



## MEETINGS OF THE BOARD

**Policy Title: Meetings of the Board**

**Code 204.1**

The regular meeting time and dates of the month shall be set by the Board at its annual meeting ~~meeting~~ will be set by the Board at the organizational meeting in odd numbered years or at the annual meeting in even numbered years.

Board meetings are normally scheduled for the second and fourth Monday of the month, when the school calendar allows. The Board shall adhere to the established meeting dates unless the additional meetings are required or, due to circumstances beyond the Board's control, the meetings cannot be held on the regular meeting dates and the meetings will then be rescheduled at the Board's convenience in accordance with law and policy. Work sessions will begin promptly at 5:00 PM followed by the regular meetings at 7:00 PM. Public notice of the meetings will be given and board meeting dates are posted on the district website upon board approval.

Meetings of the Board are conducted for the purpose of carrying out the business of the school district. Only board members have the authority to make and second motions and vote on issues before the Board. The Board may establish rules for its own governance and determine the procedures that will be followed during board meetings. Meetings may be closed to the public to allow the Board to discuss a specific topic as defined by law (Policy 204.3).

Public notice shall be given for meetings and work sessions held by the Board. Public notice shall indicate the time, place, date, and tentative agenda of board meetings. The official public notice shall be posted on public display at the Learning Resource Center at least three days before it is scheduled but, at the minimum, 24-hour notice needs to be given. A copy of the public notice, either electronic or print, will be provided to those who have filed a request for notice with the secretary. A copy of the public notice will also be accessible electronically.

In the case of special meetings, public notice shall be given in the same manner as for a regular meeting unless it is an emergency meeting. In that case, public notice of the meeting shall be given as soon as practical and possible in light of the situation. The media and others who have requested notice shall be notified of the emergency meeting electronically. Attendance at a special meeting, or emergency meeting, by the media or board members shall constitute a waiver of notice.

It shall be the responsibility of the board secretary, or designee, to give public notice of board meetings and work sessions. The district's website is used to inform the public of future meetings and agendas.

Adopted: 9/85 Reviewed: 10/11; 9/16 Revised: 4/13; 8/14; 3/17

Related Policy Code #: 204.3; 204.4

Legal Reference (Code of Iowa): §§ 21.3-4; 279.1 (2013); 1980 Op Atty Gen 148



## MEETINGS OF THE BOARD

**Policy Title: Annual and Organizational Meetings** **Code 204.4**

---

### Annual Meeting of the Board

Each year after August 31<sup>st</sup> and prior to the organizational meeting of the board in odd numbered years, the Board will hold its annual meeting. At the annual meeting the Board will examine the financial books and settle the secretary and treasurer statements for the fiscal year ending the preceding June 30<sup>th</sup>. As part of the annual reports, the treasurer will present affidavits from the depository banks. The Board may also appoint legal counsel at the annual meeting.

In addition to the required business, the annual meeting agenda will include:

1. Appointment of secretary and treasurer.
2. Determine compensation of secretary and treasurer. Both secretary and treasurer shall post bond in such an amount as the Board may require, but no less than that required in Chapter 291.2 of Iowa Code.
3. Designate depository banks and maximum deposits.
4. Receive affidavits from depository banks from the treasurer.
5. Approve meeting dates for the following 12-month period.
6. Elect board officers in even numbered years.

### Organizational Meeting Procedures:

~~The organizational meeting is the first meeting following the election of school board members. It is set by statute as the first regular meeting after a regular school election, at a time and suitable place to be designated by the secretary.~~

~~The election of board officers will take place at the first organizational meeting in odd numbered years following the seating of newly elected board members. Unless changes by a 2/3 vote of those present, the order of business for the organizational meeting shall be as follows:~~

The Board will hold its organizational meeting in odd numbered years at the first regular meeting following the canvass of votes. Notice of the place and time will be given by the board secretary to each member, member-elect, and the public.

The purpose of the meeting is to transfer materials and responsibilities from the outgoing board to the new board. At the meeting the Board will elect a president and vice president who will hold office for one year. Once elected, the president and vice president will be entitled to vote on all matters before the Board.

## Meeting Procedure:

The organizational meeting will be held in two parts:

1. The final meeting of the outgoing board; and
2. The organizational meeting of the new board.

## Final Meeting of the Retiring Board:

- a. Call to Order
- b. Roll Call
- c. Approval of Minutes of Previous Meeting(s)
- d. Audience Communications
- e. Unfinished Business (current claims/accounts for the retiring board to authorize)
- f. Examine and Settle Books for Previous Year
- g. Review of Election Results (secretary presents county auditor's official report on elections and records results in the minutes)
- h. Adjournment of the Retiring Board

## Organizational Meeting of the New Board:

- a. The board secretary, as president pro tem, will preside over the meeting until a new board president is elected.
- b. Call to Order
- c. Roll Call
- d. Oath of Office: The board secretary will administer the oath to new members.
- e. Election of Board President: The president pro tem (secretary) calls for nominations; nominations need not be seconded. The Board will then vote on the nominations. The secretary will announce the results of the vote and administer the oath of office to the president. The newly elected president will assume the chair.
- f. Election of Vice President: The president will call for nominations; nominations need not be seconded. The Board will then vote on the nominations. The president will announce the results of the vote and administer the oath of office to the vice president.

## Other Items of Business at the Organizational Meeting May Include:

- a. Board resolution of appreciation recognizing public service rendered by retiring board members.
- b. Determination of dates, times, and places for regular meetings of the board.
- c. Board resolution to define the operating rules and practices that will be followed by the new board.
- d. Board resolution to authorize the interim payment of bills pursuant to Policy 705.3.
- e. Approve minutes of previous meeting(s).
- f. Audience communications.
- g. ~~Superintendent's Report.~~ Board Book.
- h. Adjournment.

Adopted 6/15/70      Reviewed: 8/05; 4/13; 8/14      Revised: 11/08; 10/10; 10/11; 9/13; 9/16; 2/17

Related Policy Code: 204.1; 204.5

Legal Reference (Code of Iowa): §§ 274.2; 275.23A; 277; 281 IAC 12.3



## FISCAL MANAGEMENT

New Policy

### **Policy Title: Financial Records**

**Code 801.8**

Financial records of the school district are maintained in accordance with generally accepted accounting principles (GAAP) as required or modified by law. School district monies are received and expended from the appropriate fund and/or account. The funds and accounts of the school district will include, but not be limited to:

#### **Governmental Fund Type:**

- General Fund
- Special Revenue Fund
  - Management Levy Fund
  - Public Education and Recreation Levy Fund (PERL)
  - Student Activity Fund
- Capital Projects Fund
  - Physical Plant and Equipment Levy Fund (PPEL)
  - Secure and Advanced Vision for Education (SAVE)

#### **Proprietary Fund Type:**

- Enterprise Fund
  - School Nutrition Fund
  - Aquatic Center Fund
  - Student Store Fund
- Internal Service Fund

#### **Fiduciary Funds:**

- Trust
  - Expendable Trust Funds
  - Non-expendable Trust Funds
  - Pension Trust Funds
- Agency Funds

#### **Account Groups:**

- General Capital Assets Account Group
- General Long-Term Debt Account Group

The general fund is used primarily for the education program. Special revenue funds are used to account for monies restricted to a specific use by law. Capital project funds are used to account for financial resources to acquire or construct major capital facilities (other than those of proprietary funds and trust funds) and to account for revenues from SAVE. A debt service fund is used to account for the accumulation of resources for, and the payment of, general long-term debt principal and interest. Proprietary funds account for operations of the school district operated similar to private business, or they account for the costs of providing goods and services provided by one department to other departments on a cost reimbursement basis. Fiduciary funds are used to account for monies or assets held by the school district on behalf of, or in trust for, another entity. The account groups are the accounting records for capital assets and long-term debt.

The Board may establish other funds in accordance with general accepted accounting principles and may certify other taxes to be levied for the funds as provided by state law. The status of each fund must be included in the annual report.

It is the responsibility of the superintendent to implement this policy and bring necessary changes in the maintenance of the school district's financial records to the attention of the Board.

Adopted 2/17 Reviewed: \_\_\_\_\_ Revised: \_\_\_\_\_  
Related Policy Code: 801.1  
Legal Reference (Code of Iowa): §§ 291; 298; 298A; 281 IAC 98



## STAFF PERSONNEL

**Policy Title: Physical Examination/Fitness for Duty**

**Code 403.1**

---

~~All full time and regular part time employees are to present evidence of good physical health after the initial job offer and prior to the start of employment or within 30 work days, whichever is earlier. The Verification of Physical Fitness forms shall be provided by the school district. Completed examination forms are to be kept on file in the superintendent's or designee's office.~~

Bus drivers shall be required to take an initial physical examination, ~~one annually~~ **every other year** thereafter and shall meet all other medical and fitness requirements specified by state and federal transportation regulations.

~~Employees~~ **Drivers** shall successfully complete a physical examination by a physician or clinic designated by the district as the Board's designated provider **or at any DOT certified physician**. The district will pay the entire cost of the examination **up to the allowable amount as designated in the Transportation agreement**.

~~All persons shall be required to undergo a check for tuberculosis when employed and file the results with the superintendent or designee.~~

Fitness-for-duty examinations **for any employee** may be required following an absence from work due to illness or injury, **or in other circumstances**, if there is a reasonable belief that the employee is unable to perform the essential functions of the job or if there is a reasonable belief that the employee poses a direct threat to themselves or others because of a health condition.

Adopted: 6/23/70 Reviewed: 1/11; 12/11; 9/14 Revised: 5/01; 1/06; 2/09; 2/10; 4/13; 3/17

Related Policy: (Code Number) \_\_\_\_\_

Legal Reference: (Code of Iowa) 29 CFR Pt 1910.1030; §§ 20.9; 279.8; 321.376; 281 IAC. 12.4 (14); 43.15-.20



## STAFF PERSONNEL

**Policy Title: Employee Recognition**

**Code 403.2**

---

Employees of the Linn-Mar Community School District may receive recognition incentives and service awards based on exemplary job performance and years of service to the district.

These incentives and service awards are for employment performance; active participation in safety and wellness initiatives; and years of service and, therefore, are presented with proper circumstances, proper motive, and for public purpose.

Service awards may be presented at various intervals as specified by the district.



## STAFF PERSONNEL

### **Policy Title: Violence in the Workplace**

**Code 403.3**

The Linn-Mar Community School District is committed to providing a safe, professional work environment that is free of violence by employee against employee, employee against student, by third parties against employees, or by employees against third parties. Workplace violence includes, but is not limited to, the following when such conduct is committed on Linn-Mar property, at a school district event or activity, or in connection with a school district activity or event:

- The offensive and/or unlawful touching by one person against another;
- Threats of harm, bodily or otherwise, to another;
- The use of abusive language, threatening, or intimidating comments;
- The possession of unauthorized firearms or weapons while on district property;
- Conduct detrimental to district personnel which may cause undue disruption of work or endanger the safety of persons or property;
- Stalking; and
- Causing or encouraging another to commit conduct as listed above.

Such conduct by employees, depending on the level of severity, may result in removal from the premises as quickly as safety permits and remaining off district premises pending the outcome of an investigation. In addition, the employee will be subject to disciplinary action up to and including termination of employment and legal action. Such conduct by third parties will be subject to legal action.

Allegations of workplace violence shall be investigated and, if substantiated, disciplinary action shall be taken. Legal action will also be taken if appropriate.

#### **Complaint Procedures:**

Employees or third parties who believe they have been subjected to violence in the workplace, or believe they have witnessed such behavior as defined in this policy, should immediately terminate all contact and communication with the offending party and file a written complaint with the superintendent or chief officer of human resources who will determine if an investigation is warranted. The investigator may request the individual complete a signed, written complaint form and submit other evidence of the violent act including, but not limited to, letters, electronic documents, or pictures. If substantiated, the district will conduct a timely investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible and allowed by law. However, the district will not allow the goal of confidentiality to be a deterrent to an effective investigation and all employees who are involved in an investigation are expected to provide honest and complete cooperation. Appropriate disciplinary action up to and including termination will be

taken promptly against any employee engaging in acts of violence and/or employees who are found to be dishonest or uncooperative during an investigation. The corrective action issued will be proportional to the severity of the conduct.

The district prohibits retaliation of any kind against employees who in good faith report bona fide acts of violence, assist with or conduct an investigation regarding such complaints, or appear as a witness. Initiating a complaint under this policy shall not cause any negative impact on complainants or participants in the investigation nor shall it affect their employment, compensation, or work assignments. If an employee feels they have been subjected to any form of retaliation the employee should report the conduct to the chief officer of human resources within three calendar days of the offense.

Retaliation or attempted retaliation is a violation of this policy and anyone who does so will be subject to severe discipline up to and including termination.



## STAFF PERSONNEL

**Policy Title: Substance-Free Workplace**

**Code 403.4**

The Board expects the school district and its employees to remain substance free. No employee will unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance or alcoholic beverage as defined by federal or state law.

*Workplace* includes school district facilities; school district premises; school district vehicle; or non-school property if the employee is at any school-sponsored, school-approved, or school-related activity, event, or function such as fieldtrips or athletic events where students are under the control of the school district or where the employee is engaged in school business.

If an employee is arrested or cited for a criminal substance offense the employee shall notify their supervisor before reporting to regular duties or within 48 hours of arrest or citation. If an employee is convicted of a violation of any criminal substance offense committed in the workplace the employee will notify their supervisor within five days of the conviction.

Employees shall abide by the terms of this policy respecting a substance-free workplace. An employee who violates the terms of this policy may be required to successfully participate in an alcohol or drug abuse assistance or rehabilitation program approved by the Board.

If administration, directors, managers, or supervisors have reasonable cause to believe an employee has violated this policy they will immediately contact the superintendent or chief officer of human resources who will determine if an investigation is warranted. The investigator may request the individual complete a signed, written complaint form and submit other evidence of the violation including but not limited to letters, electronic documents, or pictures. If substantiated, the district will conduct a timely investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible and allowed by law. However, the district will not allow the goal of confidentiality to be a deterrent to an effective investigation and all employees who are involved in an investigation are expected to provide honest and complete cooperation. If at the conclusion of the investigation it is found that an employee has violated this policy the superintendent, or designee, will make the determination whether to require the employee to undergo substance abuse treatment and/or to discipline the employee. If the employee fails to successfully participate in such a program the employee's contract shall not be renewed or

employment may be suspended or terminated at the discretion of the Board. Sanctions against employees including non-renewal, suspension, and termination shall be in accordance with prescribed school district administration regulations and procedures.

In addition, appropriate disciplinary action up to and including termination will be taken promptly against any employee who is found to be dishonest or uncooperative during an investigation. The corrective action issued will be proportional to the severity of the conduct.

The superintendent, or designee, is responsible for publication and dissemination of this policy to each employee. In addition, the superintendent, or designee, will oversee the establishment of a substance-free awareness program to educate employees about the dangers of substance abuse and notify them of available substance abuse treatment programs. It is the responsibility of the superintendent to develop administrative regulations to implement this policy.

Adopted: 3/4/91 Reviewed: 2/10; 12/11; 4/13; 9/14; 3/17 Revised: 3/06; 2/09

Related Policy (Code#): \_\_\_\_\_

Legal Reference (Code of Iowa): 41 USC §§ 701-707 (1994); 42 USC §§ 12101 *et seq* (1994); 34 CFR Pt 85 (2002); §§ 123.46; 124; 279.8 (2005)



**Notice to Employees Regarding Substance-Free Workplace Code 403.4-E**

**You are hereby notified** that it is a violation of the substance-free workplace policy of the Linn-Mar Community School District for any employee to distribute, dispense, possess, use, or be under the influence of any alcoholic beverage, malt beverage, fortified wine, or other intoxicating liquor; or to unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, anabolic steroid, or any other controlled substance as defined in schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812) and as further defined by Regulation 21, Code of Federal Regulations 1300.11 through 1300.15 and Iowa Code Chapter 204; before, during, or after school hours; at school; or in any other workplace location as defined below.

*Workplace* is defined as the site for the performance of work done in the capacity as an employee. This includes school district facilities, other school premises, or school district vehicles. Workplace also includes non-school property if the employee is at any school-sponsored; school-approved; or school-related activity, event, or function such as fieldtrips or athletic events where students are under the control of the school district or where the employee is engaged in school business.

Employees who violate the terms of the substance-free workplace policy may be required to successfully participate in a substance abuse treatment program approved by the Board. The superintendent retains the discretion to discipline an employee for violation of the substance-free workplace policy. If the employee fails to successfully participate in such a program, the employee is subject to discipline up to and including termination.

**You are notified** that if you are arrested or cited for a criminal substance offense you shall notify your supervisor before reporting to regular duties or within 48 hours of arrest or citation.

**You are further notified** that you are required to notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace no later than five days after such conviction.

I, \_\_\_\_\_, have read and understand the substance-free workplace policy. I understand that if I violate the substance-free workplace policy I may be subject to discipline up to and including termination [or I may be required to participate in a substance abuse treatment program]. If I fail to successfully participate in a substance abuse treatment program I understand that I may be subject to discipline up to and including termination. I understand that if I am required to participate in a substance abuse treatment program and I refuse to participate I may be subject to discipline up to and including termination. I also understand that if I am convicted of a criminal drug offense committed in the workplace I must report the conviction to my supervisor within five days of the conviction.

I have received and read the above notice.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*This notice should be returned within 10 working days of the employee's initial date of employment.*



## STAFF PERSONNEL

**Policy Title: Tobacco-Free and Nicotine-Free Campus**

**Code 403.5**

---

School district premises including school vehicles shall be off limits for smoking and the use of other tobacco products including the use of nicotine products that are not FDA (Federal Drug Administration) approved for tobacco cessation as well as vaping with E-cigarettes or any electronic smoking device such as, but not limited to, cigarette, cigar, cigarillo, or pipe.

This requirement extends to all employees, students, patrons, and visitors. This policy applies at all times including school-sponsored and non-school-sponsored events. Persons failing to abide by this request shall be required to dispose of all tobacco products, nicotine products, and materials or leave the school district premises immediately. Any employee or student failing to abide with this policy will be subject to disciplinary action.

Adopted: 4/18/88 Reviewed: 1/06; 2/09; 2/10; 1/11; 12/11; 3/17 Revised: 4/15/13; 9/14  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): 142B; 279.9; 197 (1993)



## ADMINISTRATIVE REGULATIONS FOR ACCOMPLISHING A TOBACCO-FREE AND NICOTINE-FREE ENVIRONMENT

Code 403.5-R

---

The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of smokers and non-smokers. All individuals on school premises share in the responsibility for adhering to and assisting in compliance of this policy.

**Visitors:** Community members who rent school facilities will be asked to sign a statement indicating their assumption of the responsibility of adhering to the tobacco-free and nicotine-free environment policy. It will be their responsibility to supervise their own activities to accomplish a tobacco-free, nicotine-free environment. Visitors attending school functions will be asked by staff members in authority to not use nicotine products and/or tobacco on school grounds and in school vehicles. Persons willfully refusing to comply will be considered trespassers and reported to police.

**Students:** Students will be treated in accordance with *Policy 502.4 Search and Seizure*.

**Employees:** Employees who willfully violate the policy will be considered as demonstrating insubordination. Their conduct will be treated through due process procedures.



## STAFF PERSONNEL

**Policy Title: Exit Comment**

**Code 403.6**

---

Every full-time or regular part-time Linn-Mar employee will be asked to complete an exit interview and/or complete an exit comment form when leaving the employment of the Linn-Mar Community School District.

The chief officer of human resources, or designee, shall have the responsibility of distributing, collecting, and tabulating data from the exit comment forms and shall process the information as appropriate.

Adopted: 6/9/77 Reviewed: 2/09; 2/10; 12/1; 9/14; 3/17 Revised: 5/01; 1/06; 1/11; 4/13  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): \_\_\_\_\_



## STAFF PERSONNEL

**Policy Title: Family and Medical Leave**

**Code 403.7**

---

The Family and Medical Leave Act of 1993 (FMLA) provides that unpaid family and medical leave will be granted up to 12 weeks per year to employees who meet certain conditions.

An eligible Linn-Mar Community School District employee shall be entitled to family and medical leave for one or more of the following:

- Because of the birth of a son or daughter of the employee and in order to care for such son or daughter.
- Because of the placement of a son or daughter with the employee for adoption or foster care.
- In order to care for the spouse, son, daughter, or parent of the employee if the spouse, son, daughter, or parent has a serious health condition.
- Because of a serious health condition that makes the employee unable to perform the functions of the position of such employee.
- Because of any qualifying exigency (determined by regulation) arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
- Servicemember Family Leave: In addition, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty shall be entitled to a total of 26 work weeks of leave during a 12-month rolling period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month rolling period during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

While on leave designated as FMLA, employees are not expected nor required to perform work duties for or on behalf of Linn-Mar Community School District. An employee is required to substitute applicable and available paid leave for unpaid family and medical leave if such leave is provided in the employee's collective bargaining agreement or terms and conditions of employment. Leave for an employee's serious health condition including workers' compensation leave (to the extent that it qualifies) will be designated as FMLA leave and will run concurrently with FMLA leave. The district will not provide paid leave in any situation in which the district would not normally provide any such paid leave.

Employees eligible for family and medical leave must comply with the family and medical leave administrative rules and regulations prior to starting family and medical leave.

If an employee has been absent for one calendar week or more due to the employee's personal injury or illness the employee is required to present a fitness-for-duty certificate from their physician prior to reporting back to work.

For purposes of this policy, *year* is defined as a 12-month period measured forward from the date the employee's first FMLA leave commenced.

Adopted: 3/4/91 Reviewed: 2/10; 1/11; 12/11; 3/17 Revised: 3/06; 2/09; 4/15/13; 9/14  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): PL 103-3; Act 102 (a) (1), 107 Stat 6, 9 (1993) §§ 20; 85.33-34, .38(3); 216;  
279.40; PL 110-181; Section 565, 585



## Administrative Regulations Regarding Employee Family and Medical Leave

Code 403.7-R1

### I. School District Notice:

1. The district will post the notice in exhibit 403.7-E9 regarding family and medical leave.
2. Information on the Family and Medical Leave Act (FMLA) and board policy on family and medical leave including leave provisions and employee obligations will be **available** on the district Intranet **website** and through Human Resources.
3. When an employee requests family and medical leave the district will provide them 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 deducted from the employee's annual 12-week entitlement; **or 26 weeks if military, depending on the purpose of the leave.**
  - b. A reminder that employees requesting family and medical leave for their own serious health condition, for that of an immediate family member, or due to any qualifying exigency 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 district requires substitution of paid leave and the conditions related to the substitution.
  - 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.

### II. Eligible Employees:

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

1. The employee must have one year of service which need not be continuous provided that a break in service does not exceed seven years. Separate stints of employment will be counted for breaks in service of seven years or longer if one of the following applies:
  - a. Break in service due to National Guard or Reserve military service obligation.
  - b. Written agreement reflecting employer's intention to rehire the employee after the break in service.
2. The employee has worked 1,250 hours for the district over the previous 12 months. 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, they are not eligible for family and medical leave and the district will provide information as to the reason why they are not eligible:

- a. The employee fails to meet the 12-month service requirement and the number of months the employee has been employed by the district.
- b. The employee fails to meet the 1,250-hour requirement and the number of hours of service worked for the district during the appropriate 12-month period.

### **III. 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 30-days-notice for foreseeable leave including planned medical treatment for a serious injury or illness of a covered military service member unless not practicable. Failure to give notice may result in the district counting the absences during the delay as non-FMLA absences.
  - c. Employees must consult with the school district prior to scheduling planned medical treatment leave to minimize disruption to the district. Scheduling is subject to the approval of the health care provider.
  - d. In any case in which the necessity for a qualifying exigency leave is foreseeable, whether because the spouse, son, daughter, or parent of the employee is on active duty in the military, or because of notification of an impending call or order to active duty in support of a contingency operation, the employee shall provide such notice to the employer as is reasonable and practicable, regardless of how far in advance leave is foreseeable.
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 notice if the employee is unable to personally give notice.

### **IV: 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. The employee's serious health condition makes the employee unable to perform the essential functions of their position.
  - e. Because of any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
  - f. Because the employee is the spouse, son or daughter, parent, or next of kin of a covered service member with a serious injury or illness.

## 2. Medical Certification:

### When Required:

- Employees shall be required to present medical certification of their serious health condition and inability to perform the essential functions of their job.
- Employees shall 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.
- Employees shall be required to present certification issued by the health care provider of the military service member being cared for by the employee, in the case of an employee unable to return to work because of a condition specified as military service member family leave.
- Employees shall be required to present certification of next of kin of an individual in the case of leave taken under military service member family leave.

### A. Employee's Medical Certification Responsibilities:

- The employee must obtain certification from the health care provider who is treating the individual with the serious health condition.
- 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 district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the district on a regular basis.
- If the second health care provider disagrees with the first health care provider, 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 district. The certification, or lack of certification, is binding upon both the employee and the school district.
- 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.

B. Medical certification must be submitted within 15 days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every 30 days as follows:

- Upon expiration of period of incapacity specified on certification.
- If an extension to the leave is requested.
- If there is significant change in certification (complications, duration/frequency of absences, nature/severity of illness).
- If the district received information casting doubt upon continuing validity of certification.

C. 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 may be denied until such certification is provided.

D. The district may require a request for a qualifying exigency be supported by a military active duty or call to active duty certification issued at such time and in such manner as the regulation prescribes. If a military regulation requiring such certification is issued the employee shall provide, in a timely manner, a copy of the certification to the district.

## **V. Spouses Employed by the Same Employer:**

In any case in which a husband and wife entitled to leave are both employed by the district, the aggregate number of work weeks of leave to which both may be entitled may be limited to 12 work weeks during any rolling 12-month period if such leave is taken for:

- Birth of a son or daughter of the employees or in order to care for such son or daughter.
- Because of the placement of a son or daughter with the employees for adoption or foster care or to care for the child after placement.
- To care for the employee's parent with a serious health condition or military service member family leave.

The aggregate number of work weeks of leave to which both the husband and wife may be entitled may be limited to 26 work weeks during the single 12-month rolling period if it is military service member family leave or a combination of military service member leave and other leave as described in items 1-3 above. If the leave taken by the husband and wife includes other leave defined in items 1-3 above the limitation of 12 work weeks in a 12-month rolling period applies to that leave.

## **VI. Entitlement:**

1. Employees are entitled to 12 weeks unpaid family and medical leave per year. Employees who are the spouse, son, daughter, parent, or next of kin of a covered military service member who is recovering from a serious illness or injury sustained in the line of duty on active duty shall be entitled to a combined total of 26 work weeks of leave per year to care for the service member and for other types of FMLA leave.
2. Year is defined as rolling: measured forward from the first day leave is used.
3. If insufficient leave is available the school district may:
  - Deny the leave if entitlement is exhausted.
  - Award leave available.
  - Award leave in accordance with other provisions of board policy or the collective bargaining agreement.

## **VII. 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.
  - Intermittent leave is available for:
    - Birth, adoption, or foster care placement of child only with the school district's agreement.
    - Serious health condition of the employee, spouse, parent, or child when medically necessary without the school district's agreement.
    - Any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
    - An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered military service member to care for the military service member who is recovering from a serious illness or injury sustained in the line of duty on active duty.
  - In the case of foreseeable intermittent leave the employee must schedule the leave to minimize disruption to the school district operation.

- During the period foreseeable intermittent leave the district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see VIII below.)*
  - The district may require fit for duty certification every 30 days if the employee has used intermittent leave and reasonable safety concerns exist regarding the employee's ability to perform his or her duties.
3. Reduced Work Schedule: employee requests a reduction in their regular work schedule.
- Reduced work schedule family and medical leave is available for:
    - Birth, adoption, or foster care placement and subject to the district's agreement.
    - Serious health condition of the employee, spouse, parent, or child when medically necessary.
    - Any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
    - An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered military service member to care for the service member who is recovering from a serious illness or injury sustained in the line of duty on active duty.
  - In the case of foreseeable reduced work schedule leave based on planned medical treatment for the employee, the employee must schedule the leave to minimize disruption to the school district operation. The district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see VIII below.)*
  - During the period of foreseeable reduced work schedule leave based on planned medical treatment for the family member, the district may move the employee to an alternative position with equivalent pay and benefits. *(For instructional employees, see VIII below.)*

### **VIII. Special Rules for Instructional Employees:**

1. Definition: an instructional employee is one whose principal function is to teach and instruct students in a class, small group, or individual setting. This includes, but is not limited to, **school administrators**, 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 20% of the work days in the leave period may be required to:
  - Take leave for the entire period or periods of the planned medical treatment; or
  - 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.

- If an instructional employee begins family and medical leave for any purpose more than five weeks before the end of a semester, the 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.
  - 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 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.
  - 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 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 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.

**IX. 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 the 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 district at a time set by the superintendent or designee.
3. An employee who fails to make the health care contribution payments within 30 days after they are due will be notified that their coverage may be canceled if payment is not received within an additional 15 days.
4. An employee may be asked to recertify the medical necessity of family and medical leave for the serious medical condition of an employee or family member once every 30 days or sixth month in the condition of an absence and return the certification within 15 days of the request.
5. The employee must notify the school district of their intent to return to work at least once each month during their leave and at least two days prior to the conclusion of the family and medical leave.
6. If the employee has been absent for more than one calendar week or more, the employee is required to present a fitness-for-duty certificate from their physician stating their ability to perform the essential job functions prior to reporting back to work. If an employee fails to provide a certificate they will lose their right to reinstatement under the law unless they have requested additional FMLA leave.
7. If an employee intends not to return to work the employee must immediately notify the district in writing of their intent not to return. The district will cease benefits upon receipt of the notification.

**X. Use of Paid Leave for Family and Medical Leave:**

An employee is required to substitute unpaid family and medical leave with any applicable paid leave available to them 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 district determines that paid leave is being taken for an FMLA reason, the school district will notify the employee that the paid leave will be counted as FMLA leave.



## ADMINISTRATIVE REGULATIONS REGARDING LICENSED EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

Code 403.7-R2

**Active Duty:** The term active duty means duty under a call or order to active duty in support of a contingency operation pursuant to specific enumerated provisions of Section 688 of Title 10 of the United States Code. Such active duty or call/order to active duty is only made to members of the National Guard, Reserve components, or a retired member of the regular Armed Forces or Reserve. Therefore, an employee may not take exigency leave if the servicemember is a member of the regular Armed Forces.

**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 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:** The term contingency operation has the same meaning given such term in section 101(a)(13) of Title 10, United States 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 full consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - in-person treatment by a health care provider at least once within seven days of the first day of incapacity; and
  - a regimen of continuing treatment under the supervision of a health care provider or;
  - a second in-person visit to the health care provider for treatment (the necessity of which is determined by the health care provider) within 30 days of the first day of incapacity; or
  - any period of incapacity due to pregnancy or for prenatal care. (Father may take FMLA leave for pregnant spouse's prenatal care and appointments including providing transportation and to provide care after birth if spouse has serious health condition).
- 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, nurse, or physician's assistant at least twice a year under direct supervision of a health care provider; and
  - 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, 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), and kidney disease (dialysis).

**Covered Servicemember:** The term covered servicemember means a current member of the Armed Forces, including the National Guard and Reserves, and those on the temporary disability retired list (TDRL), but not including former members or member on the permanent disability retired list who are undergoing medical treatment, recuperation, therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. Generally, a former member of the military whose injury or illness manifests itself after the member's discharge from military service (except for those on the TDRL) is not a covered servicemember.

**Eligible Employee:** The district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the school district for one year of service which need not be continuous provided that a break-in-service does not exceed seven years. Separate stints of employment will be counted for breaks-in-service of seven years or longer if one of the following applies:

- a) Break-in-service due to National Guard or Reserve military service obligation; or
- b) Written agreement reflecting an employer's intention to rehire the employee after the break-in-service; or
- c) The employee has worked 1,250 hours for the district over the previous 12 months.

**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 including parent of a covered servicemember, son or daughter of a covered servicemember, next of kin of a covered servicemember, and son or daughter on active duty or call to active duty status.

**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 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

- physician assistants, 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; and
- 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; and
- 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:** The individual requires active assistance or supervision to provide daily self-care in several of the activities of daily living (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, 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 non-instructional 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.

**Medically Necessary:** Certification for medical necessity is the same as certification for serious health condition.

**Need 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 their own basic medical, hygienic, or nutritional needs or safety or is unable to transport themselves 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. The employee does not need to be the only individual or family member available to provide the care nor is the employee required to provide actual care (e.g., someone else is providing inpatient or home care) as long as the employee is providing at least psychological comfort and reassurance.

**Next of Kin:** The term next of kin, used with respect to an individual, means the nearest blood relative of that individual.

**Outpatient Status:** The term outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to:

- a) a military medical treatment facility as an outpatient; or
- b) 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.

**Qualifying Exigency:** A non-medical activity that is directly related to the covered military member's active duty or call to active duty status. For an activity to qualify as an exigency it must fall within one of seven categories of activities or be mutually agreed to be the employer and employee. The seven categories of qualifying exigencies are short-notice deployment (leave permitted up to seven days if the military member received seven or less days' notice of a call to active duty), military events and related activities, certain temporary childcare arrangements and school activities (but not ongoing childcare), financial and legal arrangements, counseling by a non-medical counselor (such as a member of the clergy), rest and recuperation (leave permitted up to five days when the military member is on temporary rest and recuperation leave), and post-deployment military activities.

**Reduced Leave Schedule:** A leave schedule that reduces the usual number of hours per work week 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 that either prevents the employee from performing the functions of their job or prevents the qualified family member from participating in school or other daily activities.
  - 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 full consecutive calendar days including any subsequent treatment or period of incapacity relating to the same condition that also involves:
      - in-person treatment by a health care provider at least once within seven days of the first day of incapacity; and
      - initiated by the health care provider during the first treatment; or
      - a second in-person visit to the health care provider for treatment (the necessity of which is determined by the health care provider) within 30 days of the first day of incapacity.
  - Any period of incapacity due to pregnancy or for prenatal care. (Father may take FMLA leave for pregnant spouse's prenatal care and appointments including

providing transportation and to provide care after birth if spouse has serious health condition).

- 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, nurse, or physician's assistant at least twice a year 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), and 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, flu, earaches, upset stomach, ulcers, headaches other than migraines, 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 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.

**Serious Injury or Illness:** The term serious injury or illness, in the case of a member of the Armed Forces including a member of the National Guard or Reserves, means an injury or illness incurred by the member in 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 physical disability.

**Spouse:** A husband or wife recognized by Iowa law including common law marriages.



**Linn-Mar Community School District  
FMLA Leave Request and Employee Obligation /  
Requirement Form**

I, \_\_\_\_\_, request family and medical leave for the following reason(s):

(Check all that apply)

- For the birth of my child (employees will be required to use the following leaves if available and applicable: personal illness, family illness, personal days, and paid vacation).
- For the placement of a child for adoption or foster care (employees will be required to use the following leaves if available and applicable: personal days and paid vacation).
- To care for my child who has a serious health condition (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).
- To care for my spouse who has a serious health condition (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).
- To care for my parent who has a serious health condition (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).
- Because I am seriously ill and unable to perform the essential functions of my position (employees will be required to use the following leaves if available and applicable: personal illness, personal days, and paid vacation).
- Because of any qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation (employees will be required to use the following leaves if available and applicable: personal days and paid vacation).
- Because I am the \_\_\_spouse; \_\_\_son or daughter; \_\_\_parent; \_\_\_next of kin of a covered service member with a serious injury or illness (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).

I understand that when the required paid leave has been used the remainder of the 12 weeks under the Family Medical Leave Act shall be unpaid.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the 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, child, spouse, or parent when medically necessary.
  - Because of any qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation (employees will be required to use the following leaves if available and applicable: personal days and paid vacation).
  - For the care of my \_\_\_spouse; \_\_\_son or daughter; \_\_\_parent; \_\_\_next of kin of a covered service member with a serious injury or illness (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).

Details of the needed intermittent leave:

---

---

I anticipate returning to work at my regular schedule on \_\_\_\_\_

\_\_\_\_ Reduced work schedule for the:

- \_\_\_\_ Birth of my child or adoption or foster care placement subject to agreement by the district.
- \_\_\_\_ Serious health condition of myself, child, spouse, or parent when medically necessary.
- \_\_\_\_ Because of any qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation (employees will be required to use the following leaves if available and applicable: personal days and paid vacation).
- \_\_\_\_ For the care of my \_\_ spouse; \_\_ son or daughter; \_\_ parent; \_\_ next of kin of a covered service member with a serious injury or illness (employees will be required to use the following leaves if available and applicable: family illness, personal days, and paid vacation).

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 the impact on 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 monies owed me during the leave period. If no monies are owed me I shall reimburse the school district by personal check (cash) for my contributions. I understand that I may be dropped from 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 for payments of my contributions in court.

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

I acknowledge that if this request for leave qualifies as family and medical leave it will be deducted from my annual 12-week entitlement.

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

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Return to:**  
**Linn-Mar Community School District**  
**Office of Human Resources**  
**2999 North 10<sup>th</sup> Street**  
**Marion, IA 52302**  
**FAX: 319-377-9252**

Linn-Mar Community School District  
Notice of Eligibility and Rights and  
Responsibilities  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration 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: Linn-Mar Office of Human Resources  
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 Cathy Gauger, Benefits and Leave Specialist or view the FMLA poster located in the labor law poster in your building.

**[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):

If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Board provided insurance contribution per current contract:

Health and major medical insurance premium:	Up to \$ _____/month toward premium
Long-term disability insurance premium:	District paid
Basic life insurance premium:	District paid
Full single dental insurance premium:	If applicable

\_\_\_\_\_ Contact the \_\_\_\_\_ Linn-Mar Office of Human Resources \_\_\_\_\_ 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. We will not pay your share of health, dental or additional life insurance premiums while you are on leave.

\_\_\_\_\_ You will be required to use your available paid \_\_\_\_\_ sick leave, \_\_\_\_\_ personal leave, 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).

\_\_\_\_\_ You will be required to furnish recertification relating to a serious health condition. *Explain below, if necessary, including the interval between certifications as prescribed in § 825.308 of the FMLA regulations.*

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of 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 a "rolling" 12-month period measured forward from the date of any FMLA leave usage. This 12-month period commenced on \_\_\_\_\_.
- 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 leave, \_\_\_\_\_ personal leave, 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.

**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:**

\_\_\_\_\_ Cathy Gauger, Benefits and Leave Specialist \_\_\_\_\_ at \_\_\_\_\_ 319-447-3011 \_\_\_\_\_.

**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.**

Linn-Mar Community School District  
Designation Notice  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division

Code 403.7-E3



Form WH-382 *Revised 11/16; 3/17*

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. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

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  
(Provide at least seven calendar days)  
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.**

Form WH-382 January 2009

Linn-Mar Community School District  
Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration 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: Linn-Mar Community School District - Karla Christian, Chief Human Resources Officer

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: (\_\_\_\_\_) \_\_\_\_\_

**PLEASE PRINT**

Provider's name: \_\_\_\_\_

Provider's 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, 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 20 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 COMPLETED FORM TO THE DEPARTMENT OF LABOR.**

**RETURN TO THE PATIENT or the  
LINN-MAR COMMUNITY SCHOOL DISTRICT  
OFFICE OF HUMAN RESOURCES  
2999 NORTH 10<sup>TH</sup> STREET  
MARION, IA 52302  
FAX No. 319-377-9252**



**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. 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 patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. 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: \_\_\_\_\_

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: \_\_\_\_\_

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

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ 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. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: AMOUNT OF CARE NEEDED:** When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  No  Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care?  No  Yes.

Explain the care needed by the patient and why such care is medically necessary:

---

---

---

---

---

5. Will the patient require follow-up treatments, including any time for recovery?  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:

---

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

---

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  No  Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

---

---

---

---

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_ No \_\_\_ Yes.

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

Does the patient need care during these flare-ups? \_\_\_ No \_\_\_ Yes.

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, 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 20 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 COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**



**PART A: QUALIFYING REASON FOR LEAVE**

- 1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

---

---

---

---

- 2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes  No  None Available

**PART B: AMOUNT OF LEAVE NEEDED**

- 1. Approximate date exigency commenced: \_\_\_\_\_

Probable duration of exigency: \_\_\_\_\_

- 2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes  No

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

---

- 3. Will you need to be absent from work periodically to address this qualifying exigency? Yes  No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

---

---

---

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours \_\_\_ day(s) per event.

**PART C:**

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (*i.e.*, either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART D:**

I certify that the information I provided above is true and correct.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 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 20 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 AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

Linn-Mar Community School District  
 Certification for Serious Injury or Illness of  
 Covered Servicemember for Military  
 Family Leave  
 (Family and Medical Leave Act)

U.S. Department of Labor  
 Employment Standards Administration 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

**Notice to the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a current servicemember to submit a certification providing sufficient facts to support the request for leave. 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 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 CFR 1635.9, if the Genetic Information Nondiscrimination Act applies.

**SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave**

**INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

**SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the 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. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. 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 servicemember's condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

Linn-Mar Community School District  
Certification for Serious Injury or Illness of  
Covered Servicemember for Military  
Family Leave  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration Wage and  
Hour Division



**SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:**

(This section must be completed first before any of the below sections can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current servicemember):

Linn-Mar Community School District 2999 North 10th Street Marion, IA 52302

Name of Employee Requesting Leave to Care for the Current Servicemember:

\_\_\_\_\_  
First Middle Last

Name of the Current Servicemember (for whom employee is requesting leave to care):

\_\_\_\_\_  
First Middle Last

Relationship of Employee to the Current Servicemember:

Spouse  Parent  Son  Daughter  Next of Kin

**Part B: SERVICEMEMBER INFORMATION**

- (1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves?  
Yes  No

If yes, please provide the servicemember's military branch, rank and unit currently assigned to:

\_\_\_\_\_  
Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?

Yes  No

If yes, please provide the name of the medical treatment facility or unit:

- \_\_\_\_\_  
(2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?  
Yes  No

**Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER**

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

**SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).**

(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

**Part A: HEALTH CARE PROVIDER INFORMATION**

Health Care Provider’s Name and Business Address:

\_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PART B: MEDICAL STATUS**

(1) The current Servicemember’s medical condition is classified as (Check One of the Appropriate Boxes):

**(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

**(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

**OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank, or rating.

**NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition” under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes  No

(3) Approximate date condition commenced: \_\_\_\_\_

(4) Probable duration of condition and/or need for care: \_\_\_\_\_

(5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? Yes  No

If yes, please describe medical treatment, recuperation or therapy:

\_\_\_\_\_

**PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER**

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes  No

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

(2) Will the servicemember require periodic follow-up treatment appointments? Yes  No

If yes, estimate the treatment schedule: \_\_\_\_\_

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? Yes  No

(4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?  
Yes  No

If yes, please estimate the frequency and duration of the periodic care:

\_\_\_\_\_

\_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 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 20 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 AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

**Linn-Mar Community School District  
Medical Documentation of Absence**



It is the practice of the Linn-Mar Community School District to require a fitness-for-duty certificate from their physician if an employee has been absent for one calendar week or more due to the employee's personal injury or illness, prior to reporting back to work.

Please see the attached job description to determine return to full duties or restrictions as necessary.

\_\_\_\_\_ (Employee Name) **may return to full duties without restrictions** on \_\_\_\_\_ (Date).

**OR**

Due to illness/injury on \_\_\_\_\_ (Date) this employee is not capable of performing the essential functions of his/her job.

Please indicate any restrictions below and the duration of the restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Anticipated date employee can return to full unrestricted duty: \_\_\_\_\_

\_\_\_\_\_  
(Date)                      (Physician's Name printed)                      (Physician's signature)

Business address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business phone:  
\_\_\_\_\_

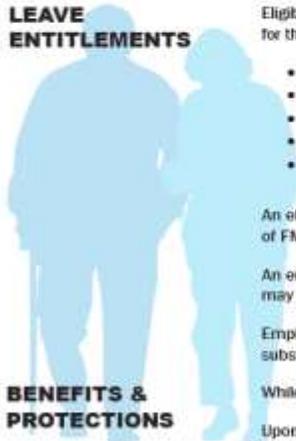
**Return to:**  
Office of Human Resources  
Linn-Mar Community School District  
2999 North 10<sup>th</sup> Street  
Marion, IA 52302

Phone: (319) 447-3004  
Fax: (319) 377-9252

# 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 1 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.

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.

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.

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.

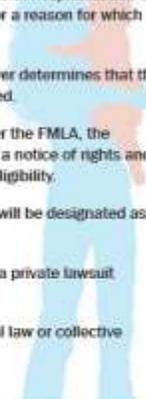
## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT



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





## STAFF PERSONNEL

**Policy Title: Professional Organizations**

**Code 403.8**

---

Individual members of the staff are encouraged to participate in organizations that promote specific disciplines in their related field.

Adopted: 6/15/70 Reviewed: 1/06; 2/09; 2/10; 12/11; 4/13; 9/14; 3/17 Revised: 5/97; 5/01  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): \_\_\_\_\_



## STAFF PERSONNEL

**Policy Title: Participation in Community Activities**

**Code 403.9**

---

The Board believes that participation by district personnel in community activities is worthwhile and desirable.

It shall be the policy of the Board to support voluntary participation of staff members who wish to affiliate with organizations or to participate in community activities deemed acceptable to the individual staff member. Freedom of choice shall be the prerogative of the staff member but it is assumed that participation in any activity will be in keeping with the overall goals and objectives of the district's educational program.

Adopted: 6/15/70 Reviewed: 2/09; 2/10; 1/11; 12/11; 4/13; 9/14; 3/17 Revised: 5/97; 1/06  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): \_\_\_\_\_



## STAFF PERSONNEL

**Policy Title: Religious Observance**

**Code 403.10**

---

Any personnel whose religious affiliation requires the observance of holidays other than those scheduled in the school calendar may be excused by the superintendent, or designee, without loss of salary.

Adopted: 6/15/70 Reviewed: 2/09; 2/10; 1/11; 12/11; 4/13; 9/14; 3/17 Revised: 5/97; 3/06; 2/10  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): \_\_\_\_\_



## STAFF PERSONNEL

**Policy Title: Hazardous Chemical Disclosure**

**Code 403.11**

---

The Board authorizes the development of a comprehensive Hazardous Chemical Communication Program for the school district to disseminate information about hazardous chemicals in the workplace. It shall be the responsibility of the superintendent, or designee, to develop administrative regulations regarding this program.

In order to maintain a safe and healthful work environment, the Linn-Mar Community School District maintains a Hazardous Chemical Communication Program that complies with all state and federal regulations. By making employee safety a high priority for every employee injuries and illness can be reduced, productivity can be increased, and a safer and healthier environment can be promoted for all individuals in the Linn-Mar Community School District.

All containers of hazardous materials used by employees and contractors must be labeled, tagged, or marked with appropriate hazard warnings and appropriate trainings must be provided to all employees and contractors working on the premises. All manufacturers, importers, suppliers, and/or distributors of hazardous materials shall supply the district with material safety data sheets (MSDS) as a part of the purchase process. District employees who purchase hazardous chemicals will ensure that copies of the MSDS for the chemicals are provided for their building and a copy will be sent to the Operations and Maintenance MSDS Coordinator who will maintain a central file. Each school building will have at least two MSDS binders, one to be maintained in a custodial area and another to be located in the building office. Other buildings where hazardous chemicals are in use will maintain a MSDS binder in a central office area.

Contractors working on-site are required to provide the MSDS for all hazardous materials brought on-site and must remove all unused materials and empty containers from the district's premises.

Any district employee ordering/purchasing a hazardous chemical should verify that all containers received for use identify:

- Types and identification of hazardous waste;
- Characteristics of hazardous waste;
- Determination of hazardous waste;
- Hazardous waste accumulation and disposal information; and
- Hazardous waste and emergency response information.

A review training session will be given annually. Additional training and instruction will be provided whenever chemicals change, processes change, or newly acquired information indicates the need for education or protective measures.

Supervisors shall ensure that employees under their supervision receive initial and annual training as required by this plan. Training may consist of online programs, classroom-style presentations, or a combination of both. Training records shall be maintained by the human resources department.

District personnel who will be instructing or otherwise working with students shall disseminate information about the hazardous chemicals they will be working with as part of the instructional program. District personnel are required to disseminate the information when the materials are used in the instructional program.

District personnel who will be instructing or otherwise working with students shall disseminate information about the hazardous chemicals they will be working with as part of the instructional program. School district personnel are required to disseminate the information when the materials are used in the instructional program.

Adopted: 8/14/89 Reviewed: 1/06; 12/11; 4/13; 3/17 Revised: 5/01; 2/09; 2/10; 3/11; 9/14  
Related Policy (Code#): \_\_\_\_\_  
Legal Reference (Code of Iowa): Chps 88, 89B; 29 CFR 1910; 1200 et seq; 547 IAC 110, 530 IAC 130, 37 IAC 120



## STAFF PERSONNEL

**Policy Title: Communicable Diseases which are Reportable**

**Code 403.12**

School district personnel with a communicable disease that is reportable will be allowed to perform their customary employment duties as long as they are able to perform the tasks assigned to them, and as long as their presence does not create a substantial risk of illness transmission to the students or other personnel. The term *reportable disease* shall mean an infectious or contagious disease spread from person-to-person or animal-to-person or as defined by the State Department of Health.

The health risk to immuno-depressed, district personnel shall be determined by their personal physician. The health risk to others in the school environment from the presence of employees with a reportable disease shall be determined on a case-by-case basis by public health officials.

Since there may be greater risk of transmission of a reportable disease for some people with certain conditions than for other people infected with the same disease the effect upon the educational program, the effect upon the person, and other factors deemed relevant by public health officials or the superintendent shall be considered in assessing a district employee's continued presence and performance of their customary employment duties. The superintendent, or designee, may require medical evidence that district personnel with reportable diseases are able to perform their assigned duties.

A school district employee shall notify the superintendent, designee, or the school nurse when they learn they have a reportable disease. It shall be the responsibility of the superintendent, or designee, when he/she has knowledge that a reportable disease is present to notify the State Department of Health. Rumor and hearsay shall be insufficient evidence for the superintendent to act.

Health data of an employee is confidential and it shall not be disseminated. Employee medical records are kept in a file separate from their personnel file.

It shall be the responsibility of the superintendent, or designee, in conjunction with the school nurse to develop administrative regulations stating the procedures for dealing with district personnel with reportable diseases.

Adopted: 6/12/89 Reviewed: 1/06; 2/09; 1/11; 12/11; 4/13; 3/17 Revised: 5/97; 5/01; 2/10; 9/14

Related Policy (Code#): 504.2-R

Legal Reference (Code of Iowa): School Board of Nassau Co vs Arlin; 480 US 273; 29 USC 794 (1910); §§ 79-910; 42 USC §§ 12101 et seq; 45 CFR Pt 84.3; Chps 139A; 141A; 641 IAC 1.2-7



## STAFF PERSONNEL

### **Policy Title: Harassment/Workplace Bullying**

**Code 403.13**

**A. Policy:** All members of the Linn-Mar Community School District including, but not limited to, the Board, administration, staff, and students are expected to conduct themselves at all times so as to provide an atmosphere free from acts of intolerance, bullying, or harassment toward employees or students because of age, race, creed, gender, marital status, national origin, religion, sexual orientation, disability, ethnicity, gender identity, genetic information, physical appearance, or any other basis protected by federal, state, or local laws. Such acts may be treated as just cause for purposes of discipline or discharge.

**B. Definitions:** Physical, verbal, non-verbal, and/or written or electronic acts of intolerance, bullying, or harassment are unwelcome actions or language that are of a prejudicial or discriminatory nature or with demeaning intent related to age, race, creed, gender, marital status, national origin, religion, sexual orientation, disability, ethnicity, gender identity, genetic information, or physical appearance that places an employee in reasonable fear of harm to themselves or their property, have a detrimental effect on the employee's physical or mental health, have the effect of substantially interfering with the employee's work performance, or creation of an intimidating, offensive, or hostile environment. The use of racial, ethnic, or sexual/sexist slurs or slurs related to a disability or any of the other areas protected by this policy are clearly demeaning.

**C. Examples of Harassment/Workplace Bullying** include, but are not limited to:

- Verbal:
  - Jokes that demean others
  - Name calling/inappropriate nicknames
  - Negative comments
  - Slander toward a person or their family
  - Shouting/raising voice at an individual with the exception of an emergency
  - Obscene verbal comments
  - Personal insults
- Non-Verbal:
  - Threatening gestures
  - Glances which convey threatening messages
  - Written material (including email) that is harmful, malicious, threatening, and/or slanderous
  - Refusal to communicate or speak to individuals
- Physical:
  - Pushing, shoving, kicking, poking, or tripping
  - Assault or threat of physical assault

- Exclusion:
  - Socially or physically excluding or disregarding a person in work-related activities
  - Persistent singling out of one person
- Other:
  - Sabotaging another's work (Examples: taking credit for another's work, blaming others for mistakes they did not make, etc.)
  - Not allowing a person to speak or express themselves (Examples: ignoring or excessively interrupting, etc.)
  - Public humiliation
  - Deliberately interfering with mail and other communications
  - Spreading rumors and gossip regarding individuals
  - Manipulating the ability of someone to do their work (withholding info, etc.)
  - Taking credit for another person's ideas
  - Publicly disclosing another's private information

**D. Notification:** Members of the school community will receive notice of this policy annually.

**E. Complaint Procedures:** Persons who feel they are victims of acts of intolerance, bullying, or harassment or persons who feel they are aware of acts of intolerance, bullying, or harassment should take action by reporting said acts to or filing a complaint with the chief officer of human resources or the equity coordinator who will determine if an investigation is warranted. The investigator may request they complete a written Harassment/Workplace Bullying Complaint Form and submit other evidence of the harassment/bullying including but not limited to letters, electronic documents, or pictures. If substantiated, the district will conduct a timely investigation in as confidential a manner as possible and allowed by law. Interviews, allegations, statements, and identifies will be kept confidential to the extent possible and allowed by law. However, the district will not allow the goal of confidentiality to be a deterrent to an effective investigation and all employees who are involved in an investigation are expected to provide honest and complete cooperation. Appropriate corrective action up to and including termination will be taken promptly against any employee engaging in acts of intolerance, bullying, or harassment and/or employees who are found to be dishonest or uncooperative during an investigation. The corrective action issued will be proportional to the severity of the conduct.

The district prohibits retaliation of any kind against employees who in good faith report bona fide acts of intolerance, bullying or harassment, assist with or conduct an investigation regarding such complaints, or appear as witnesses. If an employee feels they have been subjected to any form of retaliation the employee should report that conduct to their immediate supervisor, the chief officer of human resources, or the equity coordinator within three calendar days of the offense. Employees are not required to approach the person who is retaliating against them and they may bypass any offending member of management. Retaliation or attempted retaliation is a violation of this policy and anyone who does so will be subject to severe discipline up to and including termination.

Inquiries and grievances should be filed with the Linn-Mar equity coordinators (chief officer of human resources or the associate superintendent) who have been designated by the district to coordinate the district's efforts to comply with the regulations implementing Title VI, Title VII, Title IX, the ADA, §504, and §280.3 (2007). Inquiries and grievances should be sent to the Learning Resource Center located at 2999 N 10<sup>th</sup> Street, Marion, IA 52302.

Written inquiries may also be directed to:

- Iowa Civil Rights Commission: 400 E 14<sup>th</sup> Street, Des Moines, IA 50319
- Director of the Region VII Office of the United States Equal Employment Opportunity Commission: 601 E 12<sup>th</sup> Street, Room 353, Kansas City, MO 64106
- US Department of Education: Office of Civil Rights, Lyndon Baines Johnson Department of Education Building, 400 Maryland Avenue SW, Washington, DC 20202

See Complaint Form 104-E1 and Witness Disclosure Form 104-E2

Adopted: 8/14/89 Reviewed: 1/06; 12/11; 4/13; 2/14; 3/17 Revised: 5/01; 2/09; 2/10; 3/11; 9/14  
Related Policy (Code#): 103; 403.14; 502.14  
Legal Reference (Code of Iowa): 280.3; 20 USC 1221-1234i; 29 USC 794; 42 USC 2000d-2000d7; 42 USC 12101;  
216.9; 280.28; 280.3; 281 IAC 12.3(6); Morse vs Frederick; 217 S CT 2618



## STAFF PERSONNEL

### Policy Title: Sexual Harassment

Code 403.14

**A. Policy:** All members of the Linn-Mar Community School District including, but not limited to, the Board, administration, staff, and students are expected to conduct themselves at all times so as to provide an atmosphere free from sexual harassment. Any person who is proven to engage in sexual harassment while acting as a member of the school community will be in violation of this policy and will be subject to discipline or discharge.

**B. Definition of Sexual Harassment:** Unwelcome sexual advances; requests for sexual favors; or verbal, non-verbal, or physical conduct of a sexual nature may constitute sexual harassment where:

1. Submission to such conduct is made either explicitly or implicitly as a term or condition of a person's employment or education development; or
2. Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decision affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or education performance or creating an intimidating, hostile, or offensive working or educational environment.

**C. Notification:** Members of the school community will receive notice of this policy annually.

**D. Complaint Procedures:** Persons who feel they are victims of sexual harassment or persons who feel they are aware of acts of sexual harassment should take action by reporting said acts to or filing a complaint with the chief officer of human resources or the equity coordinator who will determine if an investigation is warranted. The investigator may request they complete a written Sexual Harassment Complaint Form and submit other evidence of the sexual harassment including but not limited to letters, electronic documents, or pictures. If substantiated, the district will conduct a timely investigation in as confidential a manner as possible and allowed by law. Interviews, allegations, statements, and identities will be kept confidential to the extent possible and allowable by law. However, the district will not allow the goal of confidentiality to be a deterrent to an effective investigation and all employees who are involved in an investigation are expected to provide honest and complete cooperation. Appropriate corrective action up to and including termination will be taken promptly against any employee engaging in acts of sexual harassment and/or employees who are found to be dishonest or uncooperative during an investigation. The corrective action issued will be proportional to the severity of the conduct.

The district prohibits retaliation of any kind against employees who in good faith report bona fide acts of sexual harassment, assist with or conduct an investigation regarding such complaints, or appear as witnesses. If an employee feels they have been subjected to any form of retaliation they should report the conduct to their immediate supervisor, the chief officer of

human resources, or the equity coordinator within three calendar days of the offense. Employees are not required to approach the person who is retaliating against them and they may bypass any offending member of management. Retaliation or attempted retaliation is a violation of this policy and anyone who does so will be subject to severe discipline up to and including termination.

Inquiries and grievances should be filed with the Linn-Mar equity coordinators (chief officer of human resources and associate superintendent) who have been designated by the district to coordinate the district's efforts to comply with the regulations implementing Title VI, Title VII, Title IX, the ADA, §504, §280.03 (2007). Inquiries and grievances should be sent to the Learning Resource Center located at 2999 N 10<sup>th</sup> Street, Marion, IA 52302.

Written inquiries may also be directed to:

- Iowa Civil Rights Commission: 400 E 14<sup>th</sup> Street, Des Moines, IA 50319
- Director of the Region VII Office of the United States Equal Employment Opportunity Commission: 601 E 12<sup>th</sup> Street, Room 353, Kansas City, MO 64106
- US Department of Education: Office of Civil Rights, Lyndon Baines Johnson Department of Education Building, 400 Maryland Avenue SW, Washington, DC 20202

See Complaint Form 104-E1 and Witness Disclosure Form 104-E2

Adopted: 6/13/85 Reviewed: 1/11; 12/11; 4/13; 2/14; 9/14; 3/17 Revised: 3/06; 8/07; 2/09; 2/10  
Related Policy (Code#): 103, 403.13, 502.14  
Legal Reference (Code of Iowa): Section 703 of the Title VII of the Civil Rights Acts of 1964 as amended; 280.3  
(2007)



## STAFF PERSONNEL

### Policy Title: Procedures for Charging and Investigating Allegations of Abuse of Students by School Employees

Code 403.15

---

Linn-Mar school employees will not commit acts of physical or sexual abuse including inappropriate and intentional sexual behavior toward students. **The definition of school employees for the purpose of this policy includes not only those who work for pay, but also those who are volunteers under the direction and control of the school district.** Disciplinary actions up to and including discharge will be taken against any school employee who commits such acts.

Prompt investigative action will be taken in response to allegations of abuse of students by school employees. Any complaint or allegation will be handled with as much confidentiality as possible. When requested, all employees will assist in the investigation, provide information, and keep confidentiality of the report and investigation.

The Linn-Mar Community School District shall appoint a Level I Investigator and alternate; and shall arrange for or contract with a trained, experienced professional to serve as the Level II Investigator. The Level I Investigator and alternate shall be provided training in conducting an investigation at the expense of the Linn-Mar Community School District.

This policy shall be carried out in accordance with state law.

#### Linn-Mar Community School District Level I Investigators:

~~Deputy Dirk Halupnik~~ **Associate Superintendent Shannon Bisgard**: 319-447-3028

~~Executive Director of~~ **Chief Officer of Human Resources Karla Christian**: 319-447-3036

~~Executive Director of Student Services Julie Jensen~~ **Leisa Breitfelder**: 319-447-3003

Linn-Mar Community School District  
2999 North Tenth Street  
Marion IA 52302

Adopted: 5/7/90 Reviewed: 2/09; 3/11; 12/11; 4/13 Revised: 5/97; 3/06; 2/10; 9/14; 3/17

Related Policy (Code Number): \_\_\_\_\_

Legal Reference (Code of Iowa): §§ 232.67, .70, .73, .75; 235A; 280.17; 709; 728.12(1); 281 IAC; 12.3(6); 102; 103; 441 IAC; 155; 175; 1980 Op Atty Gen 275; 272A



**LINN-MAR COMMUNITY SCHOOL DISTRICT**  
**Abuse of Student by School District Employee Report Form**  
*Complaint of Injury to or Abuse of a Student by a School District Employee*

**Code 403.15-E**

Please complete the following as fully as possible. If you need assistance, contact the Level I investigator in your school. ***Please Print***

Student's Name and Address: \_\_\_\_\_

Student's Telephone Number: \_\_\_\_\_

Student's School: \_\_\_\_\_

Name and Place of Employment of Employee Accused of Abusing Student: \_\_\_\_\_

Allegation is of:      \_\_\_\_\_ physical      \_\_\_\_\_ sexual abuse\*\*

Please describe what happened: *Include the date, time, and where the incident took place if known. If physical abuse is alleged, also state the nature of the student's injury.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses to the incident or are there students or persons who may have information about this incident?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list by name (if known) or classification:

*Example: third grade class, fourth period geometry class.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Parents of children who are in pre-kindergarten through sixth grade and whose children are the alleged victims of or witnesses to sexual abuse have the right to see and hear any interviews of their children in the investigation. Please indicate "yes" if the parent/guardian wishes to exercise this right:

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Telephone Number: \_\_\_\_\_



## STAFF PERSONNEL

**Policy Title: Employee Records**

**Code 403.16**

---

The school district shall maintain personnel records on employees. The records are important for the daily administration of the educational program, for implementing board policy, for budget and financial planning, and for meeting state and federal requirements.

The employee personnel records shall include but not be limited to records necessary for the daily administration of the district, salary records, evaluations, applications for employment, references, and other items needed to carry out board policy. Employee personnel files are school district records and are considered confidential and, therefore, are not generally open to public inspection or accessibility. Only in certain limited instances when the employee has given a signed consent will employee personnel records be accessible to individuals other than the employee or authorized school officials. Board members will only have access to an employee's personnel file when it is necessary because of an employee-related matter before the board. Personnel files are to be reviewed in the human resources office and may not be taken outside of the human resources office.

Employees may have access to their personnel file and copy items from their personnel file. All requests for access to personnel files must be provided in writing to the human resources office. Upon receipt of a written request human resources will schedule an appointment during normal office hours at a time mutually agreed upon between the human resources office and the employee. The district may charge a reasonable fee for each copy made, except the total amount charged for all copies cannot exceed \$5.00. Personnel files will not include any reference checks, medical records, or investigation files. Employees are unable to remove any documents from the personnel file, but may provide a written response to any document in the personnel file. Written responses will be attached to the original document in the personnel file.

It shall be the responsibility of the superintendent, or designee, to keep employee personnel records current. The human resources office shall be the custodian of employee personnel records.

It shall be the responsibility of the superintendent to develop administrative regulations for implementation of this policy.

Adopted: 5/5/97 Reviewed: 2/09; 1/11; 12/11; 4/13; 9/14; 3/17 Revised: 3/06; 2/10

Related Policy (Code #): 805.6

Legal Reference (Code of Iowa): Chapters §§ 20-22; 91B

---



## ADMINISTRATIVE REGULATIONS REGARDING EMPLOYEE RECORDS

Code 403.16-R

### Employee Personnel Records Content:

1. Employee personnel records may contain the following information:
  - Personal information including but not limited to name, address, telephone number, emergency numbers, birth date, and spouse
  - Individual employment contract
  - Evaluations
  - Application, resume, and references
  - Salary information
  - Copy of the employee's license or certificate if needed for the position
  - Educational transcripts
  - Assignment
  - Records of disciplinary matters
2. Employee health and medical records shall be kept in a file separate from the employee's personnel records. Health and medical records may contain but are not limited to:
  - Medical professional, signed physical form
  - Sick or long-term disability leave days
  - Worker's compensation claims
  - Reasonable accommodations made by district to accommodate employee's disability
  - Employee's medical history
  - Employee's emergency contact names and numbers
  - Family and medical leave request forms

**Applicant File Records Content:** Records on applicants for positions with the district shall be maintained in the central administration office. The records shall include, but not be limited to:

- Application for employment
- Resume
- References
- Evidence of appropriate license or certificate if needed for the position
- Affirmative action form if submitted

**Record Access:** Only authorized school officials shall have access to an employee's records without the written consent of the employee. Authorized school officials may include but not be limited to the superintendent, building principal, or board secretary. In the case of a medical emergency the school nurse or other first aid or safety personnel may have access to the employee's health or medical file without the consent of the employee. Board members will generally only have access to an employee's personnel file without the consent of the employee when necessary for the conducting of board business.

**Employee Record Retention:** All employee records, except payroll and salary records, shall be maintained for a minimum of seven years after termination of employment with the district. Applicant records shall be maintained for a minimum of seven years after the position was filled. Payroll and salary records shall be maintained for a minimum of three years after payment.

Adopted: 5/21/01 Reviewed: 3/06; 2/10; 1/11; 12/11; 4/13; 9/14; 3/17 Revised: \_\_\_\_\_  
Related Policy (Code#): 805.6  
Legal Reference (Code of Iowa): \_\_\_\_\_