superintendent to ensure support employees are formally evaluated annually. New and probationary support employees shall be formally evaluated at least twice a year.

Legal Reference: Aplington Community School District v. PERB, 392 N.W.2d 495 (Iowa 1986).
Saydel Education Association v. PERB, 333 N.W.2d 486 (Iowa 1983).
Iowa Code §§ 20.9; 279.14 (2011).
281 I.A.C. 12.3(4).

Cross Reference: 411.2 Support Employee Qualifications, Recruitment, Selection
 411.8 Support Employee Probationary Status

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE PROBATIONARY STATUS

The first four months of a newly employed support employee's contract shall be a probationary period. "Day" shall be defined as one work day regardless of full-time or part-time status of the employee. New employees, regardless of experience, shall be subject to this probationary period.

"New" employees includes individuals who are being hired for the first time by the school district and those who may have been employed by the school district in the past, but have not been employed by the board during the school year prior to the one for which contracts are being issued.

Only the board, in its discretion, may waive the probationary period.

Legal Reference: Iowa Code §§ 20; 279.8 (2011).

Cross Reference: 411.3 Support Employee Contracts
411.7 Support Employee Evaluation

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE COMPENSATION

The board shall determine the compensation to be paid for the support employees' positions, keeping in mind the education and experience of the support employee, the educational philosophy of the school district, the financial condition of the school district and any other considerations as deemed relevant by the board.

It shall be the responsibility of the superintendent to make a recommendation to the board annually regarding the compensation of support employees.

Legal Reference: Iowa Code §§ 20.1, .4, .7, .9; 279.8 (2011).

Cross Reference: 411.3 Support Employee Contracts
412.2 Support Employee Wage and Overtime Compensation

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE WAGE AND OVERTIME COMPENSATION

Each non-exempt employee compensated on an hour-by-hour basis, whether full-or part-time, permanent or temporary, will be paid no less than the prevailing minimum wage. Whenever a non-exempt employee must work more than forty hours in a given work week, the employee shall be compensated at one and one-half times their regular hourly wage rate. This compensation shall be in the form of overtime pay. Overtime will not be permitted without prior authorization of the superintendent.

Each non-exempt employee paid on an hour-by-hour basis must complete, sign, and turn in a daily time record showing the actual number of hours worked. Failure of the employee to maintain, or falsification of, a daily time record will be grounds for disciplinary action.

It is the responsibility of the board secretary to maintain wage records.

Legal Reference: Garcia v. San Antonio Metropolitan Transit Authority, 469 U.S. 528 (1985).
29 U.S.C. §§ 206 *et seq.* (2010).
29 C.F.R. Pt. 511-800 (2010).

Cross Reference: 411.3 Support Employee Contracts
412.1 Support Employee Compensation

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE GROUP INSURANCE BENEFITS

Support employees may be eligible for group insurance benefits as determined by the board and required by law. The board shall select the group insurance program and the insurance company which will provide the program.

This policy statement does not guarantee a certain level of benefits. The board shall have the authority and right to change or eliminate group insurance programs for its support employees.

Legal Reference: Iowa Code §§ 20.9; 85; 85B; 279.12; 509; 509A; 509B (2011).

Cross Reference: 411.1 Support Employee Defined

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE TAX SHELTER PROGRAMS

The board authorizes the administration to make a payroll deduction for support employees' tax sheltered annuity premiums purchased from any company the employee chooses through the Iowa Retirement Investors Club.

Support employees wishing to have payroll deductions for tax sheltered annuities shall make a written request to the board secretary.

Legal Reference: Small Business Job Protection Act of 1996, Section 1450(a), repealing portions of IRS REG § 1.403(b)-1(b)(3).
Iowa Code §§ 20.9; 260C; 273; 294.16 (2011).
1988 Op. Att'y Gen. 38.
1976 Op. Att'y Gen. 462, 602.
1966 Op. Att'y Gen. 211, 220.

Cross Reference: 706 Payroll Procedures

Approved July, 2006
February 12, 2013

Reviewed _____
June 10, 2019

Revised January 21, 2013

SUPPORT EMPLOYEE RESIGNATION

Support employees who wish to resign during the school year shall give the board notice of their intent to resign and final date of employment and cancel their contract 10 working days prior to their last working day.

Notice of the intent to resign shall be in writing to the superintendent.

Legal Reference: Iowa Code §§ 91A.2, .3, .5; 279.19A; 285.5(9) (2011).

Cross Reference: 411.3 Support Employee Contracts
413 Support Employee Termination of Employment

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE RETIREMENT

Support employees who will complete their current contract with the board may apply for retirement. No support employee will be required to retire at any specific age.

Application for retirement will be considered made when the support employee states in writing to the superintendent, no later than the date set by the board for the return of the employee's contract to the board if applicable, the employee's intent to retire. The letter must state the employee's desire to retire and be witnessed by another party other than the principal or the superintendent.

Board action to approve a support employee's application for retirement shall be final, and such action constitutes termination of the employee's contract effective the day of the employee's retirement.

Support employees and their spouse and dependents who have group insurance coverage through the school district may be allowed to continue coverage of the school district's group health insurance program, at their own expense, by meeting the requirements of the insurer.

Legal Reference: 29 U.S.C. §§ 621 *et seq.* (2010).
Iowa Code §§ 91A.2, .3, .5; 97B; 216; 279.19A, .46 (2011).
581 I.A.C. 21.
1978 Op. Att'y Gen. 247.
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 401.14 Recognition for Service of Employees

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE SUSPENSION

Support employees shall perform their assigned job, respect and follow board policy and obey the law. The superintendent is authorized to suspend a support employee with or without pay pending board action on a discharge or during investigation of charges against the employee or for disciplinary purposes. It shall be within the discretion of the superintendent to suspend a support employee with or without pay.

In the event of a suspension, due process will be followed.

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765 (Iowa 1987).
McFarland v. Board of Education of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).
Iowa Code §§ 20.7, .24 (2011).

Cross Reference: 404 Employee Conduct and Appearance
413 Support Employee Termination of Employment

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE DISMISSAL

The board believes support employees should perform their jobs, respect board policy and obey the law. A support employee may be dismissed upon thirty days notice or immediately for cause. Due process procedures shall be followed.

It shall be the responsibility of the superintendent to make a recommendation for dismissal to the board. A support employee may be dismissed for any reason, including, but not limited to, incompetence, willful neglect of duty, reduction in force, willful violation of board policy or administrative regulations, or a violation of the law.

Legal Reference: Iowa Code §§ 20.7, .24 (2011).

Cross Reference: 404 Employee Conduct and Appearance
413.3 Support Employee Suspension
413.5 Support Employee Reduction in Force

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

SUPPORT EMPLOYEE REDUCTION IN FORCE

It is the exclusive power of the board to determine when a reduction in support employees is necessary. Employees who are terminated due to a reduction in force shall be given thirty days notice. Due process will be followed for terminations due to a reduction in force.

It shall be the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent will consider the relative qualifications, skills, ability and demonstrated performance through evaluation procedures in making the recommendations.

Legal Reference: Iowa Code §§ 20.7, .24 (2011).

Cross Reference: 407.6 Licensed Employee Reduction in Force
413.3 Support Employee Suspension
413.4 Support Employee Dismissal
703 Budget

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019

Revised _____

C;ASSOFOED EMPLOYEE PROFESSIONAL PURPOSES LEAVE

Professional purposes leave may be granted to support employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent seven days prior to the meeting or conference.

It IS within the discretion of the superintendent to grant professional purposes leave. The leave may be denied on the day before or after a vacation or holiday, on special days when services are needed, when it would cause undue interruption of the education program and school district operations, or for other reasons deemed relevant by the superintendent.

Legal Reference: Iowa Code § 279.8 (2011).
281 I.A.C. 12.7.

Cross Reference: 411 Support Employees - General
408.1 Support Employee Professional Development

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019
July 20, 2020

Revised Aug. 10, 2020

CLASSIFIED EMPLOYEE SUBSTITUTES

The superintendent shall employ substitute and temporary support employees. Such employment shall be subject to the board's approval at its next meeting, when the superintendent shall present the names and salaries of the substitute or temporary employees to the board.

Legal Reference: Iowa Code §§ 20.9; 279.8 (2011).

Cross Reference: 411 Support Employees - General

Approved July, 2006

Reviewed January 21, 2013
June 10, 2019
July 20, 2020

Revised Aug/ 10, 2020