



DIOCESE OF GARY

FAMILY MEDICAL LEAVE POLICY

FAMILY MEDICAL LEAVE

The Family Medical Leave Act of 1993 (FMLA) provides up to twelve (12) weeks of leave during a twelve-month (12) period.

The leave period commences with the date the leave begins.

FMLA leave is available for the following reason(s):

- a. the birth of a child
- b. the placement of a child with you for adoption or foster care
- c. an employee's own serious health condition
- d. the need to care for a family member (child, spouse, or parent) with a serious health condition as defined under the FMLA

The Diocese of Gary provides an unpaid leave of absence, in accordance with the requirements of FMLA, to eligible employees. This leave may be paid, or a combination of paid and unpaid, depending on the amount of vacation time, personal days and/or applicable sick pay the employee has earned.

Employees are eligible if they have worked for at least one year and for 1,250 hours over the previous twelve (12) months.

The employer maintains health care coverage for the duration of the leave. However, the employee must pay any applicable dependent contributions during the course of the leave on voluntary vision and dental premiums. Payment is by payroll deduction for the paid portion of the leave. The employee should make written arrangement for payment of premiums during the unpaid portion of FMLA leave and notify the school payroll person of the arrangements.

Employees will not earn seniority or employment benefits, such as vacation, personal and sick days during a leave period.

In most cases, employees are restored to their original or an equivalent position upon their return from FMLA leave.

Request for leave by the employee must be in writing by completing the FMLA Request Form (attached). This form is submitted to your Principal and then forwarded to the Schools Office. The Superintendent of Schools will forward a copy of the form to the diocesan Coordinator of Benefits. After all signatures are obtained and the leave is approved, a copy of the form will be returned to the employee.

The employee must provide thirty (30) days advance notice of the need to take FMLA leave when the need is foreseeable. When thirty (30) days advance notice is not possible, the employee must provide notice as soon as practical and generally must comply with the location's normal call-in process. If you are not requesting a leave of absence for reasons other than your own illness or that of an immediate family member, use the Personal Leave-of-Absence Request form. This notice should also include the approximate ending date of the leave.

Revised July 2010

The Diocese of Gary requires medical certification to support a request for leave because of a serious health condition. The employer, at their own expense, may require an employee requesting a leave to obtain a second opinion from a physician designated or approved by the employer. If the second opinion differs from the original certification, the Diocese of Gary may require, at the expense of the employer, a third opinion to be obtained from a physician that is jointly approved by the employee seeking the leave and the employer. The opinion of the third physician is final and binding.

The employer may request periodic progress reports from the employee's physician, and a "fitness to return to work release" from the employee's physician upon their return to work.

In the event that an employee does not return to work from FMLA leave for at least thirty (30) days, the employer may collect from the employee any health and life insurance premiums that were made on the employee's behalf during the leave.

The Diocese of Gary will also provide up to 26 weeks of FMLA leave during a single 12-month period to permit a spouse, son, daughter, parent or next of kin to care for a 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 outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. The Diocese of Gary will also provide 12 weeks of FMLA leave to the immediate family members (spouses, children or parents) of soldiers, reservists, and members of the National Guard who have a "qualifying exigency", such as an overseas assignment, recall to active duty or troop mobilization.

PERSONAL LEAVE OF ABSENCE

The Principal or Pastor may grant personal leave in blocks of thirty (30) days for reasons other than those listed above, at their discretion and consistently applied only to employees that have passed the introductory period. An employee must exhaust all vacation time prior to the personal leave, if applicable.

MILITARY LEAVE OF ABSENCE

Employees who are inducted into the U.S. Armed Forces or who are reserve members of the U.S. Armed Forces or state militia groups will be granted leaves of absence for military service, training or other obligations in compliance with state and federal laws. These employees may use accrued vacation leave but are not required to do so. At the conclusion of the leave, employees generally have the right to return to the same position held prior to the leave or to positions with equivalent seniority, pay and benefits. The employer will pay the difference between military pay and regular wages/salary for up to one month. Employees are requested to notify their Principal or Pastor as soon as they are aware of the military obligation. Questions regarding the military leave policy, applicable state and federal laws and continuation of benefits should contact Human Resources.

COMPENSATION

While on Family/Medical Leave, compensation for sick pay operates concurrently with the Leave; therefore, a teacher is entitled to the allowable ten sick days and two personal days per school year, plus all his/her accumulated sick days. These days are paid in full. The balance of days taken for Family Leave, after the full paid sick days, is taken with no compensation.

Scenario 1

I am a teacher. My leave begins in early November and will continue to the end of January. Since Christmas break is included during this leave, and I wouldn't be teaching during that break, can I extend my leave for two weeks into February?

ANSWER: No. Leave is counted as calendar days and neither holiday breaks nor vacation days extend the leave.

Scenario 2

I am a teacher. My leave begins in April and continues through the end of the school year. Since my leave extends into the summer, must I return at the beginning of the school year? When do my benefits cease if I change my mind and decide not to return to teaching after the leave?

ANSWER: Since a leave implies a return to work, you would be required to return to work for at least thirty (30) days at the beginning of the new school year. If you do not intend to return to work in the fall of the new school year, your benefits would cease on the last day you were employed before your leave began.



DIOCESE OF GARY

9292 Broadway

Merrillville, IN 46410

219.769.9292

FMLA REQUEST FORM

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EMPLOYEE NAME: _____

SCHOOL: _____ CITY: _____

POSITION: _____

I hereby request that I be granted a leave of absence from _____ - _____ - _____ to _____ - _____ - _____ for
Month Day Year Month Day Year

FMLA/ Employee FMLA/ Family Member (Describe below)

- the birth of a child, or the placement of a child with you for adoption or foster care; or,
- a serious health condition that makes you unable to perform the essential functions of your job; or,
- a serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

Employee's Signature: _____

Date: _____

Principal / Supervisor's Signature: _____ Date: _____

This request is is not recommended for approval.



EMPLOYEE'S STATEMENT:

I understand that if granted a leave of absence as requested above, I am expected to return to work on or before

_____.
Month Day Year

Should circumstances make it impossible for me to return by that date, I must apply for an extension before the expiration of my original leave. I understand that such extension will be subject to management approval and may be denied. I also understand the following:

1. Family and medical leaves of absence are granted for a maximum of twelve (12) weeks.
2. I am still considered an employee of the school while I am on leave.
3. If I seek or accept other employment while I am on leave, even if temporary in nature, the Diocese will consider such action to be a voluntary termination of employment.
4. If I file a claim for Unemployment Compensation while I am on leave, the employer will consider such action to be my voluntary termination of employment.

5. My health, dental, vision and life insurance will remain in force while I am on leave if such benefits were in force for me prior to going on leave. However, I must still remit to the employer the amount that would normally be deducted from my pay for such benefits.
6. My time spent on an approved leave of absence will not be credited toward the accrual of vacation benefits; if I fail to return on time, or if I return on a part-time basis, I will be entitled only to the unused vacation benefits, if any, I had accrued prior to going on leave.
7. I understand that if I return to work within the prescribed timeframe, I will be reinstated in my original position, or an equivalent position with equivalent pay, benefits, and other terms of employment.
8. By requesting this leave of absence, I am stating my desire and intention to return to work within the prescribed timeframe. I understand that my intention to return to work is a primary factor in determining whether or not my leave of absence will be approved.
9. I understand that if I am on a Medical Leave of Absence my available accumulated sick days will be used for any medically necessary absences as certified by my physician.
10. I understand that if I am enrolled in benefits for which my dependents are also eligible for coverage and that if I am on a leave of absence for the birth or adoption of a child, I must submit new Enrollment Forms to the diocesan Coordinator of Benefits within a month of the birth or legal adoption/guardianship of the child if I wish to add them to my current coverage.
11. I understand that upon my return to work following a Medical Leave of Absence I must provide my employer a note from my physician authorizing my return to work.

Employee's Signature: _____ **Date:** _____



FOR PASTORAL CENTER DEPARTMENTS:

APPROVED DENIED Accumulated Sick Days: _____

Superintendent of Schools Date

Diocesan Coordinator of Benefits Date



FOR SCHOOLS:

Principal Date

FOR PARISHES:

Pastor or Administrator Date



For Office Use: Returned to Principal _____