HUMAN RESOURCES
AMHERST-PELHAM SCHOOL DISTRICT
413.362.1873 | HumanResources@arps.org | www.arps.org

Family and Medical Leave Act (FMLA) Overview & Leave Process

At ARPS, we recognize that health and family challenges can arise unexpectedly. The Family and Medical Leave Act (FMLA) is a federal law designed to provide eligible employees with job-protected, unpaid leave for specific family and medical reasons. This guide outlines your rights, responsibilities, and the process for requesting FMLA leave.

What is FMLA?

The Family and Medical Leave Act (FMLA), a federal law, protects you from negative impacts on your job when you take time off or a leave of absence for any of the following reasons:

- A serious health condition, either yours or a family member's
- Prenatal medical care or incapacity due to pregnancy and/or delivery
- Time to bond with your new baby or newly placed adopted or foster child
- Qualifying activities (exigencies) related to a family member's active military duty
- A serious injury or illness of a family member who is a current member of the armed forces or a veteran

The HR Department determines when to designate leave as "FMLA" based on the facts of each situation. When we know facts that indicate your leave of absence might be covered under FMLA, we must inform you of your rights under this law. You are responsible for providing enough information so the HR Department can make an appropriate determination.

Enclosed Documents:

- FMLA Employee Guide – Outlines your rights and responsibilities under FMLA.
- Employee Request for FMLA Leave – Please complete this request in Records and submit the form as soon as possible.
- Certification of Health Care Provider Form – To be completed by your doctor to certify your need for medical leave. Please review and select the appropriate form based on your situation:
  - Employee's serious health condition, form WH-380-E - For your own serious health condition.
  - Family member's serious health condition, form WH-380-F - For the serious health condition of a family member.

  All medical information is strictly confidential and will be stored separately from your personnel file. It will only be shared with individuals involved in the FMLA process.

  For questions about COBRA, please contact Carol Newman-Rose at newman-rosec@arps.org. We encourage you to schedule a meeting with both Carol and me to review the financial impact of COBRA and discuss your leave options in more detail. ***Employees' guide to health benefits under COBRA***

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Step by Step Instructions & Timeline:

1. Notify Your Supervisor

Start by informing your direct supervisor of your intent to take a medical or family leave. It is your responsibility to notify your supervisor that you are taking FMLA leave, including your expected start date and duration. Even though HR reviews and approves the leave, your supervisor must be informed so they can plan for appropriate coverage during your absence.

2. Submit Your Leave Request

Log in to **Records** and complete the Employee Request for FMLA Leave and submit the form as soon as possible. This will now be the **eFMLA Employee Access Portal.**

3. Complete Medical Certification

Once you receive your **eligibility notice** from HR, download the **FMLA WH-381** form.

- Please review and select the appropriate form based on your situation:
  - Employee's serious health condition, form WH-380-E - For your own serious health condition.
  - Family member's serious health condition, form WH-380-F - For the serious health condition of a family member.

- **Submission Options**
  The completed certification can be:
  - Faxed directly to us at (413) 549-6108, or
  - Returned to you and submitted by email or in person.

- **Deadline**
  The form must be returned to HR within 15 days of receipt. Your healthcare provider may fax your completed paperwork to HR, but we recommend that you get a copy for yourself so that you can send it to HR directly, if necessary. If more time is needed, provide a reasonable explanation for the delay. Failure to submit a complete and sufficient certification within this timeframe may result in the denial of your FMLA leave request.

4. Receive a Designation Notice from HR (Yahdira Torres)

Once we receive and review the completed documents, we will determine your eligibility for FMLA leave. You will receive a **Designation Notice** within the timeframe required by law, confirming the status of your FMLA request.

5. Confirm Benefits Coverage: Carol Newman-Rose (Benefits Specialist)

We strongly recommend scheduling a meeting with HR to discuss your COBRA options and financial impact. Contact the **Benefits and Payroll departments** to ensure your insurance coverage is in place during your leave.

Paid & Unpaid Leave:

- Any available sick, personal, or vacation time will be applied during your FMLA leave.
- Once FMLA leave is exhausted, any additional leave will be unpaid.

Health Insurance & COBRA:

- When FMLA leave ends (or if you go on non-FMLA leave), the district is required to terminate your insurance coverage.
- You will be offered the option to enroll in COBRA, which allows you and your family to continue health and life insurance temporarily.
- Please note: COBRA premiums are higher than employee contributions while actively working, as you will pay the full premium, including the district's portion.

6. Work with Payroll for Payment Details (Monica Torres or Lesley Howard)

Once approved, Payroll will be notified and can help you understand your **pay schedule and deductions** during leave.

For more information on FMLA, visit the following links below:

🔗 U.S. Department of Labor – FMLA Overview

🔗Frequently Asked Questions

ARPS FMLA Threshold

FMLA - 1250 hrs	ARPS FMLA Threshold
Unit A - 184 days work / 7 hrs / 15 sick	1250
Unit B - FY & SY 200 / 7.5 hrs	1250
Unit C - 185 work days / 12 sick days	1125
AFSCME - SY180 days x 8 1,250	1250
APAA - SY 202 work days x 8	1250
FS Managers - 185 days x 8 hrs	1250
FS MS / HS Cooks - 185 days x 8 hrs	1250
General Cook - 185 days x 7 hrs	1211