



# TALENT MANAGEMENT

EQUITY CHARACTER EXCELLENCE TEAM JOY

## Family Medical Leave of Absence Instructions

Please take the attached form to your physician for him/her to fill out. Talent Management (TM) needs the date the condition began, diagnosis and treatment advised for your health condition, as well as an estimated date of return to work (days or weeks). We must have a time-frame; it cannot be left “open”, blank or unknown, your Principal/Supervisor needs this information to plan for staffing needs during your absence.

Before returning to work, please have your Doctor fill out the “Intent to Return from Leave” form at least a week before you come back. We also will need to know if you will have any work restrictions upon returning to your position with TPS, and whether you are able to perform “the essential functions” of your position.

Please have your physician sign it and return to Talent Management prior to your procedure (if possible), either by FAX: 918-746-6317, or return it by mail to:

Tulsa Public Schools  
Benefits Department – 3<sup>rd</sup> floor  
3027 S New Haven  
Tulsa, OK 74114

Thank you for your cooperation and assistance, please contact me if you have any questions or concerns at 918-746-6576. Best wishes for a full and speedy recovery.

Pam Patterson  
Benefits Specialist – Compensation & Benefits Department  
Tulsa Public Schools  
Phone: 918-746-6576  
Fax: 918-746-6317

**DESTINATION EXCELLENCE**

3027 SOUTH NEW HAVEN AVENUE | TULSA, OKLAHOMA 74114

918.746.6800 | [www.tulsaschools.org](http://www.tulsaschools.org)



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### Leave Processing

Once a leave of absence has been requested, it cannot be processed for further action until the hours worked for the previous 12 month period have been confirmed by Payroll. This holds true for all personnel, both Support and Certified and is necessary to determine if the request is eligible for FMLA protection, or not. Employees qualify for FMLA protection if they have worked for the district for at least one year and have worked a total of 1,250 hours for the previous 12 months.

The leave of absence will only be paid as long as the employee has vacation, sick leave, or personal days to cover the time off; once that is used, all leaves flip to **unpaid**. If the employee is no longer being paid, and has exhausted their leave benefits, they need to make payment arrangements with Karen Gilmartin, Payroll Staff Accountant, at 918-746-6238 to continue paying their insurance during their time off from TPS to keep it in force, or voluntarily stop the insurance for the remainder of the leave. All Sabbaticals are always unpaid leaves, regardless of the employee's accruals.

If you have questions or concerns regarding leaves, please contact Pam Patterson, Benefits Specialist, at 918-746-6576 or [pattepa@tulsaschools.org](mailto:pattepa@tulsaschools.org). Thank you.

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FAX: 918- 746-6317

**Application for Family and Medical Leave  
MEDICAL CERTIFICATION STATEMENT  
(Illness or Care of Employee's Family Member)**

Name of employee: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Name of family member: \_\_\_\_\_ Relation to employee: \_\_\_\_\_

Date condition began: \_\_\_\_\_ Anticipated duration: \_\_\_\_\_

Diagnosis of health condition: \_\_\_\_\_

Regimen of treatment prescribed (including estimated number of visits, nature, frequency, and duration of treatment): \_\_\_\_\_

Explanation of extent to which employee is needed to care for the family member: \_\_\_\_\_

Does the patient require assistance for basic medical, hygiene, nutritional, safety or transportation needs?  Yes  No

Would the employee's presence be beneficial or desirable for the care of the family member?  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Type of Medical Practice (Specialization, if any)

\_\_\_\_\_  
Office Telephone Number

**MEDICAL RELEASE / EMPLOYEE'S STATEMENT**

I authorize the release of medical information, necessary to process my leave request, by my physician or other health care provider to the Tulsa Public Schools.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the Director of Teacher Talent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

**This form must be presented to Human Capital before leave begins.**

<b>FOR TPS INTERNAL USE ONLY</b>	Empl #: _____	Hire date: _____
Number of hours worked in the 12-month period preceding the leave request: _____	Position: _____	Location: _____
FMLA applies <input type="checkbox"/> Yes <input type="checkbox"/> No	LOA start date: _____	LOA end date: _____
Leave approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____	Approval date: _____

Fax: 918-746-6317

## NOTICE OF INTENT TO RETURN TO WORK

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Principal or Supervisor: \_\_\_\_\_

Date leave began: \_\_\_\_\_ Date leave will end: \_\_\_\_\_

I understand that as a condition of my return to work, I must provide written certification from my health care provider that I am able to resume working and can perform, with or without reasonable accommodations, the essential functions of my position.\*\*

\_\_\_\_\_  
Date

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

*\*\* If leave is non-medical in nature, e.g. further study, a request in writing to return to work is required. This form is NOT used in reference to a non-medical, non-FMLA leave of absence.*

## STATEMENT OF HEALTH CARE PROVIDER

I have examined \_\_\_\_\_ and can certify that he/she is fully able to resume work on \_\_\_\_\_ (date). *[If not fully able to perform job, please attach a statement explaining the employee's fitness to return to work.]*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider Signature

**This form must be presented to Human Capital five (5) days prior to returning to work.**

<b>FOR TPS INTERNAL USE ONLY</b>	Empl #: _____	Hire date: _____
Number of hours worked in the 12-month period preceding the leave request: _____	Position: _____	Location: _____
FMLA applies <input type="checkbox"/> Yes <input type="checkbox"/> No	LOA start date: _____	LOA end date: _____
Leave approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____	Approval date: _____



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## HOW TO REQUEST FAMILY OR MEDICAL LEAVE (FMLA) AND SICK DAY DONATIONS

### REQUEST FMLA FORM

- Go to the TPS website – [www.tulsaschools.org](http://www.tulsaschools.org)
- Click on departments
- Click on Compensation and Benefits
- On the left-hand side you will see FMLA FORMS...pdf
- Select the appropriate form – Employee or Family Member
- Print out form and take it to your doctor
- Return the completed form to Talent Management & the Talent Management Partner for your school

### REQUEST SICK DAY DONATIONS (if needed)

- A written letter requesting donations is required
- Include the following information
  - Place of employment
  - Number of days requested
  - Date of initial illness
  - Date of expected return to work
- Your request will be reviewed by the Director of Compensation and Benefits, and you will be notified by email once approved. Once approved your name will appear with other approved sick day requests on [insidetps.tulsaschools.org](http://insidetps.tulsaschools.org) under “Bulletin Items”

### TO DONATE SICK DAYS

- Go to the TPS website – [insidetps.tulsaschools.org](http://insidetps.tulsaschools.org)
- Click on the FORMS link
- Click on Talent Management Forms
- Click on Sick Leave – Request to Donate - PDF
- Print form out and send to the Payroll Department

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TULSA PUBLIC SCHOOLS  
DIVISION FOR HUMAN RESOURCES  
**REQUEST TO DONATE SICK LEAVE**

I am requesting to donate \_\_\_\_\_ sick leave day(s) to  
number

\_\_\_\_\_  
Receiving Employee

\_\_\_\_\_ an employee at  
TPS ID #

\_\_\_\_\_  
School or Department

I understand that the days donated will be transferred from my  
accumulated sick leave.

\_\_\_\_\_  
Print Name of Donating Employee                      TPS ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Building and Assignment                                      Date

**SUBMIT FORM TO PAYROLL DEPARTMENT**



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## Leave of Absence Tip Sheet

Updated 9/28/2016

1. Always keep your Principal/Supervisor informed of any planned leave or time off.
2. If the leave request is medical or family medical and is longer than seven (7) contact days, you must submit an FMLA form to Benefits filled out by your Doctor for approval in advance of your leave.
3. The FMLA forms can be found online under Comp & Benefits, or obtained from the Benefits office or by contacting the Benefits office at 918-746-6576 and they will be mailed to your current home address in Munis.
4. Return completed forms to Benefits, located on the 3<sup>rd</sup> floor of the Education Service Center Attn: Pam or Fax to 918-746-6317.
5. To be eligible for a leave you must have been with TPS for a minimum of one year and had 1250 hours of completed service in the previous 12 months to qualify for FMLA.
6. Family Medical Leave Act of 1993 (FMLA) allows up to 12 weeks of leave (60 days) in a rolling calendar for approved leaves; in which the District will continue to pay its portion of the insurance cost. Leaves beyond this period will flip to “unpaid” status, unless the employee has sufficient vacation, sick, personal days and/or short term disability to use and remain paid.
7. “Return to Work” is governed by your Doctor and the information provided on the “Return to Work” form to give you a complete medical release or state your restrictions, with TPS deciding upon whether we can or will accommodate the restrictions listed. Regarding Family leaves, TPS must be notified in writing when you are planning to return to work after caring for a family member, there is no medical release because you were not the patient, however Talent Management/Benefits as well as your Principal must be kept informed of your plans to return, either by email or phone.
8. Unpaid leaves such as Child Care (which may be extended for up to two successive years) or Sabbaticals, (which may be approved for teachers continuously employed for seven years or more and may not be extended), have their own set of criteria that must be met in order to be approved by TPS.
9. Short & Long Term Disability benefits as well as American Fidelity inquiries, are handled by Patty Stuckey at 918-746-6351. Long Term Disability benefits will not take affect while you are still receiving pay from TPS.
10. To keep your insurance in force during your leave from TPS and if you no longer receive a paycheck; contact Karen Gilmartin, in payroll, to make payment arrangements at 918-746-6238, otherwise your insurance will be cancelled.

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