

**LICENSED EMPLOYEE SUSPENSION**

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

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

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765, 769 (Iowa 1987).  
McFarland v. Board of Education of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).; 402.N.W 2d 765, 769 (Iowa 1987)  
Iowa Code §§ 20.7, .24; 279.13, .15-.19, .27 (2013).

Cross Reference: 404 Employee Conduct and Appearance  
407 Licensed Employee Termination of Employment

Approved 7-15-19 Revised 6-17-19

**LICENSED EMPLOYEE REDUCTION IN FORCE**

The board has the exclusive authority to determine the appropriate number of licensed employees. A reduction of licensed employees may occur as a result of, but not be limited to, changes in the education program, staff realignment, changes in the size or nature of the student population, financial situation considerations, and other reasons deemed relevant by the board.

The reduction in licensed employees, other than administrators, will be done through normal attrition if possible. If normal attrition does not meet the necessary reduction in force required, the board may terminate licensed employees.

It is the responsibility of the superintendent to make a recommendation for termination to the board. The superintendent shall consider the following criteria in making the recommendations:

- Endorsements and educational preparation within the grade level and subject areas in which the employee is now performing;
- Relative skills, ability and demonstrated performance;
- Qualifications for co-curricular programs; and
- Number of continuous years of service to the school district. This will be considered only when the foregoing factors are relatively equal between licensed employees.

Due process for terminations due to a reduction in force shall be followed.

Guidelines for staff will be in District Handbook.

Legal Reference: Iowa Code §§ 20; 279

Cross Reference: 407.4 Licensed Employee Suspension  
413.5 Classified Employee Reduction in Force  
703 Budget

Approved 7-15-19 Revised 6-17-19

**LICENSED EMPLOYEE PROFESSIONAL DEVELOPMENT**

The board encourages licensed employees to attend and participate in professional development activities to maintain, develop and extend their skills. The board will maintain and support an in-service program for licensed employees.

Requests for attendance or participation in a development program, other than those development programs sponsored by the school district, is made to the superintendent. Approval of the superintendent must be obtained prior to attendance by a licensed employee in a professional development program when the attendance would result in the licensed employee being excused from their duties or when the school district pays the expenses for the program.

The superintendent will have sole discretion to allow or disallow licensed employees to attend or participate in the requested event. When making this determination, the superintendent will consider the value of the program for the licensed employee and the school district, the effect of the licensed employee's absence on the educational program and school district operations and the school district's financial situation as well as other factors deemed relevant in the judgment of the superintendent. Requests that involve unusual expenses or overnight travel must also be approved by the board.

Guidelines for staff will be in District Handbook.

Legal Reference: Iowa Code § 279.8  
281 I.A.C. 12.7; 83.6

Cross Reference: 414.9 Classified Employee Professional Purposes Leave

Approved 7-15-19 Revised 6-17-19

## LICENSED EMPLOYEE PUBLICATION OR CREATION OF MATERIALS

Materials created by licensed employees and the financial gain there from shall be the property of the school district if school materials and time were used in their creation and/or such materials were created in the scope of the licensed employees' employment. The licensed employee must seek prior written approval of the superintendent concerning such activities.

Legal Reference: 17 U.S.C. § 101 et al.  
Iowa Code § 279.8 (2013).

Cross Reference: 401.2 Employee Conflict of Interest  
606.4 Student Production of Materials and Services

Approved 7-15-19 Revised 6-17-19

### **LICENSED EMPLOYEE TUTORING**

Every effort will be made by the licensed employees to help students with learning problems before recommending that the parents engage a tutor. Since there are exceptional cases when tutoring will help students overcome learning deficiencies, tutoring by licensed employees may be approved by the superintendent.

Licensed employees may only tutor students other than those for whom the teacher is currently exercising teaching, administrative or supervisory responsibility unless approved by the superintendent.

Tutoring for a fee may not take place within school facilities or during regular school hours unless approved by the superintendent.

Legal Reference: Iowa Code §§ 20.7; 279.8 (2013).

Cross Reference: 401.2 Employee Conflict of Interest  
402.6 Employee Outside Employment

Approved 7-15-19 Revised 6-17-19

## **EMPLOYEE VACATION - HOLIDAYS**

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

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

Guidelines for staff will be in District Handbook.

Legal Reference: Iowa Code §§ 1C; 4.1(34); 20.9

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

Approved 10-26-20 Revised 9-21-20

**EMPLOYEE LEAVES OF ABSENCE**

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

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- *[Family Sick Leave – Leave to care for a sick member of the employee’s immediate family]*
- *[Bereavement Leave – Leave to mourn the loss of a family member or close friend]*
- *[Adoption Leave – Leave for an employee who legally adopts a child]*
- *[Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day]*
- Jury Duty Leave – Leave to be excused for jury duty
- *Unpaid Leave - To excuse an involuntary absence not provided for in other leave policies of the board.*

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

- Personal Illness (Sick) Leave – Leave for medically-related disability or illness
- *[Family Sick Leave – Leave to care for a sick member of the employee’s immediate family]*
- *[Bereavement Leave – Leave to mourn the loss of a family member or close friend]*
- *[Adoption Leave – Leave for an employee who legally adopts a child]*
- *[Personal Leave – Leave to accomplish personal business that cannot be conducted outside the work day]*
- Jury Duty Leave – Leave to be excused for jury duty
- *Unpaid Leave - To excuse an involuntary absence not provided for in other leave policies of the board.*

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

Guidelines for staff will be in the District Handbook.

- Legal Reference:       29 U.S.C. §§ 2601 et seq.  
                              Pub.L. 116–127  
                              29 C.F.R. §§ 825; 826.  
                              Iowa Code §§ 20; 29A; 55; 85; 216; 279.40; 607A.  
                              Whitney v. Rural Ind. School District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
                              Bewley v. Villisca Community School District, 299 N.W. 2d 904 (Iowa 1980).
- Cross Reference:      403.2 Employee Injury on the Job  
                              409.3 Licensed Employee Family and Medical Leave  
                              409.8 Licensed Employee Unpaid Leave

Approved 6-10-21 Revised 5-17-21

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**EMPLOYEE FAMILY AND MEDICAL LEAVE**

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as July 1st to June 30th. Requests for family and medical leave will be made to the superintendent.

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

Guidelines for staff will be in District Handbook.

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

Legal Reference: Whitney v. Rural Ind. School. District, 232 Iowa 61, 4 N.W.2d 394 (1942).  
29 U.S.C. §§ 2601 et seq.  
29 C.F.R. §§825  
Iowa Code §§ 20; 85; 216; 279.40

Cross Reference: 409.2 Licensed Employee Personal Illness Leave  
414.3 Classified Employee Family and Medical Leave  
409.8 Licensed Employee Unpaid Leave

Approved 10-26-20 Revised 9-21-20



# **EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT**

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## **LEAVE ENTITLEMENTS**

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

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

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

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

## **BENEFITS AND PROTECTIONS**

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.

## **ELIGIBILITY REQUIREMENTS**

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.

## **REQUESTING LEAVE**

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

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

### **EMPLOYER RESPONSIBILITIES**

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

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

### **ENFORCEMENT**

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

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



For additional information or to file a complaint:

1-866-4-USWAGE

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

[www.dol.gov/whd](http://www.dol.gov/whd)

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

Approved 10-26-20 Revised 9-21-20

**Code No. 409.3E2**

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

U.S. Department of Labor  
Wage and Hour Division



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

**[Part A – NOTICE OF ELIGIBILITY]**

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

On \_\_\_\_\_ you informed us that you needed leave beginning on \_\_\_\_\_ for:

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

This Notice is to inform you that you:

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

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

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

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_.** (If a certification is requested, employers must allow at least 15calendar 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. Page 1 of 3 Form WH-381 Revised 2013 February

**Code No. 409.3E2**

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

\_\_\_\_ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_\_ **is**/ \_\_\_\_ **is not** enclosed.

\_\_\_\_ Sufficient documentation to establish the required relationship between you and your family member.

\_\_\_\_ Other information needed (such as documentation for military family leave):

\_\_\_\_ No additional information requested

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

\_\_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

\_\_\_\_ You will be required to use your available paid \_\_\_\_\_ **sick**, \_\_\_\_\_ **vacation**, and/or \_\_\_\_\_ **other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

\_\_\_\_ Due to your status within the company, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We \_\_\_\_ **have**/ \_\_\_\_ **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

\_\_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

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

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

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:

\_\_\_\_ the calendar year (January – December).

\_\_\_\_ a fixed leave year based on \_\_\_\_\_.

\_\_\_\_ the 12-month period measured forward from the date of your first FMLA leave usage.

\_\_\_\_ a “rolling” 12-month period measured backward from the date of any FMLA leave usage.

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

You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have \_\_\_\_\_ **sick**, \_\_\_\_\_ **vacation**, and/or \_\_\_\_\_ **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

\_\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_\_ available at: \_\_\_\_\_.

\_\_\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_\_

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

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

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

Form WH-381 Revised February 2013



**Certification of Health Care Provider for U.S. Department of Labor Employee's  
Serious Health Condition Wage and Hour Division  
(Family and Medical Leave Act)**

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT OMB Control Number: 1235-0003  
Expires: 8/31/2021

**SECTION I: For Completion by the EMPLOYER**

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

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

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

Your name: \_\_\_\_\_  
First Middle Last

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

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

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

Provider's name and business address: \_\_\_\_\_  
Type of practice / Medical specialty: \_\_\_\_\_ Telephone:  
(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_No\_\_\_ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition?  
\_\_\_No\_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_No\_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_No\_\_\_ Yes.. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? \_\_\_No\_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based up on 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):

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

**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.

Form WH-380-E Revised May 2015

Page 3 of 4

**Code No. 409.3E3**



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

\_\_\_\_\_  
**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.**

Page 4 of 4

**Code No. 409.3E4**

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

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

**HUMBOLDT COMMUNITY SCHOOL  
DISTRICT BOARD POLICY MANUAL**



**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 to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. 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' family members, 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: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your family member or his/her 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 to care for a covered family member with a 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 to your employer. 29 C.F.R. § 825.305.

Your name: \_\_\_\_\_  
First Middle Last

Name of family member for whom you will provide care: \_\_\_\_\_

First Middle Last

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimate leave needed to provide care: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Page 1 of 4

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

**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 medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

**Certification of Health Care Provider for  
Family Member’s Serious Health Condition  
(Family and Medical Leave Act)**

**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:

**Code No. 409.3E4**

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

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.**

Page 4 of 4  
Form WH-380-F Revised May 2015

**Designation Notice  
(Family and Medical Leave Act)**

OMB Control Number: 1235-0003  
Expires: 8/31/2021

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



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 practicable under the particular circumstances despite your \_\_\_\_\_ (Provide at least seven calendar days) 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.** Approved 10-21-19 Revised 9-16-19 Page 4 of 4

**Code No. 409.3R1**

**EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

A. School district notice.

1. The school district will post the notice in Exhibit 409.3E1 regarding family and medical leave.
2. Information on the Family and Medical Leave Act and the board policy on family and medical leave, including leave provisions and employee obligations will be provided annually. The information will be in the employee handbook.
3. When an employee requests family and medical leave, the school district will provide the employee with information listing the employee's obligations and requirements. Such information will include:
  - a. a statement clarifying whether the leave qualifies as family and medical leave and will, therefore, be credited to the employee's annual 12-week entitlement or 26 week entitlement depending on the purpose of the leave;

- b. a reminder that employees requesting family and medical leave for their serious health condition or for that of an immediate family member must furnish medical certification of the serious health condition and the consequences for failing to do so or proof of call to active duty in the case of military family and medical leave;
- c. an explanation of the employee's right to substitute paid leave for family and medical leave including a description of when the school district requires substitution of paid leave and the conditions related to the substitution; and
- d. a statement notifying employees that they must pay and must make arrangements for paying any premium or other payments to maintain health or other benefits.

B. Eligible employees.

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

1. The school district has more than 50 employees on the payroll at the time leave is requested;
2. The employee has worked for the school district for at least twelve months or 52 weeks (the months and weeks need not be consecutive); and
3. The employee has worked at least 1,250 hours within the previous year. Full time professional employees who are exempt from the wage and hour law may be presumed to have worked the minimum hour requirement.

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

C. Employee requesting leave -- two types of leave.

1. Foreseeable family and medical leave.
  - a. Definition - leave is foreseeable for the birth or placement of an adopted or foster child with the employee or for planned medical treatment.

Approved 10-26-20 Revised 9-21-20

Page 1 of 6

**EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

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



**EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

- (3) Employees [may/shall] be required to present certification of the call to active duty when taking Military family and medical leave.
- b. Employee's medical certification responsibilities:
  - (1) The employee must obtain the certification from the health care provider who is treating the individual with the serious health condition.
  - (2) The school district may require the employee to obtain a second certification by a health care provider chosen by and paid for by the school district if the school district has reason to doubt the validity of the certification an employee submits. The second health care provider cannot, however, be employed by the school district on a regular basis.
  - (3) If the second health care provider disagrees with the first health care provider, then the school district may require a third health care provider to certify the serious health condition. This health care provider must be mutually agreed upon by the employee and the school district and paid for by the school district. This certification or lack of certification is binding upon both the employee and the school district.
- c. Medical certification will be required fifteen days after family and medical leave begins unless it is impracticable to do so. The school district may request recertification every thirty days. Recertification must be submitted within fifteen days of the school district's request.
- d. Employees taking military caregiver family and medical leave to care for a family service member Cannot be required to obtain a second opinion or to provide recertification.

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

**E. Entitlement.**

- 1. Employees are entitled to twelve weeks unpaid family and medical leave per year. Employees taking military caregiver family and medical leave to care for a family service member are entitled to 26 weeks of unpaid family and medical leave but only in a single 12 month period.
- 2. Year is defined as:
  - Option I - Rolling: measured forward from the first day leave is used, or measured Backward from the date leave is used.
- 3. If insufficient leave is available, the school district may:
  - a. Deny the leave if entitlement is exhausted
  - b. Award leave available
  - c. [Award leave in accordance with other provisions of board policy or the collective bargaining agreement.]

**EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

F. Type of Leave Requested.

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

G. Special Rules for Instructional Employees.

1. Definition - an instructional employee is one whose principal function is to teach and instruct students in a class, a small group or an individual setting.

**EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

This includes, but is not limited to, teachers, coaches, driver's education instructors and special education assistants.

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

## **EMPLOYEE FAMILY AND MEDICAL LEAVE REGULATION**

5. The employee must notify the school district of the employee's intent to return to work at least once each month during their leave and at least two weeks prior to the conclusion of the family and medical leave.
6. If an employee intends not to return to work, the employee must immediately notify the school district, in writing, of the employee's intent not to return. The school district will cease benefits upon receipt of this notification.

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

#### **I.**

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

## EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

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

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

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

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

- A period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from) of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under order of, or in referral by, a health care provider; or
  - Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
  - Requires periodic visits for treatment by a health care provider or by a nurse or physician's assistant under the direct supervision of a health care provider.
  - Continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- Any period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke or the terminal stages of a disease.
- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

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

Eligible Employee-the district has more than 50 employees on the payroll at the time leave is requested. The employee has worked for the district for at least twelve months and has worked at least 1250 hours within the previous year.

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.

Approved 10-26-20 Revised 9-21-20

Page 1 of 4

**Code No. 409.3R2**

## EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

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

Health Care Provider-

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

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

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

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

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

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

## EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

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

Next of Kin – an individual’s nearest blood relative

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

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

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

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

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

### Serious Health Condition

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

## EMPLOYEE FAMILY AND MEDICAL LEAVE DEFINITIONS

- Any period of absence to receive multiple treatments (including any period of recovery from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease dialysis).
- Treatment for purposes of this definition includes, but is not limited to, examinations to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations or dental examinations. Under this definition, a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition (e.g., oxygen). A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.

Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications develop. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do not meet the definition of a serious health condition and do not qualify for FMLA leave. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all the other conditions of this regulation are met. Mental illness resulting from stress or allergies may be serious health conditions, but only if all the conditions of this section are met.

Substance abuse may be a serious health condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a health care provider or by a provider of health care on referral by a health care provider. On the other hand, absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.

Absence attributable to incapacity under this definition qualify for FMLA leave even though the employee or the immediate family member does not receive treatment from a health care provider during the absence, and even if the absence does not last more than three days. For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. An employee who is pregnant may be unable to report to work because of severe morning sickness.

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

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

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



## **SUBSTITUTE TEACHERS**

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

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

Substitute teachers will be paid a per diem rate annually established by the Superintendent. Substitutes employed for ten (10) or more consecutive days in the same position shall be paid at the BA-1 salary schedule divided by 189 days to get the per diem rate, and will be retroactive to the first day of the substitute period. Substitute licensed employees are expected to perform the same duties as the licensed employees.

Legal Reference: Iowa Association of School Boards v. PERB, 400 N.W.2d 571 (Iowa 1987).  
Iowa Code §§ 20.1, .4(5), .9; Ch272.  
281 I.A.C. 12.4.

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

Approved 12-16-19 Revised 11-18-19

**SUMMER SCHOOL LICENSED EMPLOYEES**

The *Humboldt Community School District* shall offer summer school options in accordance with law and may, in its discretion offer additional programming during the summer recess. Licensed employees who volunteer or who are appointed to deliver the summer education program are compensated in addition to their regular duties during the school academic year, unless such arrangements are made prior to determining the employee's compensation for the year.

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

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

Legal Reference: Iowa Code §§ 279.8; 280.14

Cross Reference: 505.2 Student Promotion – Retention - Acceleration  
603.2

Summer School Instruction

Approved 12-16-19 Revised 11-18-19

**EDUCATION ASSOCIATE**

The board may employ education associates or other instructional support personnel to assist licensed personnel in non-teaching duties, including, but not limited to:

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

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

Legal Reference: Iowa Code §§ 279.8; 280.3, .14 (2013).  
281 I.A.C. 12.4(9); .5(9).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment,  
Selection

Approved 12-16-19 Revised 11-18-19

### **CLASSIFIED EMPLOYEE DEFINED**

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

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

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

Legal Reference: Iowa Code §§ 20; 279.8

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

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE - QUALIFICATIONS, RECRUITMENT, SELECTION**

Persons interested in a classified employee position will have an opportunity to apply and qualify for classified employee positions in the school district in accordance with applicable laws and school district policies regarding equal employment. Job applicants for classified employee positions will be considered on the basis of the following:

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

All job openings shall be submitted to the Iowa Department of Education for posting on TeachIowa, the online state job posting system. Additional announcements of the position may occur through means the superintendent believes will inform potential applicants about the position. Whenever possible, the preliminary screening of applicants will be conducted by the administrator who directly supervises and oversees the position.

The superintendent has the authority to hire and sign support personnel employment contracts, without board approval for bus drivers, custodians, education associates, maintenance staff, clerical personnel, and food service workers. (These positions are the ones listed in the statute. Boards can add or delete from this list and should develop the list as it best reflects their district.)

Legal Reference: 29 U.S.C. §§ 621-634  
42 U.S.C. §§ 2000e; 12101 *et seq.*  
Iowa Code §§ 20; 35C; 216; 279.8; 279.20  
281 I.A.C. 12

Cross Reference: 401.1 Equal Employment Opportunity  
411 Classified Employees - General

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE CONTRACTS**

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

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

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

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

Legal Reference: Iowa Code §§ 20; 279.7A; 285.5(9) (2013).

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

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE LICENSING/CERTIFICATION**

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

Legal Reference: Iowa Code §§ 285.5(9); 272; 279.8  
281 I.A.C. 12.4(10); 36; 43

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment, Selection

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE ASSIGNMENT**

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

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

Legal Reference: Iowa Code §§ 20; 279.8 (2013).

Cross Reference: 200.2 Powers of the Board of Directors  
411.6 Classified Employee Transfers

Approved 12-16-19 Revised 11-18-19



**CLASSIFIED EMPLOYEE TRANSFERS**

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

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

It is the responsibility of the superintendent to transfer classified employees and report such transfers to the board.

Legal Reference: 29 U.S.C. §§ 621-634 (2012).  
42 U.S.C. §§ 2000e et seq. (2012)  
42 U.S.C. §§ 12101 et seq. (2012).  
Iowa Code §§ 20.9; 35C; 216; 279.8; 294.1 (2013).

Cross Reference: 411.2 Classified Employee Qualifications, Recruitment,  
Selection  
411.5 Classified Employee Assignment

Approved 12-16-19 Revised 11-18-19

## **CLASSIFIED EMPLOYEE EVALUATION**

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

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

Legal Reference: Aplington Community School District v. PERB, 392 N.W.2d 495 (Iowa 1986).  
Saydel Education Association v. PERB, 333 N.W.2d 486 (Iowa 1983).  
Iowa Code §§ 20.9; 279.14 (2013).  
281 I.A.C. 12.3(3)

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

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE PROBATIONARY STATUS**

The first 60 of a newly employed classified employee's contract is a probationary period. "Day" is defined as one work day regardless of full-time or part-time status of the employee. New employees, regardless of experience, are subject to this probationary period.

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

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

Legal Reference:

[Iowa Code §§ 20; 279.8](#) (2013).

Cross Reference:

[411.3](#) Classified Employee Contracts

[411.7](#) Classified Employee Evaluation

Approved [12-16-19](#) Revised [11-18-19](#)

**CLASSIFIED EMPLOYEE COMPENSATION**

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

It is the responsibility of the superintendent to make a recommendation to the board annually regarding the compensation of classified employees.

Legal Reference: Iowa Code §§ 20.1, .4, .7, .9; 279.8 (2013).

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

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE WAGE AND OVERTIME COMPENSATION**

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

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

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

Legal Reference: Garcia v. San Antonio Metropolitan Transit Authority, 469 U.S. 528 (1985).  
29 U.S.C. §§ 206 et seq. (2012).

Cross Reference: 411.3 Classified Employee Contracts  
412.1 Classified Employee Compensation

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE GROUP INSURANCE BENEFITS**

Classified employees may be eligible for group benefits as determined by the board and required by law. The board will select the group program(s) and the insurance company or third party administrator which will provide or administer the program.

In accordance with the Patient Protection and Affordable Care Act (ACA), the board will offer licensed employees who work an average of at least 30 hours per week or one hundred thirty hours per month, based on the measurement method adopted by the board, with minimum essential coverage that is both affordable and provides minimum value. The board will have the authority and right to change or eliminate group benefit programs, other than the group health plan, for its licensed employees.

Classified employees who work an average of at least 30 hours per week or one hundred thirty hours per month, based on the measurement method adopted by the board, are eligible to participate in the group health plan. Classified employees who work 20 hours per week are eligible to participate in life group insurance plans. Employers should maintain documents regarding eligible employees acceptance and rejection of coverage.

Regular part-time classified employees (i.e., employees who work less than 30 hours per week or one hundred thirty hours per month for health benefit purposes or employees who work less than 20 hours per week for benefits other than health) who wish to purchase coverage may participate in group benefit programs by meeting the requirements of the applicable plan. Full-time and regular part-time classified employees who wish to purchase coverage for their spouse or dependents may do so by meeting the requirements of the applicable plan.

Classified employees and their spouse and dependents may be allowed to continue coverage of the school district's group health insurance program if they cease employment with the school district by meeting the requirements of the insurer.

Legal Reference: Iowa Code §§ 20.9; 85; 85B; 279.12; 509; 509A; 509B  
Internal Revenue Code § 4980H(c) (4); Treas. Reg. § 54.4980H-1(a) (21)(ii).  
Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54, and 301, 78 Fed. Reg. 217, (Jan 2, 2013).  
Shared Responsibility for Employers Regarding Health Coverage, 26 CFR Parts 1, 54, and 301, 79 Fed. Reg. 8543 (Feb 12, 2014).

Cross Reference: 411.1 Classified Employee Defined

Approved 9-20-21 Revised 8-16-21

**CLASSIFIED EMPLOYEE TAX SHELTER PROGRAMS**

Employees may elect to have amounts withheld from their pay for items authorized by law, subject to agreement of the district. The board may authorize the administration to make a payroll deduction for classified employees' tax-sheltered annuity premiums purchased from a company or program if chosen by the board.

Classified employees wishing to have payroll deductions for tax sheltered annuities will make a written request to the superintendent.

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

Cross Reference:        706 Payroll Procedures

Approved 12-16-19 Revised 11-18-19

**CLASSIFIED EMPLOYEE RESIGNATION**

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

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

Legal Reference: Iowa Code §§ 91A.2, .3, .5; 279.19A; 285.5(9) (2013).

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

Approved 4-6-20 Revise 3-16-20



## CLASSIFIED EMPLOYEE RETIREMENT

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

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

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

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

Legal Reference: 29 U.S.C. §§ 621 et seq. (2012).  
Iowa Code §§ 91A.2, .3, .5; 97B; 216; 279.19A, .46 (2013).  
1978 Op. Att'y Gen. 247.  
1974 Op. Att'y Gen. 11, 322.

Cross Reference: 412 Classified Employee Compensation and Benefits  
413 Classified Employee Termination of Employment

Approved 4-6-20 Revised 3-16-20

**CLASSIFIED EMPLOYEE VOLUNTARY EARLY RETIREMENT BENEFIT**

The Board of Education will offer of an early retirement benefit to classified staff who will be 55 years of age or older prior to the first day of workshop for the next school year.

The classified employee who accepts early retirement under this offer will be a retired classified employee of the Humboldt Community School District and entitled to all rights and privileges of such a retiree under the applicable laws and policies of the District.

The full-time classified employee who accepts this early retirement offer will receive benefits distributed after July 1 in the year of retirement. Part-time employees will be eligible on a pro-rata basis, based upon their full-time equivalency in their last year of retirement. The effective date for this early retirement will be at the conclusion of their contract or, if the employee's 55th birth date is after the end of the contract year and prior to the start of the school year, the date the employee turns 55. If the employee's 55th birth date is after June early retirement benefits will be distributed the month following his/her birth date.

I. Eligibility for early retirement benefit:

- A. Available to those who have reached the age of 55 and retire prior to the first day of workshops for the next school year.
- B. And have submitted an application for the early retirement program on or before February 5. Applications submitted after February 5 will be considered on an individual basis.
- C. And have submitted a written resignation for their existing contract. The resignation will be contingent upon approval by the Board of Education of the individual's participation in the voluntary early retirement program. Employees with birth dates after the end of the school contract year, your resignation date will be the day of your 55th birthday.
- D. The application for early retirement benefits and the resignation must be approved by the Board of Education prior to distribution of benefits.

II. Voluntary early retirement benefit:

- A. The District will pay a retiree within the following categories who has at least ten (10) years of service \$75 for each unused sick day up to 120 days maximum at the conclusion of their contract or in July at the conclusion of retiree's contract.

- 9 and 10 month secretaries
- 12 month secretaries
- Custodians
- Nurses
- Food Service Director
- Technology Director
- Transportation Director

- A. The District will pay a retiree within the following categories who has at least ten (10) years of service \$50 for each unused sick day up to 120 days maximum at the conclusion of their contract or in July at the conclusion of retiree's contract.

- Associates
- Food Service Personnel
- Bus Drivers

**CLASSIFIED EMPLOYEE VOLUNTARY EARLY RETIREMENT BENEFIT**

Retiree who turn 55 after June 30 will receive the sum benefit of the total benefit package in the month following their birth of the calendar year.

- B. The district shall contribute the lump sum amount of the employee's retirement compensation directly in an account for the employee under the District's Employer Sponsored 403(b) Special Pay Deferral Plan, as a non-elective employer contribution, within 60 days of the employee's retirement effective date; provided, however, that the amount of such contribution shall not exceed the applicable limitations under section 403(b) and other applicable provisions of the Internal Revenue Code of 1986, as amended.
- D. All payments are subject to any applicable taxes, e.g. Social Security and/or federal/state income tax withholdings.
- E. No interest will accrue on any monies to be paid under this policy.

**III. Beneficiary**

In the event of the death of the employee prior to payment of the basic benefit and after acceptance of application for early retirement, payment of the basic benefit shall be made to a designated beneficiary; or, if no beneficiary is named, payment will be made to the estate of the employee. In the event of the death of the employee prior to payment of the entire basic benefit, the remaining sum will be paid as one lump sum to the estate or the beneficiary as designated.

IV. The Board or its designees shall be the sole, exclusive and final interpreter of all issues of eligibility or benefit calculation under this policy.

## CLASSIFIED EMPLOYEE SUSPENSION

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

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

Legal Reference: Northeast Community Education Association v. Northeast Community School District, 402 N.W.2d 765, 769 (Iowa 1987).  
McFarland v. Board of Education, of Norwalk Community School District, 277 N.W.2d 901 (Iowa 1979).  
Iowa Code §§ 20.7, .24 (2013).

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

Approved 4-6-20 Revised 3-16-20

**CLASSIFIED EMPLOYEE DISMISSAL**

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

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

Legal Reference: Iowa Code §§ 20.7, .24 (2013).

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

Approved 4-6-20 Revised 3-16-20

**CLASSIFIED EMPLOYEE REDUCTION IN FORCE**

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

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

Legal Reference: Iowa Code §§ 20.7, .24 (2013).

Cross Reference: 407.5 Licensed Employee Reduction in Force  
413.3 Classified Employee Suspension  
413.4 Classified Employee Dismissal  
703 Budget

Approved 4-6-20 Revised 3-16-20

**CLASSIFIED EMPLOYEE PROFESSIONAL PURPOSES LEAVE**

Professional purposes leave may be granted to classified employees for the purpose of attending meetings and conferences directly related to their assignments. Application for the leave must be presented to the superintendent 3 days prior to the meeting or conference.

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

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

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

Approved 10-26-20 Revised 9-21-20

## **COMPLIMENTARY PASS**

Complimentary passes to all regularly scheduled activities, with the exception of the musical, play, and local or state sponsored tournament games shall be provided to all non-certified employees who serve two extra-curricular duties with the exception of associates who have to serve three duties. The pass will not admit children and is not transferrable. Other complimentary passes may be issued upon Superintendent approval.

Approved 1-19-15Reviewed 12-15-14Revised 11-17-14