



## Dexter Mills, Executive Director

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3167 Cedartown Hwy SE • Rome • GA • 30161 • (706) 295-6189 • FAX (706) 295-6098  
Toll Free (GA only): 1-800-404-4149

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From: Dexter C. Mills  
Executive Director

Subject: **Family and/or Medical Leave**

It is my understanding that you plan to request an extended leave. The Human Resources Manager here at RESA is available to assist you during this time regarding your leave request. This packet contains the information you will need, along with the required forms that you will need to complete. It is important that you complete all of the required forms and necessary steps in order for RESA to properly process your request.

The following instructions are provided to assist you with this process:

1. Consult with your physician about the length of time you will be absent. A physician's statement is required for all types of leave, even if it is to care for a family member (as defined in the policy).
2. Discuss the leave with your supervisor as soon as possible. Your supervisor will assist you in considering options best for you and your situation.
3. Complete a written request for the leave. Standard sick leave can be with or without pay. If you have sufficient sick days accumulated to cover the absences, pay will continue until you have exhausted your accumulated sick leave. Family Medical Leave begins on the first day of absence and requires a physician's statement attached to the written request.
4. Your first day absent and your return to work date are important dates for your personnel record. Your request for leave should contain projected dates for both the beginning and ending dates. It is important that you notify Human Resources when the exact dates are determined.
5. It is important to note that the number of days provided under FMLA run simultaneously with any other leave, including Workers Compensation leave.
6. Outside employment while on paid leave is prohibited.
7. Under certain circumstances, it is possible to continue your insurance and/or flexible benefits coverage during your leave; however, arrangements must be made in advance or your coverage will be discontinued until you return to work.

**Family and Medical Leave Act of 1993  
Local Operating Regulations  
Northwest Georgia RESA**

The Family and Medical Leave Act became effective on August 5, 1993, and provides up to 12 weeks per year of unpaid family and medical leave to eligible employees. Northwest Georgia RESA coordinates its Family and Medical Leave with its Sick Leave Program.

The following regulations apply:

***FMLA Eligibility:*** An employee must have worked for Northwest Georgia RESA for at least 12 months and at least 1,250 hours during the 12-month period prior to requesting FMLA leave. (This restriction does not apply to leave qualifying under the system's Sick Leave policy.)

***Who and What is Covered:*** There are three situations in which an employee can request FMLA leave...

- \*the birth or adoption of a child, or receiving a child for foster care (leave must be completed within 12 months after the birth, adoption, or placement);
- \*the employee's own serious health condition;
- \*caring for the employee's child, spouse, or parent with a serious health condition.

***Serious Health Condition:*** An illness, injury, impairment, or physical and medical condition requiring inpatient care in a hospital, hospice, or residential medical facility, or continuing treatment by a health care provider.

***Eligible Family Members:*** Under FMLA, a "Son or Daughter" means a biological, adopted, foster child, a stepchild, a legal ward, or a child for whom the employee acts as a parent. The son or daughter must be under age 18 or, if the son or daughter is 18 or older, he/she must be incapable of self-care on a daily basis due to a mental or physical disability. (To qualify for paid leave under Sick Leave. The disabled person must be the employee or meet the definition of "immediate family member".)

***Application for FMLA/Sick Leave:*** An application form must be submitted to the supervisor at least 30 days in advance when the leave is foreseeable.

***Medical Certification:*** A Medical Certification form must be submitted at the time the application for leave is made or as soon thereafter as possible, but, no later than the third day of absence (due to an emergency situation). This certification form will be supplied by Northwest Georgia RESA and must be completed by the treating physician.

***How Much Leave Can Be Taken:*** Under FMLA, the maximum is 12 working weeks per "rolling" year. The leave may be continuous or taken intermittently. (If the leave qualifies under the Sick Leave policy, the higher limits of the Sick Leave policy shall apply.)

If a husband and wife both work for Northwest Georgia RESA, each is entitled to, 12 working weeks for his/her own illness or the illness of the child. However, the 12 working weeks must be split between them if the illness is that of a parent or for the adoption or birth of a child.

The “rolling” year means that the year is counted backward from the first day of leave requested. If the employee has taken leave during the 12 months immediately preceding the request, he/she is only entitled to the remaining time available within that 12 month period.

Unless the absence qualifies as disability leave under the Sick Leave policy, Northwest Georgia RESA is under no obligation to reinstate that employee if the employee fails to return to work on or before the 60-day leave period expires.

***Paid Leave or Unpaid Leave:*** The employee is required to use whatever paid leave (sick or vacation) is available to him/her at the time FMLA leave begins. Any days approved for FMLA but not eligible for coverage under the existing Sick Leave policy or earned vacation will be leave without pay.

***Continuation of Benefits Under FMLA/Sick Leave:*** As long as the employee is receiving paid leave, deductions for all health and life insurance coverage will continue as usual with Northwest Georgia RESA paying the employer’s portion of the premiums. If the FMLA/Sick Leave is not paid leave or if paid leave expires during the period of FMLA/Sick Leave Northwest Georgia RESA will continue to pay its portion of the premiums during the FMLA/Sick Leave period. The employee pays both the employer and the employee’s portion of the health insurance after the FMLA period ends if the sick leave continues as unpaid leave. The coverage will be terminated if there is no premium payment. However, once the employee returns to work, he/she will have coverage reinstated. If the employee does not return from FMLA/Sick Leave, Northwest Georgia RESA has the right to recover its share of the premiums paid during the leave, provided by the employee does not remain disabled. In cases where funds are set aside for summary pay, Northwest Georgia RESA will automatically prorate the employee’s pay.

***State Health Benefit Plan (Health Insurance):*** If the employee does not receive a monthly salary sufficient in amount to allow for a deduction of the monthly health insurance premium, the employee must request and complete Form SHBP 66-003, Request to Continue Health Benefits during Leave of Absence Without Pay. This form is only valid for the period of leave certified on the face of the document. It is the employee’s responsibility to file for an extension of the certificate if unpaid leave extends beyond the original approved period.

***Employee Leave Benefits:*** Employees on FMLA/Sick Leave will continue to earn sick and vacation leave only as long as they are on paid leave.

***Filing for FMLA/Sick Leave:*** Any employee who anticipates being absent for more than five consecutive workdays must complete a Northwest Georgia RESA Application for Family Medical Leave or Sick Leave. When foreseeable, this application must be submitted to the supervisor 30 days prior to the last day of work before FMLA/Sick Leave. Supporting documentation, when possible, should accompany the application. If not available at the time application is made, these documents should be submitted as soon as possible, but no later than the third day of absence. The supervisor should promptly forward the application and supporting documents to the Human Resource Manager at Northwest Georgia RESA.

***Extension of Approved Leave Period:*** If the period of leave should need to be extended beyond the original approved period, the employee should request the extension in writing prior to the last day of approved leave. A medical update from the attending physician must be attached to the request if the request is for a medical disability.

***Notice of Intent to Return to Work:*** The employee must complete the Notice of Intent to Return to Work form and submit it to Northwest Georgia Office and/or Northwest Georgia Educational Program prior to returning to work. If the leave was for medical disability of the employee, the attending physician must complete the Major Medical Release Form that includes Job descriptions. A Medical Release Form will be provided upon approval for FMLA.

***Restoration of Employment:*** If you return before your FMLA days expire, you will be restored to the same or an equivalent position. If you return in the same year that your FMLA days expire, we will attempt to restore you to the same or equivalent position.

***Special Rule for Classroom Teachers:*** Depending on the timing and the reason for the requested leave, the system may require a classroom teacher to extend leave and return at the beginning of the next term rather than in the closing days of the current term.

**The above-stated regulations of Northwest Georgia RESA's policy regarding Family Medical Leave and Sick Leave are not intended to be all-inclusive. Situations not covered above or which need further clarification will be processed in accordance with the provisions of the Family and Medical Leave Act and with the Northwest Georgia RESA Board of Control policy regarding medical disability.**

## **Applying for Family and/or Medical Leave**

Please Read the following information carefully. In order to qualify for FMLA or Sick Leave, you must comply with the following regulations:

1. The application form should be completed and submitted to your immediate supervisor as soon as possible. A 30-day notice of pending leave is required when the leave is foreseeable. In any event, written notice in the form of this application should be submitted as soon as you are able to estimate the first day of you leave.
2. If the leave is for a personal illness or disability, a medical certification statement should be submitted with the application or as soon thereafter as possible.
3. If the leave is for a family member's illness or disability, submit the required documentation with the application or as soon as possible thereafter.
4. The "Notice of Intent to Return from Leave" form should be held by you and given to designated person at Northwest Georgia RESA / Northwest Georgia Educational Program prior to returning to work. \*Please note that this form requires a medical release from the medical provider if your leave was for personal disability.
5. Please contact Human Resources Manager at Northwest Georgia RESA to verify the number of paid sick leave days you have under the regular sick leave program. Paid sick leave days are included when calculating the 12 week period allowed for FMLA/Sick Leave.
6. If you find that you will not be able to return to duty by the projected return date, you should notify your supervisor in writing. An updated medical statement may be required.
7. If you have any questions, please contact the Human Resources Manager at Northwest Georgia RESA at (706) 295-6189, ext. 22.

**Application for Family and/or Medical Leave**

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

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

First Day of Leave: \_\_\_\_\_

Expected Return Date: \_\_\_\_\_

Reason for Leave (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** An employee requesting leave for personal serious health condition or the serious health condition for a spouse, child or parent must submit a Medical Certification Form completed by a physician within 15 days of the application for leave.

I hereby authorize Northwest Georgia RESA to contact my physician to verify the reason for my request for Family and/or Medical Leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Northwest Georgia RESA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Approved By:</b>	
_____	Date: _____
Supervisor	
_____	Date: _____
GNETS Director (if appropriate)	
_____	Date: _____
Executive Director	
_____	Date: _____
H.R. Manager	
For Dates: _____ through _____	Total Days: _____

**Notice of Intent to Return from Leave**

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

SSN: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

First Date of Leave: \_\_\_\_\_

Anticipated Date of Return: \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from Family and/or Medical Leave shall not be entitled to the accrual of seniority or employment benefits during the period of leave.

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

\_\_\_\_\_  
Date

**\*\*PLEASE NOTE ~ If the leave was for medical disability of the employee, THE PHYSICIAN MUST COMPLETE MAJOR MEDICAL PHYSICIAN'S RELEASE FORM THAT INCLUDES JOB DESCRIPTION AND ACCOMPANY THIS PAGE**

**Northwest Georgia RESA  
Medical Certification**

<b>I. <u>Employee Identification</u></b> Name: _____ SSN: _____ Address: _____ _____ Phone: _____	<b>II. <u>Patients Identification</u></b> Name: _____ Relationship to Employee: _____ Patient DOB: _____
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**II. Physician Statement (Completed for the patient identified in Section II)**

If the patient is the employee, will the patient be able to perform normal job duties during the period of disability?  
 yes     no

If the patient is not the employee, is the employee's presence necessary or beneficial to the care of the patient?  
 yes     no

If the disability is due to pregnancy, please give the expected date of delivery. \_\_\_\_\_.  
(If the disability period exceeds two weeks prior to delivery date or six weeks after delivery, please give detailed medical information that supports the additional period of disability.)

Describe the disability – give the diagnosis or detailed statement of patient's physical condition. (Attach additional sheets if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Physician Certification**

Physician's Name: \_\_\_\_\_ Date Disability Begins: \_\_\_\_\_

Address: \_\_\_\_\_ Date Disability Ends: \_\_\_\_\_

\_\_\_\_\_

I certify that the above-named patient has been/is under my care. Adjustments in disability dates may be necessary at a later time.

\_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature



