

**PINELLAS COUNTY SCHOOLS**  
**DIRECTIONS FOR COMPLETING REQUEST FOR LEAVE OF ABSENCE FORM**

**Request for Leave of Absence** form is only required for absences of 11 or more consecutive days or for qualifying Intermittent Leave reasons as identified below.

**Select Reason for Leave** – Eligibility for leave under the guidelines of the Family Medical Leave Act (FMLA) will be verified and approved by the Human Resources Department. The level of verification and medical certification will vary from case to case. (Please see the [FMLA Employee Guide](#) from the Department of Labor for details)

**FMLA Leave Reasons**

- **Illness of Self** – Leave for a serious health condition that makes you unable to perform the functions of your job. The Department of Labor Form: [FMLA Certification of Health Care Provider for Employee's Serious Health Condition \(Form Number - WH-380-E\)](#), completed by your physician, must accompany this form. Use the ending date estimated by the physician. This date may be adjusted later, if necessary.
- **Worker's Compensation Injury / Illness in Line of Duty** – A medical leave of absence due to workplace incident, accident, or occupational illness. Worker's Comp leaves will be designated as FMLA (Family and Medical Leave Act) concurrently if employee eligibility and medical criteria are met. Medical supporting documentation can be provided by Risk Mgt. Workers' Compensation team. Please contact Risk Mgt. 588-5087 for assistance. The FMLA WH-380-E form is not required.
- **Birth of a Child** – Leave for the birth of a child and to bond with the newborn child within one year of birth. The Department of Labor Form: [FMLA Certification of Health Care Provider for Employee's Serious Health Condition \(Form Number - WH-380-E\)](#), completed by your physician, with an estimated due date must accompany this form. Use due date for the beginning date. If eligible for Family Medical Leave you may take the full 12 weeks. If both you and your spouse are employed by the Pinellas County School Board and are both requesting leave for maternity, your combined leaves cannot exceed twelve (12) weeks.
- **Care for Child, Spouse or Parent with a Serious Health Condition** – Leave to care for your spouse, son, daughter, or parent who has a serious health condition, including incapacity due to pregnancy and for prenatal medical care. The Department of Labor Form: [FMLA Certification of Health Care Provider for Family Member's Serious Health Condition \(Form Number - WH-380-F\)](#), completed by your family member's doctor, must accompany this form.
- **Adoption/Foster Care Placement of a Child** – Leave for the placement with you of a child for adoption or foster care and to bond with the newly-placed child within one year of placement. Under Family Medical Leave, twelve (12) weeks are allowed. Adoption or Court papers must accompany this form. If both you and your spouse are employed by the Pinellas County School Board and are both requesting leave for adoption, your combined leaves cannot exceed twelve (12) weeks.
- **Military Family** – Any qualifying exigency (an urgent need) arising out of the fact that your spouse, son, daughter, or parent is a military member on covered active-duty or

called to covered active-duty status. The Department of Labor Form: [FMLA Certification of Qualifying Exigency For Military Family Leave \(Form Number - WH-384\)](#), must accompany this form as well as associated Military Orders.

- **Military Caregiver** – If eligible for Family Medical Leave you may take up to 26 workweeks of leave in a single 12-month period to care for a covered servicemember or veteran with a serious injury or illness if you are the spouse, son, daughter, parent, or next of kin of the servicemember or veteran (referred to as military caregiver leave). You are limited to a combined total of 26 workweeks of leave for any FMLA-qualifying reasons during the single 12-month period. The Department of Labor Form: [FMLA Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave \(Form Number - WH-385\)](#) or [FMLA Certification for Serious Injury or Illness of a Veteran for Wage and Hour Division Military Caregiver Leave \(Form Number - WH-385V\)](#), completed by your family member's doctor, must accompany this form.

### **Regular Leave Reasons**

- **Military Duty** – You may request leave if you are a member of the National Guard or other reserve component of the United States Armed Services and are called to active duty, or attend scheduled reserve service, and/or temporary training duty. Copy of military orders must accompany form. (17 military days paid per fiscal year.)

- **Professional** – Leave may be granted without pay for full-time college attendance. See bargaining unit contract agreement for specific details. A registration verification form will be sent to you upon submission of the Request for Leave of Absence.

- **Political** – Leave may be granted to hold political office. Campaign documents must accompany this form.

- **Association** – Leave may be granted to designated Union/Association members for Union/Association business and activities. See bargaining unit contract agreement for specific details. Union/Association documents must accompany this form.

**Leave Dates** – Provide the first day out and last day out for the leave.

**Intermittent** – Check the box only if you are requesting leave that is not in a single continuous block of days, but intermittently spaced. (FMLA qualifying reasons only: Illness of Self; Birth of a Child; Care for Child, Spouse, Parent with Serious Health Condition; Adoption/Foster Care Placement of a Child; Military Family; Military Caregiver)

**Explanation** – Provide an explanation for the leave being requested. This is required regardless of which type of leave is requested.

**Sick/Vacation Time** – All available sick and/or vacation time will be exhausted. Employees approved for Family Medical Leave may save up to ten (10) days of combined sick and/or vacation\* days. (\*12-month employees only).

### **EMPLOYEE RIGHTS**

You may be eligible for 12 weeks of Family Medical Leave if you have been employed by Pinellas County Schools for 52 weeks and worked a minimum of 1,250 hours.

Family Medical Leave may be used for the birth of a child; adoption; illness of self; or care for a child, spouse, or parent with a serious health condition; or a qualifying military family leave.

**Family Medical Leave:** Health benefits will be maintained during any period of paid or unpaid FMLA leave providing your premiums are paid timely. When returning from FMLA you will be reinstated to the same or an equivalent job with the same pay and terms and conditions of employment.

**Regular Leave:** When in an unpaid status, insurance is at full cost to employee. Supporting services positions are held at the discretion of the principal/supervisor after 30 days.

**Extended Personal Leave:** Unpaid leave not to exceed one (1) year shall be granted for adoption, childcare, or long-term sick leave.

## **EMPLOYEE RESPONSIBILITIES**

It is the employee's responsibility to:

1. Provide the Request for Leave of Absence form and upload supporting documents 30 days in advance of desired leave unless an unforeseen circumstance occurs.
2. Keep the principal/supervisor and Human Resources advised with periodic updates regarding your leave status.
3. Make payments to Risk Management for insurance premiums, as applicable.
4. Return to work at the end of a leave or notify the Human Resources Department if unable to return to work at the expiration of leave.
5. Supply medical documentation to support additional leave.
6. Supply fitness-for-duty certificate before returning to work. Failure to do so will delay reinstatement.

**Failure to return to work or to notify your administrator/supervisor may result in termination of your employment.**

**Risk Management and Payroll** – Employee must contact Risk Management (727-588-6197) regarding insurance benefits coverage and Payroll (727-588-6162) concerning payroll-related questions. When you are no longer receiving a paycheck, your insurance premiums will be billed to you through coupon billing from Risk Management. If you fail to make timely premium payments by the due date, your insurance will be canceled retroactive to the date through which premiums have been paid.

**Acknowledgements and Signature** – Please read and check the box next to each acknowledgement (including the digital signature acknowledgement) and click the **Submit Information** button.

After submission you may view your submitted application, upload required documentation as noted above, and track the status of your request in ESS as shown in the example below:

[New Request](#)

	Supporting Documentation	Leave Type	Leave Reason	First Day Out	Last Day Out	Request Submitted	Request Status
<a href="#">View</a>	<a href="#">Docs</a>	Initial Leave	Adoption of a Child	4/1/2021	4/30/2021	1/2/2021 12:01:40 PM	Complete
<a href="#">View</a>	<a href="#">Docs</a>	Initial Leave	Care for Child, Spouse, Parent with Serious Health	12/1/2021	12/31/2021	11/12/2021 1:40:17 PM	Submitted

**Submitting Documents** – as indicated above, documentation is required for some leave requests. To submit documents, click on the **Docs** link in the Request List, then in the new window, select the type of document from the pull-down list and click **Choose File** to upload your document. You will then be able to view the document from the Documents List as seen below:

**PCS Employee Forms** District Year 2021/2022

Leave of Absence - Supporting Documentation

Employee: ██████████  
Leave Type: Initial Leave  
Leave Reason: Adoption of a Child  
Leave Dates: 04/01/2021 - 04/30/2021

**Submit Supporting Documentation**

Document Type:

Upload File:  No file chosen

Document Type	Submit Date	Status
<a href="#">View</a> Department of Labor Form WH 350	11/12/2021	Submitted

Human Resources will contact you if there are any issues with the submitted documents.