

Maternity Leave Packet



Answers to Frequently Asked Questions
about Maternity Leave,
FMLA, and CFRA

For employees of Washington Unified School District

Congratulations!

We hope you will find the information in this packet a helpful tool in planning your Maternity Leave.

Please Note: This summary is intended to be an aid in providing employees who will be on Maternity Leave with possible leave options.

While every attempt is made to align this packet with current California and Federal Leave Laws, it is important to remember these Laws are ever-changing and information within this packet is subject to change without notice.

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Frequently Asked Questions

1. I just found out I'm pregnant – what should I do?

Let your site administrator or supervisor know so that preliminary planning for coverage of your position can begin. When you have an estimated date of delivery, you must request a maternity leave through the Human Resources Office. This request can be submitted on the form entitled "Doctor's Release From Work" (Page 8). The purpose of this form is to provide the District with estimated dates for your Maternity Leave.

2. How long can I keep working?

You can work as long as you and your doctor agree. This is a medical decision that will not be made by the District. After the 4th month, you may be required to submit notes from your doctor stating that you may continue to work.

3. I am not due for a few weeks, but my Doctor has placed me off work. What do I do?

If the date you are off work is the same date your Doctor indicated on the "Doctor's Release From Work" form, there is nothing additional you need to do. However, if your date of release from work has changed, please submit an updated Doctor's note to Human Resources with your new release from work date. You begin Pregnancy Disability Leave (PDL) from the first date you are placed off work for your pregnancy and / or delivery. FMLA leave also begins the first day you are placed off work for your pregnancy and / or delivery. (PDL and FMLA run together.) You will receive an "FMLA Notice" in the mail from the District (Sample on pages 11 and 12) within a few days from the date your leave began. This notice will detail whether you are eligible for FMLA leave, and how the leave will affect your pay.

4. What is PDL?

PDL stands for Pregnancy Disability Leave. You begin Pregnancy Disability Leave (PDL) from the first date you are placed off work for your pregnancy and / or delivery, and continue to be on PDL for as long as your Doctor indicates, or for a maximum of 16 weeks, whichever comes first.

5. What is FMLA?

FMLA stands for Family Medical Leave Act. FMLA allows qualified employees to take up to 12-weeks of job-protected leave. It is important to note that not all employees are entitled to FMLA, please check with your Human Resources department for eligibility requirements. As previously noted, FMLA leave begins the first day you are placed off work for your pregnancy and / or delivery and runs concurrently with depletion of sick leave (and vacation for Classified employees). FMLA also allows you to have your District-paid benefits continue during that time. The District will only pay for medical and dental benefits, however, not Tax-Sheltered Annuities. You will still be responsible for your portion of the benefit cost. FMLA is limited to 12 workweeks every 12 months. The 12-month period is measured forward from the date of your first FMLA leave usage.

6. I delivered my baby, now what?

Please have your Doctor complete the form entitled "Physician's Verification of Employee Leave" (Page 9) and return the completed form to Human Resources as soon as possible. Please remember to also contact Benefits to add your baby to your Health Plan within 30 days of birth.

7. What is the normal length of time I would be allowed to be off work?

There is no absolute normal time, because every pregnancy is different. You and your doctor determine the length of time away from work. A “normal” maternity leave is 6 weeks following a natural delivery, or 8 weeks following a cesarean section. You and your Doctor may determine that you need additional time before or after the delivery of your baby.

8. When can I return to work?

You may return as soon as your doctor releases you. Again, this is a medical decision that will not be made by the District.

9. What if I want to stay out a little longer after my doctor releases me?

Once you receive medical clearance to return to work, you may request to remain off work for the remainder of the 12-week cap available under FMLA (if you meet eligibility requirements). Please submit your request in writing on the **“Employee Request for Additional Leave under FMLA Laws” form** (Page 10) as soon as you identify a desire to stay out longer than your Doctor’s note indicates.

10. What if I want to stay out beyond the 12 weeks of FMLA?

Any time beyond the 12 weeks would fall under CFRA, unless the employee took the full 16-weeks of PDL. Please note; the District does not pay for your benefits or salary leave under CFRA beyond the 12 weeks of FMLA benefit coverage.

11. What is CFRA?

CFRA stands for California Family Rights Act. CFRA allows for an additional 12 weeks of leave for employees to bond with a newborn child or a child placed for adoption / foster care, the employee’s own serious health condition, or to care for the employee’s spouse, dependent child, or parents with a serious health condition. CFRA cannot be used for the employee’s pregnancy. CFRA is limited to 12 workweeks every 12 months. The 12-month period is measured forward from the date of your first CFRA leave usage. Much like FMLA, not all employees are eligible for CFRA. Please contact your Human Resources department to discuss eligibility.

12. I want to stay out even longer. Are there any other options?

You may request a Parental Leave of Absence without Pay (WTA contract 11.8.1) or Personal Business Leave (CSEA contract 11.4.1), but remember you will not receive any salary or District-paid benefits during this leave. However, you may purchase your benefits through the District.

13. Do I deplete my sick leave when I am on maternity leave?

Yes, your sick leave is exhausted first. If you are a classified employee, your vacation is also exhausted.

14. What happens when I run out of sick leave (plus vacation for Classified employees)?

After you run out of sick leave and vacation, you are placed on differential pay (for certificated employees) or ½ pay (for classified employees) until your doctor releases you to return to work. Check with Human Resources for your current pay rate to determine an estimated take-home pay during this time.

15. For what days am I paid? Do I get paid during vacation and breaks or for district in-service?

Currently, your paycheck is divided over 11 or 12 months (UNLESS you began your work year later than the first day of school, then you would have fewer paychecks) so that you are paid an equal

amount, even though you may be off track or on vacation. You are, in reality, only paid for actual days you work when students are in class or when you are attending district in-service.

16. Do holidays or off-track days count against my time off?

Until your doctor releases you, all calendar days are counted as time off. Non-duty, holiday, or vacation days are not deducted from your sick leave balance. For purposes of FMLA and CFRA, if an employee takes a week of leave under FMLA or CFRA and a holiday occurs during the week, the employee has still exhausted a week of FMLA or CFRA leave. If school is closed, for instance for a vacation period during the winter holidays, and you are not expected to report to work for one or more weeks, the days that the District's activities ceased may not be counted against your pregnancy leave entitlement.

17. What about my benefits?

Benefit coverage will continue until your doctor releases you to return to work. If your doctor has indicated you may return to work and you are still out of work under the 12-week FMLA limitation, your benefits will continue to be paid by the District. If you still have not returned to work immediately following the 12-weeks of FMLA, the District will not continue to cover the cost of your benefits and you will be responsible for the full portion of your benefits. Also – don't forget to contact the Benefits technician at 916-375-7600 x1017 to discuss your potential Disability Insurance Coverage and to add your baby to your benefits within 30 days of the baby's birth.

18. Do I qualify for money from state disability?

Since teachers and classified employees do not pay State Disability Insurance, you are probably not eligible. However, eligibility for state disability is determined by that agency and we suggest you contact that office for specific information. Any forms sent to us will be quickly forwarded so your eligibility can be determined accurately.

19. How will my sub be selected? Am I responsible for finding someone?

The site administrator and Human Resources Office will assist with finding someone to temporarily fill your position. If you have a recommendation, feel free to inform us. We will make every effort to consider your recommendation. Because it is our intent to find the most qualified candidate to be in your position, we cannot guarantee that your desired sub will be chosen.

20. Will my maternity leave affect achieving permanent status?

Time taken for maternity leave is calculated as if you are still in your position. However, you must be in paid status for a minimum of 75% of the year. If you take extended periods of unpaid leave, it could delay achieving permanent status.

21. If I take a long leave, do I get my school and grade back when I return?

We try to place everyone in her first choice of school and grade but this is not a guarantee. On a short-term maternity leave that does not involve CFRA leave, you will undoubtedly return to the same class. It is important to remember that although FMLA and CFRA are "job-protected leaves," this does not mean you will return to the exact position you occupied prior to your leave; it is the obligation of the District to place you in the same or a comparable position within the scope of your Credential (for Certificated employees) upon your return.

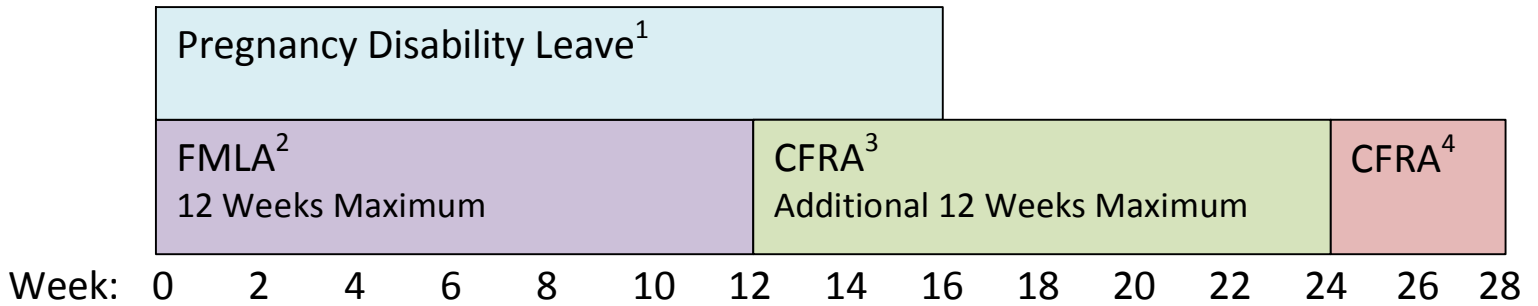
22. I have income protection, can I use it? How does it work?

Some plans cover maternity. You will need to contact the agency directly to discuss your plan. If the agency needs any information from the District, they may send the forms directly to us and we will complete them promptly.

23. I'm still confused, who can answer my other questions?

We are always available to assist you in Human Resources. We know this whole topic can be very confusing, as every situation is quite different. We strongly suggest you make an appointment with Human Resources or the Payroll Office to talk about how your salary may be effected if you are to take additional FMLA or CFRA leave.

Timeline for Maternity Leaves



1. Pregnancy Disability Leave (PDL) begins the first day an employee is placed off work by their Doctor regardless of their due date. Pregnancy Disability Leave is available for up to 16 weeks for employees who are disabled by pregnancy, child birth, or a related medical condition. A Doctor's note must be provided prior to an employee being placed on Pregnancy Disability Leave and will only run as long as a Doctor's note is in effect.
2. FMLA begins the first day an employee is placed off work by their Doctor. PDL and FMLA run concurrently (at the same time as one another). District-paid Medical Benefits are covered for a maximum of 12 weeks from the date an employee is placed off work by their Doctor.
3. CFRA may be requested for an additional 12 weeks after FMLA and PDL has been exhausted. CFRA is an **UNPAID** leave; Medical Benefits are not covered by the District during CFRA leaves.
4. CFRA may extend to the 28th week of an employee's leave only if the employee took a full 16 weeks of PDL. In this case, CFRA would begin at week 16 and run until week 28.

LONG TERM SUBSTITUTE ORIENTATION

A friendly reminder of things to discuss with your long-term substitute.

Not all of these topics will apply to each grade; please only use what applies to you and your site.

1. Student information: health concerns, behavior, parent involvement (restraining orders)
2. Lesson plans: past plan book (material already covered), rest of the year plan (roughly), where to find all teacher's guides and student material, workbooks
3. Discipline routine: behavior expectations, class rules, rewards and consequences
4. Class routine: daily schedule; rules regarding bathroom use, sharpening pencils, and drinks; signal used to get students' attention; rainy days; emergency drills; roll call
5. Class list/seating chart
6. Yard duty: where, when, what are the responsibilities
7. Out of classroom activities: PE, music, computers, library
8. Prep period schedule
9. Grading procedures: grade book, report cards, grading system (percentage, letter grades, stickers, stamps), any portfolios
10. Homework policy: typical assignment, frequency
11. Birthdays: do you celebrate them, how? List of dates
12. Filing system
13. Student jobs/helpers
14. Special person of the week/month
15. Advice/procedures for tracking off or tracking on, dates
16. Standard testing or upcoming events
17. Your telephone number, anticipated return date

WASHINGTON UNIFIED SCHOOL DISTRICT

Physician's Verification of Employee Leave

_____	_____	_____	_____
Last Name	First Name	Initial	Employee ID
_____		_____	_____
Street Address		City	State Zip
_____		_____	
Contact Number		E-mail Address	
_____		_____	
Position		Site	

Physician's Use Only

Legislation requires the district to provide pregnant employees with the same benefits that disabled employees receive. In order to do so, we must determine the actual time span that the employee will be disabled. A person who is disabled is one who is unable to perform the essential duties of their position.

_____ delivered her child on _____.
Name of Patient Date

She will be unable to perform the duties of her position through _____.
Date

She may return to work on _____.
Date

Physician Signature Today's Date

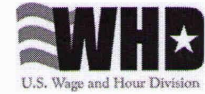
Human Resources Use Only

Human Resources Receipt Date

Comments: _____

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

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



OMB Control Number: 1215-0181
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours 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 active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- 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 1,250-hours-worked requirement.
 - You do not work and/or report to a site with 50 or more employees within 75-miles.

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

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

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

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

No additional information requested

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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 reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

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

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

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

_____ at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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