
AURORA PUBLIC SCHOOLS

APS Code: GCCAI

Adopted February 1978

Recoded February 1999

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STAFF MEDICAL AND FAMILY LEAVE POLICY

The superintendent shall grant to employees who do not qualify under the federal Family and Medical Leave Act up to 60 days of unpaid leave per year for medical and family leave.

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This medical and family leave policy entitles an employee who does not qualify for the federal Family and Medical Leave Act (FMLA) up to 60 work days of unpaid leave per year for medical and family leave, except if an employee is entitled to paid health leave, the employee shall be required to take any available paid health leave first. If, after beginning their employment, an employee becomes eligible for FMLA leave, their right to leave under this policy ends on the day they become eligible for FMLA leave, whether or not they have exhausted the 60 days of leave under this policy.

Length of leave

An eligible employee shall be entitled to a combined total of 60 work days of leave per school year under the circumstances specified in this policy.

Reasons for taking leave

- A. For the birth and for the first-year care of the employee's child;
- B. For the placement of a child with the employee for adoption or foster care;
- C. When an employee is unable to perform job functions due to employee's own serious health condition;
- D. When the employee is needed to care for the employee's spouse, domestic or civil union partner, child or parent who has a serious health condition.

Advance Notice

- A. Leave based upon birth, adoption, foster placement; where the leave is foreseeable, the employee must provide at least 30 days written notice prior to the date that the leave is to begin; if such notice is not capable of being given, then the employee shall give notice as soon as practicable.
- B. Leave based upon planned medical treatment of the employee or of the employee's spouse, domestic partner, child or parent: The employee is responsible to schedule planned medical treatment so as not to unduly disrupt the operation of the District (subject to approval of the health care provider of the patient). The employee shall provide at least 30 days written notice prior to the date the leave is to begin or if this is not possible, notice as soon as practicable.
- C. Where good cause exists, the notice requirement may be waived, but otherwise the leave may be denied until the 30-day requirement is fulfilled.

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- D. Generally, when an employee is unable to perform job functions for a period of 10 days consecutively, they may be required to submit a leave of absence form and medical certification.

Medical Certifications

- A. Generally, upon request, employees shall be required to submit, in a timely manner, (15 calendar days unless not practicable to do so) medical certification from the treating health care provider supporting the leave request by an employee where the leave is based upon either the employee's own medical condition or that of a qualifying family member.

The District shall advise the employee that such certification will be required when the employee requests the leave and shall also advise the employee of the consequences of failure to provide such a certification.

- B. Content of medical certification: Medical certifications shall be in the form of exhibit GCCAI-1-E or GCCAI-2-E, fully completed. Whenever a medical certification is found to be incomplete, the District will notify the employee and provide the employee a reasonable opportunity to ensure completion.
- C. Second and third opinions: If the District has reason to doubt the validity of the medical certification provided by the employee's medical provider, it may require the employee to obtain a second opinion, at the District's expense, from a health care provider selected by the District so long as the doctor is not one employed on a regular basis by the District. If the first and second opinions differ, the District may require that a third medical opinion be obtained by the employee, again at the District's expense, from a doctor selected in good faith by both parties. This third opinion shall control.

The employer may require subsequent recertification on a reasonable basis.

- D. Medical certifications of fitness for duty: If the leave has been taken because of the employee's own serious illness, the District may require that a physician certify that the particular condition for which the leave was taken has been resolved and that the employee is fit to return to work.

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Maintenance of Benefits While on Leave

Aurora Public Schools is not responsible for the maintenance of benefits while the employee is out on unpaid leave under this policy. The employee must make arrangements for any necessary payments by contacting the Division of Human Resources in a timely manner. Failure to do so may result in lapse of coverage.

Intermittent Leave

Such leave shall be available in the case of medically related leave for the care of the employee's spouse, partner in a civil union, domestic partner, child or parent, or where the employee is unable to perform the functions of the position because of her/his own serious health condition. Such leave shall not be available without District consent for birth, adoption or foster care of children. Calculation of intermittent leave and leave on a reduced schedule shall be by time actually taken, with only portions of a day counted against the leave entitlement where applicable. Intermittent leave must be approved by the supervisor and chief personnel officer.

Return from Leave

Generally, upon return from leave, the employee shall be restored to an equivalent position though not necessarily the same position, so long as that position carries with it equal pay, benefits and conditions of employment.

Definitions

- A. **SERIOUS HEALTH CONDITION** means an illness, injury, impairment or physical or mental condition that involves:
1. Inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility;
 2. A period of incapacity requiring absence from work of more than three days and involving continuing treatment by a health care provider;
 3. Continuing treatment by or under the supervision of a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days; or
 4. Prenatal care.
- B. That **THE EMPLOYEE IS UNABLE TO PERFORM THE FUNCTIONS OF THE POSITION** means that the health care provider finds that the employee either cannot

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work at all or that the employee is unable to perform one or more of the essential functions of the position.

- C. That **THE EMPLOYEE IS “NEEDED TO CARE” FOR A QUALIFYING FAMILY MEMBER MEANS:**
1. The District believes that on the basis of information provided by the employee the necessary showing has been made; or
 2. A health care provider has certified either that the employee is needed to care for a qualifying family member or that such care would be beneficial to the qualifying family member. It may also include situations in which the qualifying family member's need for care is intermittent and where an employee is required occasionally to fill in for regular care providers, or where a qualifying family member must make arrangements for changes in care.
- D. **INTERMITTENT LEAVE** means sporadic, interrupted or periodic leave for the same condition or situation in which leave days are spread out over a period of time on a non-consecutive basis.
- E. **LEAVE ON A REDUCED SCHEDULE** means leave taken in which the number of hours worked per day is reduced.
- F. **PARENT** means biological parent of the employee or one who stood *in loco parentis* to an employee whether or not there was a legal relationship; i.e., anyone who took the place of the biological parent.
- G. **SON OR DAUGHTER** means biological, adopted or foster child, a stepchild, a legal ward or a child of a person standing *in loco parentis* who is less than 18 years of age or is 18 or more and incapable of self-care because of physical or mental disability.
- H. **SPOUSE** means husband or wife.
- I. **DOMESTIC PARTNER** or domestic partnership identifies the personal relationship between individuals of the same gender who are living together and sharing a common domestic life together but are not joined in any type of legal partnership, marriage or civil union.

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- J. **PARTNERS IN A CIVIL UNION** is defined as a relationship established by two unmarried adults, regardless of gender, that entitles them to receive the benefits and protections and to be subject to the responsibilities of spouses.
- K. **FOSTER CARE** means 24-hour care for children instead of, and away from, the child's parent or guardian, and requires involvement of the State of Colorado or other governmental entity.

Certification of Physician for Employee's Serious Health Condition

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Patient's Name _____

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

1. Please describe the medical condition.

2. State the approximate date the condition commenced and the probable duration of the condition, if possible. If condition is related to pregnancy provide expected due date.

3. Describe how the condition or treatment of the condition will affect the employee's ability to perform at work. Include any work restrictions.

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

5. Provide an estimate of the beginning and ending dates if the employee will be incapacitated for a single continuous period of time due to his/her medical condition including any time for treatment and recovery.

Certification of Physician for Employee's Serious Health Condition

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6. If the patient will be absent from work because of follow-up treatment appointments on an intermittent or part-time basis provide an estimate of the probable number and intervals between such treatments, actual or estimated dates of treatments, and period required for recovery, if any.

7. If the condition will cause episodic flare-ups periodically preventing the employee from performing his/her job functions or be absent from work, please explain.

Comments _____

Physician's Signature

Date

Certification of Physician for Family Member's Serious Health Condition

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Employee Name _____

Name and relationship of family member for whom employee will provide care:

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

1. Please describe the medical condition of the family member.

2. State the approximate date the condition commenced and the probable duration of the condition, if possible. If condition is related to pregnancy provide expected due 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).

4. If the patient will be incapacitated for a single continuous period of time, including any time for treatment and recovery estimate the beginning and ending dates for the period of incapacity. Explain the care needed by the patient during this time and why such care is medically necessary.

Certification of Physician for Family Member's Serious Health Condition

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5. If the patient will require follow-up treatments estimate the treatment schedule including the dates of any schedule appointments and the time required for each appointment.

6. If the patient will require care on an intermittent or reduced schedule basis provide an estimate of the hours the patient needs care on an intermittent basis if any.

7. If the condition will cause episodic flare-ups periodically preventing the patient from participating in normal daily activities, please explain. Describe the care needed by the patient during these flare-ups.

8. Actual or expected date employee may return to work.

Comments _____

Physician's Signature

Date