



Brevard County Public Schools

Leave of Absence

Application and Information packet

Office of Employee Benefits

2700 Judge Fran Jamieson Way

Melbourne, FL 32940

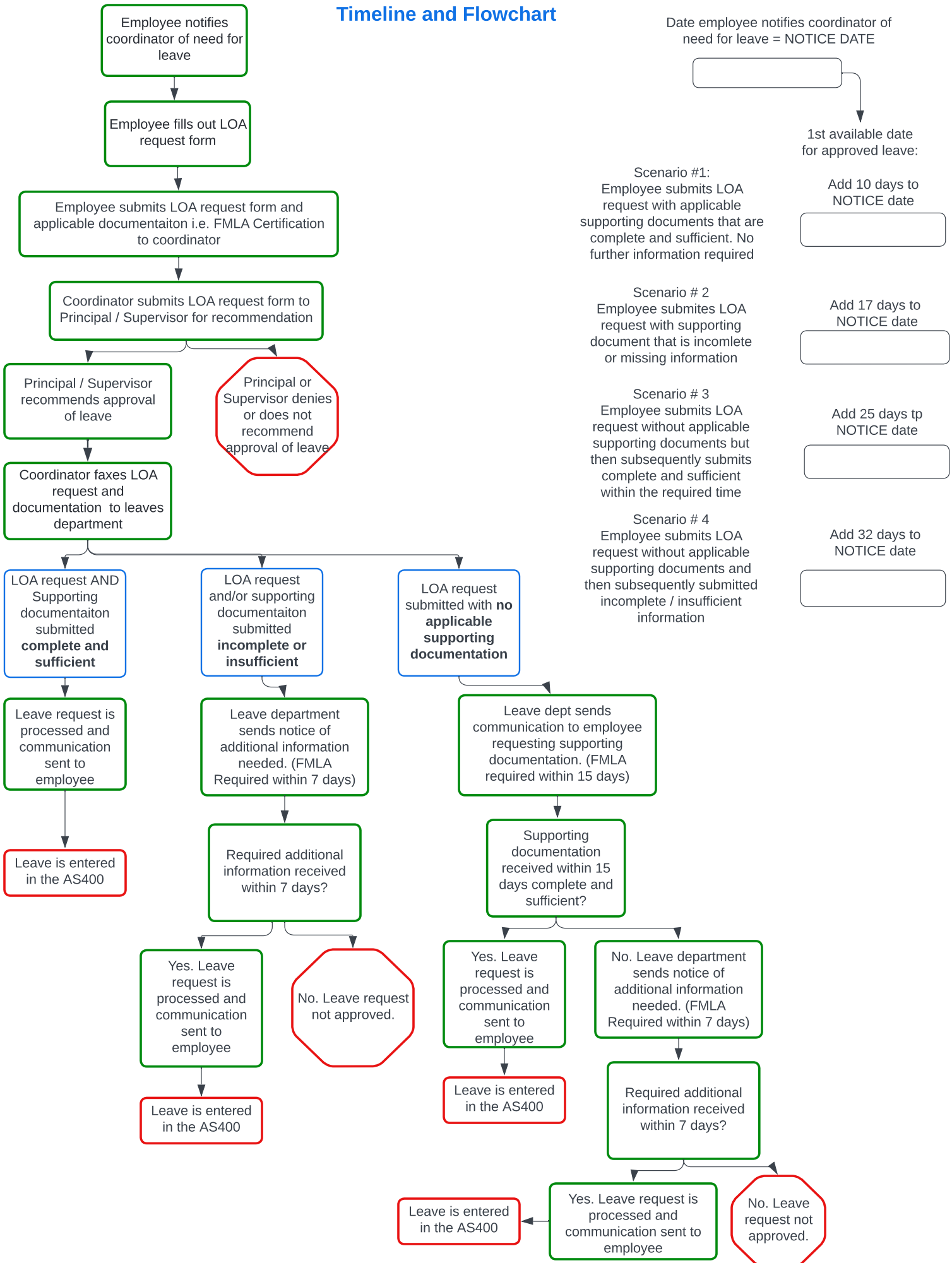
Last Updated: March 2022

BREVARD PUBLIC SCHOOLS DISTRICT LEAVE CHECKLIST

DISTRICT CONTACTS	
Leaves:	Millie Kairuz-Bedoya Kairuz.Milagros@Brevardschools.org 321-633-1000 ext. 11263
Benefits:	Benefits office BPSBenefitsWellnessandChoice@brevardschools.org 321-633-1000 ext. 11216
Payroll:	Laurie Chase Chase.Laurie@Brevardschools.org 321-633-1000 ext. 11624

CHECKLIST	
	If you need to be out of work for reasons other than planned vacation or sick time that is more than five days, contact your secretary or site coordinator and notify your supervisor.
	Read and understand the Leave of Absence resources located on our website to determine applicable leave and requirements.
	Submit to your secretary or site coordinator the leave of absence request form along with appropriate supporting documents
	If you need to know how much sick time is available to you, please contact your secretary or site coordinator , or visit My Information Center (MIC) .
	If your absence requires you to use sick time, know and understand what date you will go in to ' unpaid status ' (not receiving a paycheck). When this occurs, you will need to pay for your benefits . Contact your leave specialist to make your insurance payments.
	Going into unpaid status is a qualifying event under IRS code, Section 125. You will have 30 days from the first date of your unpaid status to make a change to your health benefits coverage. Information regarding the qualifying event is located in the Leave of Absence guidebook. To make a change in your health benefits , fill out the Benefits Change Form and submit to the benefits department. For questions regarding qualifying events or making changes to your health coverage, please contact the benefits department .
	Do you have sick bank and wish to apply? Read and understand the procedures. This is a time sensitive process. For questions regarding sick bank please contact Fran McDaniel at 321-633-1000 ext. 11652
	If you have Short term Disability Insurance and have questions, please call or email the benefits department.
	To apply for Short term Disability , contact New York Life at 888-842-4462 or visit myNYLGBS.com .
	Looking for information on how your leave will affect your retirement ? See the retirement section in the application packet or contact Carlos Lorenzo in retirement benefits at 321-633-1000 ext. 11252
	When you are ready to return to work , you will need a return-to-work certification. This can be our form or a letter from your physician. See Leave of Absence Information Packet .

Leave of Absence Process Timeline and Flowchart



Brevard County Public Schools
Unpaid Leave of Absence
Employee Benefits

What you should know about your employee benefits as you go on an approved Unpaid Leave of Absence

Your insurance benefits will automatically continue, and you will be billed accordingly, **unless you submit a completed Benefit Change Form requesting cancelation/changes within 30 days** of your unpaid leave start date.

Family Medical Leave (FMLA) and Personal Leaves for FMLA reasons:

BPS will continue to pay the board portion of your insurance until your FMLA coverage period ends. If you remain on leave after the FMLA coverage period ends and are not receiving a paycheck, you will be billed for both the board portion and employee premiums.

All other unpaid leave types:

At the point you are no longer receiving a paycheck, you will be billed for both the board portion and employee premiums.

Should you choose to retain your benefits but fail to pay the required premiums to the School Board of Brevard County, your coverage will be canceled for non-payment. Benefits cancelled for non-payment will not be eligible for reenrollment until you return to work or during Open Enrollment. If reenrolling upon return to work, you must complete a Benefit Change Form and submit it to the Employee Benefits Office **within 30 days** from your return-to-work date. If you enroll in coverage during BPS's annual open enrollment, coverage will be effective January 1st of the following year and you will be responsible to pay the premiums to BPS if you are on leave as of January 1st.

Important: If your coverage is canceled while on leave, either per your request or due to non-payment of premiums, you may be subject to Evidence of Insurability (completing a health questionnaire) by the insurance companies for reenrollment in coverage *except for* medical, dental, vision, basic employee life insurance, and AD&D. Reenrollment in other insurance coverage, which will be permitted only during annual Open Enrollment, is not guaranteed, and will be subject to approval by the insurance companies as per the terms and conditions of their contracts.

WAIVER OF PREMIUM FOR LIFE INSURANCE

If you are on a medical leave for more than 180 days, you may apply for Waiver of Premium. You will need to contact the Office of Employee Benefits at 321-633-1000, ext. 11216, to request that an application for Waiver of Premium be initiated. The amount of insurance eligible for Waiver of Premium is the amount in effect on the day before you become totally disabled as an active, at-work employee.

SHORT AND LONG TERM DISABILITY COVERAGE

If you chose to cancel either Short- or Long-term Disability coverage, you must wait until the next annual open enrollment to reenroll, and you will be subject to Evidence of Insurability (completing a health questionnaire) by the insurance company. The insurance company will determine if coverage will be granted. Short-term and Long-term Disability coverage is independent of requirements of the Leave of Absence process. In addition to submitting a Leave of Absence Request, you may separately file a Short/Long-term disability claim with the insurance company. Under Short/Long-term Disability coverage, there is a 14-day unpaid waiting period. Compensation for an approved claim will begin on day 15. Please refer to the Benefits page of the district website for information on how to file a claim for Short/Long-term Disability benefits.

QUALIFYING LIFE EVENTS DURING A LEAVE OF ABSENCE

You may change your employee benefits while on an approved leave of absence due to a **qualifying life event, such as:**

- * Marriage or divorce
- * Birth or adoption of a child
- * Death of a spouse or child
- * Change in dependent's status
- * On the first day of your *return* from an **Unpaid** Leave
- * Loss or gain of insurance under a group plan for yourself or your eligible dependents

You must request a change in your insurance coverage **within 30 days** of the date of a qualifying life event by submitting a completed Benefit Change Form to the Employee Benefits Office. Documents may be securely uploaded to your benefits account in www.easybenefits.com or faxed to 321.735.9786.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 · Revised February 2013

2023 Benefit Change Form – Brevard Public Schools

IMPORTANT INFORMATION:

- ◆ Change requests must be received by the Employee Benefits Office within 30 days of the qualifying event and include all supporting documentation. Documents may be uploaded to your secure document center in your *Employee Benefits Portal* at bps.primebenefits.io. Select the *Manage Document Uploads* link on your dashboard. Should you need assistance, call (321) 633-1000, Ext. 11216.
- ◆ If you are married to another benefit-eligible BPS employee, you each may elect dental and vision coverage on one other, but may not elect medical, life or AD&D coverage on each other.
- ◆ A benefit-eligible BPS employee may enroll another benefit-eligible employee who is their child (up to age 26) for all coverage.
- ◆ If enrolling in medical coverage, including for a spouse, you must also complete a **Medical Plan Affidavit** regarding:
 - **Tobacco use** - a \$50/month *tobacco-use surcharge* (post tax) may apply
 - **Your Spouse's employment/insurance status** - a \$250/month (post tax) *spousal surcharge* may apply
- ◆ To cover a **dependent age 26-30** (non-disabled), you must also complete an **Over-age Dependent 26-30 (Non-disabled) Affidavit**.
Medical – If eligible for coverage, an Over-age dependent premium of \$358.88/month (post-tax) will apply.
Dental and Vision – If eligible for coverage, your entire premium deduction becomes *post-tax*.
- ◆ You may update your life insurance beneficiaries 24/7 in your *Employee Benefits Portal* at bps.primebenefits.io.
- ◆ **Employee Name:** _____ **Employee ID #:** _____ **Site #:** _____
- ◆ **Effective Date:** _____ (Leave blank. For Employee Benefits (for office use only)).

Reason for Request (check one):

- Qualifying Event (explain): _____
- First Day of Unpaid Leave Return from Unpaid Leave Former Retiree Job Share Overage Dependent

Premiums listed on this form are MONTHLY amounts.

To calculate your per-pay cost, multiply the premium cost shown below by 12, then divide by your pay frequency.

MEDICAL

Pre-tax

- Cancel Change No Change

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Employee + Family</u>
Silver Plan	<input type="checkbox"/> \$110.53	<input type="checkbox"/> \$523.77	<input type="checkbox"/> \$307.28	<input type="checkbox"/> \$641.33
Gold Plan	<input type="checkbox"/> \$149.26	<input type="checkbox"/> \$606.43	<input type="checkbox"/> \$358.31	<input type="checkbox"/> \$742.19

A **Medical Plan Affidavit** must be completed by the employee if enrolling themselves/spouse in medical coverage.

A **Spousal Surcharge** of \$250 monthly (post-tax) may apply. A **Tobacco Use Surcharge** of \$50 monthly (post-tax) may apply.

An **Over-age Dependent Surcharge** of \$358.88 monthly (post-tax) will apply for each dependent child age 26-30 enrolled in medical coverage.

DENTAL

Pre-tax

- Cancel Change No Change

	<u>Employee Only</u>	<u>Employee + One</u>	<u>Employee + 2 or More</u>	
DHMO Low (HD215)	<input type="checkbox"/> \$6.39	<input type="checkbox"/> \$12.65	<input type="checkbox"/> \$22.48	Provider Facility #: _____
DHMO High (HS210)	<input type="checkbox"/> \$10.48	<input type="checkbox"/> \$20.74	<input type="checkbox"/> \$36.88	
PPO Low - Traditional Preferred	<input type="checkbox"/> \$23.82	<input type="checkbox"/> \$48.17	<input type="checkbox"/> \$71.25	Provider Facility #: _____
PPO High – Traditional Preferred	<input type="checkbox"/> \$30.34	<input type="checkbox"/> \$61.24	<input type="checkbox"/> \$90.44	

VISION

Pre-tax

- Cancel Change No Change

	<u>Employee Only</u>	<u>Employee + One</u>	<u>Employee + 2 or More</u>
Humana – Basic	<input type="checkbox"/> \$3.92	<input type="checkbox"/> \$9.75	<input type="checkbox"/> \$16.72
Humana – Enhanced	<input type="checkbox"/> \$5.91	<input type="checkbox"/> \$14.69	<input type="checkbox"/> \$25.19

BASIC EMPLOYEE LIFE INSURANCE

Post-tax

- Cancel No Change

Equals one times annual pay. No cost to actively-working employee; premiums are paid by School Board. Cancellation of coverage is only allowed at the start of an unpaid leave.

ADDITIONAL EMPLOYEE LIFE INSURANCE

Post-tax

- Cancel Change No Change

Changes only allowed for marriage, birth, divorce or death. You may elect new coverage at 1 x pay or increase existing coverage by 1 x pay. Can cancel, but not increase at the start of an unpaid leave.

- 1 x Pay 2 x Pay 3 x Pay 4 x Pay

DEPENDENT LIFE INSURANCE Cancel Change No Change

Post-tax

Changes only allowed for marriage and birth, and death. Can cancel, but not increase at the start of an unpaid leave.

Marriage: may elect up to the maximum coverage for spouse, not subject to evidence of insurability.**Birth:** may enroll spouse at minimum or increase 1 x pay, not subject to evidence of insurability, as long as not previously declined.**Death:** remove deceased from coverage

- | | |
|---|---|
| <input type="checkbox"/> \$4.12 - Spouse \$5,000; and each eligible child \$2,500 | <input type="checkbox"/> \$4.47 - Spouse \$5,000; and each eligible child \$5,000 |
| <input type="checkbox"/> \$7.99 - Spouse \$10,000; and each eligible child \$2,500 | <input type="checkbox"/> \$8.33 - Spouse \$10,000; and each eligible child \$5,000 |
| <input type="checkbox"/> \$17.48 - Spouse \$25,000; and each eligible child \$2,500 | <input type="checkbox"/> \$17.82 - Spouse \$25,000; and each eligible child \$5,000 |

ACCIDENTAL DEATH & DISMEMBERMENT Cancel Change No Change

Post-tax

- Select tier:** Employee Only Employee + Family
- Select coverage amount:** 1 x Pay 2 x Pay 3 x Pay 4 x Pay

SHORT-TERM DISABILITY Cancel No Change

Post-tax

Application for coverage is only allowed during open enrollment. If coverage is canceled and later applied for during open enrollment, the insurance carrier will require evidence of insurability and coverage could be denied.

LONG-TERM DISABILITY Cancel No Change

Post-tax

Application for coverage is only allowed during open enrollment. If coverage is canceled and later applied for during open enrollment, the insurance carrier will require evidence of insurability and coverage could be denied.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT Cancel Change No Change

Pre-tax

Enter the amount you want to contribute PER PAYCHECK: \$ _____ (Maximum annual contribution is \$2,750)

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT Cancel Change No Change

Pre-tax

Enter the amount you want to contribute PER PAYCHECK: \$ _____ (Maximum annual contribution is \$5,000)

CRITICAL ILLNESS Cancel No Change

Post-tax

Application for coverage is only allowed during open enrollment.

HOSPITAL INDEMNITY PLAN Cancel No Change

Post-tax

Application for coverage is only allowed during open enrollment.

ACCIDENT PLAN Cancel No Change

Post-tax

Application for coverage is only allowed during open enrollment.

DEPENDENTS TO BE INSURED - Complete for each dependent you are adding to coverage

Dependent Legal Name	Social Security Number	Date of Birth	Relationship	Medical	Dental	Vision	AD&D	Dep Life	Humana Facility Number

My signature below affirms that all information and statements provided on this form are true to the best of my knowledge.

Employee Signature: _____ Date: _____

Florida Statute 817.234 - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

SICK LEAVE BANK GUIDELINES/PROCEDURES

I. PURPOSE

The purpose of the sick leave bank shall be to make available a source from which qualifying employees may be granted additional sick days for his/her personal inpatient and outpatient surgery, emergency medical or psychological treatment with admission to a medical facility, or treatment of a life-threatening or debilitating illness that necessitates absence from work. "Debilitating" in this context means an illness or injury which results in temporary disability to perform one or more normal activities of daily living. Sick bank leave is based on the district's fiscal year.

A nine (9) member sick leave bank committee shall be appointed by the Superintendent, or his/her designee. The Brevard Federation of Teachers (BFT) and the International Brotherhood of Painters and Allied Trades (Local 1010) shall be invited to submit the names of three (3) and two (2) bargaining unit members respectively, who shall be appointed to the committee. The Superintendent, or designee, shall select the remaining four (4) members provided that two (2) of the Superintendent's, or designee's, selectees shall be non-bargaining unit classified employees and two (2) shall be non-bargaining unit managerial employees. The committee shall serve as the final authority for all matters pertaining to the approval or disapproval of an employee's request to seek use of the sick leave bank. Decisions and actions of the committee shall not be subject to any grievance procedure. An employee who wishes to request the committee to review its decision may submit such request in writing to the committee within fourteen (14) calendar days following the employee's notification of such decision. Such written request shall set forth the employee's reasons why such decision should be altered. A decision, if reviewed, shall not be reviewed a second time.

II. MEMBERSHIP

- A. Membership shall become available to a full time employee only after he/she has completed at least one (1) full, current and continuous year of employment as an employee of the district. For purposes of this program only, a *full-time employee* is defined as *one who is employed in a regularly-established position and working the hours per day specified for that position.*
- B. Membership shall be voluntary. Membership applications are sent to all work sites during sick leave bank annual open enrollment, which runs from September 1 through September 30.
- C. Each participating employee shall initially contribute the number of hours equal to one (1) day from his/her accrued sick leave balance provided that such balance before the deduction of the one (1) day contribution shall be no less than eight (8) days.
- D. Such initial contribution shall only be allowed for the first full calendar month of each school year.
- E. Hours contributed to the bank shall not be returned to the contributing employee's sick leave balance except as otherwise provided herein.
- F. Written application for membership shall be properly submitted on the completed form provided for such purpose and received in the designated office during the thirty (30) calendar days as provided in paragraph "D" above.
- G. Approval or disapproval of membership application and/or applications for use of the bank shall not be subject to any grievance process.
- H. An employee who applies to be a member will receive written notification of membership approval or denial.

- I. If a current sick leave bank member becomes a participant in the DROP, program he/she may continue to participate in the sick leave bank. However, new membership will not be granted to a non-sick-leave-bank member who is already a participant in the DROP program.

III. USAGE

- A. New members with *pre-existing conditions* shall not be eligible to receive days from the sick leave bank for these pre-existing conditions for one (1) year following the date of membership in the sick leave bank.
- B. Written application for utilizing the sick leave bank shall be submitted, no later than fourteen (14) calendar days prior to the use of sick bank utilization, on the required form provided for that purpose. In the case of an unforeseen emergency, the sick leave bank application must be submitted within fourteen (14) calendar days of sick bank utilization.
- C. Each application shall be accompanied by a statement from a licensed medical practitioner stating the nature of the illness as well as the anticipated beginning and ending date of the employee's absence. The committee shall have the right to require another medical opinion at the employee's expense.
- D. Eligibility for sick bank usage shall only be established after an employee has exhausted his/her accumulated sick leave and compensatory time and his/her illness or injury has caused him/her to be absent an additional five (5) days without pay. In lieu of five (5) unpaid days, the employee may use up to five (5) days of paid vacation if he/she is eligible for vacation and has accrued vacation time available.
- E. A member wishing to utilize the sick leave bank will be required to add the number of personal charged to sick days taken in the current fiscal year to the five (5) days unpaid already required.
- F. If the member has participated in the year-end sick leave buy back in the current or previous year, days equal to the number of days withdrawn through that buy-back process will be added to the five (5) workdays without pay currently required before payment from the sick leave bank can begin. (*Effective July 1, 1995*). The maximum number of days for sick leave buy-back is ten (10).

For example: If an employee buys back ten (10) sick leave days at the end of the year, that employee would be in an unpaid status for fifteen (15) days before the sick leave bank benefits could begin. (Ten (10) days bought back + five (5) workdays without pay = fifteen (15) days in an unpaid status). If the employee bought back two (2) sick leave days, that employee would be eligible for sick leave bank after seven (7) days in an unpaid status.
- G. An employee who is receiving ongoing, medically-necessary treatments will be allowed to use forty (40) workdays without those days being consecutive after the five (5) unpaid sick days have been satisfied and they provide doctor statements and leave forms to cover the time used for such treatments.
- H. Pregnancy is not eligible for consideration unless a pregnancy-related condition develops that would qualify under the normal sick leave bank guidelines.
- I. An employee is not eligible for use of the bank if receiving workers' compensation or if on any approved paid leave.
- J. Bank usage shall be limited to forty (40) days per member per school year and is limited to regularly-scheduled work time. Additional work time, such as summer hours, is not an acceptable use of sick leave bank hours.
- K. In order to be eligible for sick leave bank benefits, an employee must have been in an actively-working paid status one day more than one-half of the current or prior school year.

IV. ACTIVATION OF BANK

The sick leave bank shall only become operative upon the accumulation of four thousand (4,000) hours of contributed sick leave as provided herein.

V. TERMINATION

Termination of employment for any reason shall constitute withdrawal from the bank.

VI. MAINTENANCE AND REPLENISHMENT

The number of hours in the bank shall be maintained at thirty-two hundred (3,200). Should the number of hours in the bank fall below thirty-two hundred (3,200), each existing member shall automatically be assessed the number of hours equal to one (1) day of his/her accumulated sick leave to be added to the bank balance. Such assessment shall be accomplished as soon as procedures reasonably permit. In the event an employee's accrued sick leave balance is insufficient to allow for such automatic replenishment, such employee shall be allowed a grace period of no more than sixty (60) school days during which time he/she must accrue the sick leave necessary to meet his/her replenishment obligation.

Failure of an employee to comply with the replenishment provision as provided herein shall cause automatic cancellation of his/her bank membership. Notification will be sent to the member when such membership is canceled.

VII. MISUSE

An employee found to be guilty of misuse of the bank shall be required to repay all sick leave drawn from the bank, have his/her membership withdrawn, be prohibited from future membership, and be subject to disciplinary action as deemed appropriate by the Board.

VIII. WITHDRAWAL

- A. A participating employee who chooses to withdraw from participation in the bank shall not be allowed to withdraw any sick leave days that he/she has contributed to the bank.
- B. Written notification of withdrawal from the sick leave bank shall be sent to the Payroll Department.

IX. RECORDS AND REPORTS

- A. A database will be established and maintained for the use of the Sick Leave Bank Committee.
- B. An annual report will be developed and made available at each work site. The report will show the total use and remaining balance in the sick leave bank. Information on individual usage will not be included in this report.
- C. A monthly report will be produced for use by the Sick Leave Bank Committee.

X. DISSOLUTION OF BANK

In the event it becomes necessary to dissolve the sick leave bank, the hours remaining in the bank shall be distributed equally to the accumulated sick leave balance of each of the then-current members.

Brevard Public Schools

Application for Use of Sick Leave Bank

(Must be submitted at least 14 calendar days prior to the effective date of bank utilization)

Name: _____ Employee ID Number: _____

Phone: Home _____ School or Department Number: _____
Work _____ Contract or Hourly Employee: _____

I wish to apply for use of the Brevard Public Schools Sick Leave Bank for the length of time specified herein and under the conditions and restrictions as described in the official Sick Leave Bank guidelines as adopted by Brevard Public Schools.

I am a member of the Brevard Public Schools Sick Leave Bank and hereby request:

Number of days: _____

Date from: _____ Date through: _____

Date sick leave exhausted (if known) _____

I have read, understand, and agree to adhere to the official sick leave bank guidelines as adopted by the Board.

I understand, in the event my circumstances change so as to require the use of less than the total days applied for herein, it is my duty to notify my Supervisor in writing of such change and the reason therefore.

I understand that statements from a licensed medical doctor covering the total number of days requested and a completed Leave of Absence form must accompany this application.

Signature of Applicant

Date

Please check the following:

<input type="checkbox"/>	Detailed doctor's statement attached
<input type="checkbox"/>	Copy of Leave of Absence form signed by supervisor attached
<input type="checkbox"/>	Is this a pre-existing condition? <u>Yes/No</u> Not answering may delay application processing.

Note: If on a Long Term Disability claim Sick Bank is considered a deductible source of income.

APPLICANT IS TO SIGN AND SEND ALL COPIES TO PAYROLL

To be completed by sick leave bank committee:

Number of days approved _____

Request disapproved _____

Signature of Sick Leave Bank Committee Representative

Reason disapproved _____

Acknowledged for Processing: _____

Assistant Superintendent for Human Resource Services



*Our Mission is to Serve Every Student
with Excellence as the Standard*



Purchasing Retirement Credit for a Leave of Absence

Employees continue to earn **creditable service** for any period they are on an approved leave of absence with pay. You will not earn **creditable service** for any period you are on an approved unpaid leave of absence. Receiving pay from a Disability Carrier does not constitute "with pay."

Employees may find it beneficial to purchase this creditable service prior to their retirement, because it could positively affect the amount of their monthly pension benefits once they retire.

Defined Benefit Plan/Pension Plan Members

You may elect to purchase *creditable service* for up to two work years of authorized leaves of absence. You can do this provided you have completed a minimum of six years of creditable service (excluding periods of leave of absence), and you return to active employment with a **Florida Retirement System (FRS)** employer immediately upon termination of your leave of absence and remain on your employer's payroll for at least one calendar month.

Your cost for purchasing this service will be at the contribution rate in effect at the time of your leave multiplied by your monthly rate of compensation in effect immediately prior to taking your leave plus 6.5% interest compounded annually from the effective date of the leave until full payment is made.

To obtain the cost of purchasing your leave, you must complete both an **FRS-Information Request (Form FR-9)** and an **FRS-Pension Plan Application to Purchase Retirement Credit for a Leave of Absence (Form FR-28)**. Forward the completed forms with a copy of your leave to the Retirement Benefits Office, ESF, for processing and submission to FRS. After FRS calculates the cost to purchase the service credit for the leave, they will mail the final results to your home address.

Defined Contribution Plan/Investment Plan Members

You **may not** purchase creditable service under the Investment Plan. If you have additional service credit you wish to use towards your retirement, you must purchase such service under the Pension Plan before you become a member of the Investment Plan.

Deferred Retirement Option Program/DROP Members

You **may not** purchase creditable service under the DROP Program. If you have additional service credit you wish to use towards your retirement, you must purchase such service under the Pension Plan before you join the DROP Program.

Additional Information

For specific information about purchasing retirement service credit, you may contact the **BPS Retirement Office online** or by phone at 633-1000 x260.

**Brevard County Public Schools
Office of Employee Benefits**

MEDICAL LEAVE - RETURN TO WORK MEDICAL CERTIFICATION FORM

NOTE: This form is to be completed when you have been **released by your physician** to return to work from your medical leave. You must have your healthcare provider certify that you are able to return to work and the effective date. You will **not** be permitted to resume work until healthcare provider certifies that you are able to perform the essential functions of your job. Return the form to the Office of Employee Benefits **prior** to your request to return to work.

PART I: EMPLOYEE INFORMATION (to be completed by Employee)

Employee Name:	_____
School/Dept:	_____
Job Title:	_____
Employee ID #:	_____

Date Leave of Absence Began: Date: _____

Date Employee Will Return to Work: _____

Employee IS NOT returning to work. Separation Date is: _____

Employee's Signature: _____

PART II: CERTIFICATION OF QUALIFYING CONDITION (to be completed by the Health Care Provider)

Name of Health Care Provider: _____

Name of Health Care Practice: _____

Address: _____

Phone: _____ **Date of Examination:** _____

Name of Employee: _____ **Name of Patient:** _____

I certify that _____ is able to perform the essential functions of his/her job without restrictions effective **Date:** ____/____/____

Please indicate if restrictions apply. If yes please describe limitations:

YES
 NO

Return to Work date: _____ **Date:** ____/____/____

CERTIFICATION: I affirm that the information provided above is true and accurate to the best of my knowledge.

Signature-Health Care Provider:
(do not use stamp or designee signature) _____ **Date:** _____

Today's date: _____

Employee ID:100 _____

BREVARD PUBLIC SCHOOLS REQUEST FOR LEAVE OF ABSENCE

Forms and supporting documents must be submitted 10-days in advance of leave

Select one:

Original request

Change request

Extension request

Employee Information

It is the employee's responsibility to ensure that the leave department has the current contact information and communicate any changes

Legal Name _____

School / Dept name _____

Home Address _____

Dept # _____

Mailing address (if different) _____

Job Title _____

Phone number _____

Hours worked per day _____

Personal email address _____

Date of hire _____

*required for correspondence

Sick days balance _____ Sick time start _____ Sick time end _____ Unpaid start date _____

I understand my vacation time will be used once my sick time is exhausted

Leave Type

Select one	Begin date	End date	Document required*		Select one	Begin date	End date	Document required*
FMLA - Employee			FMLA certification		Personal - FMLA reasons			Physician statement with begin and end dates
FMLA - Family member			FMLA certification		Personal - Public service			Explanation required below
FMLA - Birth of a child			FMLA certification		Personal - Jury duty			Summons or verification from clerk of court
FMLA - Parental leave *must be taken within 30 days of delivery or adoption			Written statement from licensed physician verifying pregnancy and estimated birth date		Personal - Union			
FMLA - Adoption			Adoption or court papers		Personal - Charter School			Verification from Charter school
FMLA - Military			Military order		Personal - Professional leave			Registration deadline from institution
Injury in the line of duty *Will be charged to FMLA if applicable			First report of injury filed with risk management		Personal - Educational leave			Course schedule upon application
Extended medical			Physician statement with begin and end dates		Personal - Child rearing *not to exceed balance of school year + 1 year			Proof of birth
					Personal - Other *Explanation required			Explanation required below.

*For detailed information on required documents please refer to the leave guidebook

Personal leave explanation: _____

I understand that my insurance benefits will continue during my leave of absence, and I will be responsible to directly pay for those benefits during any unpaid portion of the leave. I may make changes to or cancel my benefits by submitting a Benefit Change form to the Employee benefits office within 30 days of the first day of my unpaid leave.

I understand that I am required to present a physician's note upon my return from a medical leave over 5 days.

I understand that it is my responsibility to communicate changes to my leave of absence as soon as possible to my coordinator and supervisor.

I understand that if I do not return upon the completion of my leave and have not requested additional leave, I am considered absent without leave.

Check this box only if you are married to an actively-at-work, benefits eligible BPS employee

Signature of Employee: _____

Date:

Principal / Admin / Supervisor Acknowledgment: _____

Date:

Recommend

Not Recommend

Leave Department Representative: _____

Date:

Approved

Not Approved