# Pay and Benefits

* 1. **Benefits**
		1. **Schedules of Benefits**

The BOCES has designed three separate Schedules of Benefits for its employees: Schedule A, Schedule B, Schedule C. **See Section I for these Schedules**. The premise for each of the schedules is the number of days in the employee’s Employment Agreement. The benefits are detailed on each of the schedules.

Employees other than those on Benefit Schedule A are required to have an individual employee calendaron file in the Human Resources office. **HR will email you a blank calendar to complete each fiscal year to return and maintain in the HR office**. Special Education staff have different calendars depending on the positions they hold.

Employee calendar’s shall be approved by the immediate supervisor.

* + 1. **Family Leave Medical Act**

Pursuant to the Family and Medical Leave Act (FLMA) of 1993, employees are qualified for leave for the reasons and provisions as specified in the Act. To be eligible for leave under this policy, an employee shall have been employed for at least 12 months and shall have worked at least 1,250 hours during the 12-month period preceding the commencement of the leave. A full-time classroom teacher shall be deemed to be eligible for family leave. If an employee is entitled to paid leave under another policy, the employee shall take the paid leave first. An eligible employee shall be entitled to a combined total of 12 weeks leave per year under particular circumstances that are critical to the life a family.

Family leave is taken for the purpose of either childbirth, child care, adoption, or case of illness in the employee’s immediate family.

The complete BOCES policy regarding Family Leave is detailed on the CBOCES website, [www.cboces.org](http://www.cboces.org), about us, Board policies, Section G- personnel, GBGF, GBGF-R.

* + 1. **Sick Leave Bank**

In accordance with BOCES policy GBGH under personnel on the CBOCES’S website, under Board Policies in addition to the regular sick leave allotted to each BOCES employee (see Policy GBGG), a Sick Leave Bank has been established by the Centennial BOCES for use by any BOCES employee whose accumulated sick leave is inadequate for an extended illness or disabling condition. An employee may be required to furnish satisfactory medical proof of illness or disability.

Each BOCES staff member employed at .5 FTE, or more, is eligible to join the Bank, and may do so voluntarily by contributing two (2) days from his/her eligible sick leave. These days will be removed from the individual’s sick leave eligibility and will be transferred to the Bank total.

**Eligibility**

Participation in the bank is voluntary. Upon an employee’s hiring, the opportunity to join the Bank will be offered. If the employee wishes to join the Bank, the first two days of unused sick leave days will be donated to the bank. All other employees may join by September 1 of any year. Employees who choose not to contribute to the Bank will not have the opportunity to take advantage of the Bank.

**Participation In and Utilization of Bank**

To find out more about the use of the bank please refer to the policy, CBOCES Policy- under Personnel GBGH. The Membership Application to become a member and the Sick Leave Bank Application Form are included for your information.

* + 1. **Leaves**

Leaves available to BOCES employees that are not detailed on the Schedules of Benefits are as follows:

❒ Jury Duty and Witness Leave (Policy: GBGK)

❒ Staff Victim Leave (Policy: GBGL)

❒ Military (Policy: GBGI)

All employees taking available leaves must request leave on the portal and obtain supervisor approval. [www.cboces.org](http://www.cboces.org), go to employee services, employee online IV, login username 1st initial, last name, password Cboces123, (when authenticate check spam email for code), employee resources, attendance, request time off, follow promps.

* + 1. **Insurance and Other Benefits**

For employees who work less than 1.0 FTE, the BOCES paid benefit amount is pro-rated commensurate with the employee’s FTE. This definition is detailed in the BOCES Policy GCBD and on the Schedule A,B, or C.

**Group Insurance Benefit Package**

❒ Major Medical Insurance ❒P.E.R.A.

❒ Life Insurance ❒ Long Term Disability

The BOCES pays employee coverage as per the Schedule of Benefits. Dependent coverage may be purchased by employee.

* + 1. **Workers’ Compensation**

Workers’ Compensation Insurance is maintained by the BOCES to pay costs and benefits in connection with accidents or covered occupational diseases which arise out of and in the scope of employment.

You are required to report your accident to your supervisor and the Centennial BOCES Human Resource Department immediately. Effective July 1, 1998, all employees must obtain treatment for work-related injuries and illnesses from one of the following:

**UCHealth GMC Champs Department**

**1900 16th Street 4th Floor**

**Greeley, CO 80631**

**970-350-2471**

**Colorado Plains Medical Group – Lincoln**

**1000 Lincoln Street Suite 200**

**Fort Morgan, CO 80701**

**970-542-4390**

**Colorado Plains Medical Group – Lincoln**

**1000 Lincoln Street Suite 200**

**Fort Morgan, CO 80701**

**970-542-4390**

**UCHealth Longmont Clinic PCP – OCCMED**

**1925 W Mountain View Avenue**

**Longmont, CO 80501**

**970-237-8031**

In the event of a life or limb-threatening emergency, you will be taken to the nearest hospital or emergency care facility. The medical providers designated above, if needed, will provide follow-up care. Other information may be obtained by contacting the Human Resource office.

* + 1. **Retirement Compensation**

All personnel are required by law to join the Public Employees Retirement Association (PERA). PERA membership requires a payroll deduction of 10% for participating employees and 20.9% by the BOCES or as set by the State of Colorado Statutes.

Retirement compensation is determined by the Public Employees Retirement Association and is based on years of membership, salary received during employment, full time equivalence and options selected by the retiree.

* + 1. **Expense Reimbursement**

In accordance with BOCES Policy DKC\* under Fiscal Management the BOCES will reimburse employees for work related expenses. **Receipts** must accompany all requests for reimbursement with the exception of the mileage pay form.

The following forms have been adopted to help facilitate this process:

* + - * 1. Mileage Pay Form

This form should be turned in at **monthly** and mileage will

be paid through the financial system

The form may need supervisor approval, but not necessarily required.

Mileage at the end of the fiscal year (June 30th) must be turned in for processing no later than July 5th.

* + - * 1. Travel Expense Advance

Optional form and it may be filled out prior to attending a work

related conference.

Form is in triplicate.

The **Estimated Expense** column is completed at least three weeks

prior to conference

Prior approval of supervisor and Executive Director is required

Copy of form submitted for payment processing through financial

system

After conference, **Actual Expenses** column is completed and

receipts are attached

Supervisor approves **Actual Expenses**

 If Balance Due is to the Employee, a copy of the form plus receipts is submitted through the financial process for employee reimbursement

If Balance Due is to the Employer, a copy of the form plus receipts is submitted to supervisor for reimbursement to BOCES

* + - * 1. Out of State Travel Approval

The Executive Director **must approve travel to an out of state conference in advance.**

Approval should be obtained prior to conference registration.

* + - * 1. General Expense Reimbursement

Form accommodates reimbursement to staff for work-related

expenses

Staff member is conducting workshop out-of-town and needs to pick up supplies, refreshments, etc.

**Receipts must be attached** to form

Approval of supervisor obtained

A **receipt must accompany all expenses for which an employee**

**requests reimbursement**

To claim breakfast, the employee must depart from home or the

BOCES office prior to 6:00 a.m. To claim dinner, the BOCES

business function must extend past 6:00 p.m.

Automobile Mileage Allowance: A mileage allowance will be paid for the use of privately owned automobiles on BOCES’ business.

For further information regarding Expense Reimbursement see Policy Manual Section DKC\* and the accompanying regulations.

* 1. **Payroll Information**
		1. **Pay Day**

Payday is normally the last working day of the month.

* + 1. Salary Schedules

Centennial BOCES currently has three salary schedules for its employees.

* + - * 1. Classified Professional and Support Staff Salary Schedule

BOCES Professional and Support Staff are on a Performance Pay Plan.

Performance Pay Plan is utilized in conjunction the Employee’s current Performance Evaluation

* + - * 1. Licensed Salary Schedule

Certificated staff newly hired are given credit for a maximum of 12 years Credit for previous experience

BOCES also has a provision for educational advancement on the Licensed Salary Schedule.

Request for Educational Advancement on the Salary Schedule must be completed and submitted on or before April 1st for the employee to be eligible for educational advancement pay for the ensuing year.

Detailed information is provided on the Request for Educational Advancement on the Salary Schedule Form 1/3 of the credits 2/3 of the advancement credits must be college or university credit hours. The other 1/3 may be professional development credits.

* + - * 1. Instructional Support Staff Salary Schedule

Salary Schedules are reviewed and updated every two years via salary surveys. Salary Schedules are viewable on [www.cboces.org](http://www.cboces.org), financial transparency, salary & benefit schedules.

* + 1. Payroll/Personnel Changes to Employment Agreement

A Payroll/Personnel Change Form is utilized when the following changes occur during a fiscal year:

* + - * 1. Address Change
				2. Salary amount change
				3. FTE change\Contract day change
				4. Assignment Change
				5. Job Classification Change

Change is initiated by supervisor and approved by Executive Director

* + 1. Salary Check Deductions
			1. Required Deductions
				1. Federal withholding
				2. State withholding
				3. PERA
				4. Medicare deduction (1.45%) for persons employed after April 1,

1986.

 (5) Unemployment

* + - 1. Deductions Authorized upon Written Request by Employee
				1. BOCES approved tax sheltered annuity contracts
				2. United Way Program
				3. BOCES approved Group Insurance(s)
				4. St. Vrain Valley Schools and Weld County Schools Credit Unions
				5. Direct Deposit
				6. PERA Survivors Insurance
				7. PERA 401-k
				8. BOCES approved Section 125 Plans

Unreimbursed Medical

Dependent Day Care

BOCES approved insurance premium deductions

* + 1. Payroll Processing Deadlines and Requirements
			1. Time card and sub forms are to be approved, signed and

submitted to the Human Resources office in Greeley by the 15th of the month. If the 15th falls on Saturday or Sunday, time cards must be submitted on the preceding Friday. The Human Resources office must approve any exception to this requirement.

* + - 1. Payday is normally the last working day of the month.

* + 1. Overtime and/or Comp Time **(Non-exempt Staff)**

In accordance with law, overtime, when approved in advance by the appropriate supervisor, shall be paid at the rate of time and one-half for all hours worked in excess of 40 hours per week or 12 hours per day.

 Certain positions are identified as exempt according to the Fair

Labor Standards Act and therefore, do not qualify for overtime. Questions can be directed to your supervisor and the Human Resources Office.

**Emergency Closings**

The Executive Director will decide emergency closings. In case of bad weather, the Executive Director will consult with superintendents and other member district employees and make a decision about whether or not the offices will be closed. Telephone trees will be utilized to contact employees. Please don’t try to call the Executive Director or Program Director to find out if you are to report to work; that ties up the phones and the calls cannot be made. Please wait for your designated person to call. If it is necessary to close the office during the day the Executive Director will notify the Program Directors and they will let you know when the offices are closing. Please see your director for an updated telephone tree. The Communication Specialist also posts any closings on the CBOCES’s website for that day, as well.

#  Form 27



**MILEAGE PAY REQUEST**

**TRAVEL FOR MONTH OF YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **From** | **To** | **Purpose** | **Program** | **Miles** |
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| **Total Miles**  |  |  |

 \_\_\_\_\_\_\_Miles x \_\_\_\_\_ per mile = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***I certify the above to be correct:***

Name: Account:

Address:

Employee SignatureSupervisor Signature



**Form 28**

**CENTENNIAL BOCES**

**HOURLY EMPLOYEE RECORD**

 **CLASSIFIED STAFF**

**Print Name:**

**Job Title: Program:**

**Rate:**  **Job Code:**

|  |  |
| --- | --- |
| **Month:** | **Month:** |
| **Day of** **Month** | **Hours** **Worked** | **Account Number Charged** | **Day of** **Month** | **Hours** **Worked** | **Account Number Charged** |
| **16** |  |  | **1** |  |  |
| **17** |  |  | **2** |  |  |
| **18** |  |  | **3** |  |  |
| **19** |  |  | **4** |  |  |
| **20** |  |  | **5** |  |  |
| **21** |  |  | **6** |  |  |
| **22** |  |  | **7** |  |  |
| **23** |  |  | **8** |  |  |
| **24** |  |  | **9** |  |  |
| **25** |  |  | **10** |  |  |
| **26** |  |  | **11** |  |  |
| **27** |  |  | **12** |  |  |
| **28** |  |  | **13** |  |  |
| **29** |  |  | **14** |  |  |
| **30** |  |  | **15** |  |  |
| **31** |  |  |  |  |  |
| **TOTAL HOURS** |  |  |

***Time sheets are due on or before the 15th day of the month. Time sheets received after the 15th will be held until the following month for processing.*** TIME SHEETS RECEIVED 60 DAYS after the 15th of the month hours worked WILL NOT be processed.

 ***APPROVALS:***

**Employee**

**Address Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  **Executive Director ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Centennial BOCES**

**Expense Reimbursement Form**

**Name: Date: thru**

**Address: Purchase Order No.**

**Account No.**

***For Reimbursement All Receipts Must Be Attached***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Purpose** | **Description** | **Amount** | **Total** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTAL** |  |

Employee’s Signature: Date:

Supervisor’s Approval: Date:

**REQUEST FOR EDUCATIONAL ADVANCEMENT PAY**

**ON THE SALARY SCHEDULE**

**TEACHER NAME:**

I certify that I have satisfactorily completed the following college/university course work and have attached documentation (grade reports/transcripts or other written evidence from the college or university) and are eligible for advancement on the salary schedule.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No. & Brief****Description** | **Semester****Hrs. Earned** | **College or****University** | **Date****Course Completed** |
|  |  |  |  |
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As a result of completing these courses I am now eligible for the following lateral educational step on the salary schedule. Please check the appropriate lateral step:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BA+15** | **BA+30** | **BA+45** | **MA** | **MA+15** | **MA+30** | **MA+45** | **EDD** |
|  |  |  |  |  |  |  |  |

**Please note:** Lateral educational steps must be at least 10 university/college credit hours (semester hours). The remaining five (5) units may be either university/college credit or approved professional development (PDC) credits. Employees may utilize approved PDC credits earned. Also, Board Policy requires that teachers must notify the central office of their eligibility for increments on the lateral scale. The notification must be submitted on this form and include official transcripts documenting college credit hours earned. Notification **must be made on or before April 1st to be eligible for educational advancement pay for the ensuing school year.** To receive the lateral advancement on the salary schedule, the required documentation, as described above, must be approved by the supervisor and returned to the HR Office in Longmont by August 1st. Failure to serve notification by the deadline will result in the forfeiture of the increment for the school year.

**Teacher Signature Date**

I have reviewed and approved the course work and this educational advancement salary request.

**Program Administrator Approval Date**

**Executive Director Effective Date of Increase**

**Membership Application**

**Centennial BOCES**

### Sick Leave Bank

**To be completed by employee:**

Employee’s Name:

Home Address:

Home Phone: Work Phone:

Position: FTE:

Eligibility Verified:

Current Personal Sick Leave Days Available:

Days Donated to Sick Leave Bank: 2

Personal Sick Days Remaining:

Date Sick Leave Bank Membership Processed:

I understand by the above, that I am donating two of my personal sick days to the Centennial BOCES Sick Leave Bank and am now an eligible bank member. If I choose to withdraw at a later date, I understand that my donated two days will be forfeited to the Bank.

Employee Signature Date

 **Membership Processed by Human Resources:**

 Human Resources Representative Signature Date

# Request to Access Centennial BOCES

**Sick Leave Bank**

## Part I: To be completed by employee or representative

Employee’s Name:

Home Address:

Home Phone: Work Phone:

Position: FTE:

Date Sick Leave Bank Membership:

Date illness/injury began: Expected Duration:

Date all current sick leave will be / was exhausted:

Number of days requested from Sick Leave Bank:

Briefly describe the nature of illness / injury:

Required medical records shall be attached to this request.

Employee Signature: Date:

Program Director Signature: Date:

Committee Chair Receipt

Signature: Date:

Committee Disposition:

Executive Director: Date:

Signature: Date:

**PART II: Attending Physician’s Statement**

Employee’s Name: Soc Sec Number

Home Address:

Home Phone: Work Phone:

**Physician**

Name: Phone:

Address:

Date first consulted for this condition:

Briefly describe the nature, diagnosis, and treatment of illness / injury:

**Anticipated duration employee is unable to work due to condition.**

From: Through:

Signature of Physician: Date:

File: GBGH

# SICK LEAVE BANK

In addition to the regular sick leave allotted to each Centennial BOCES employee, a sick leave bank has been established by Centennial BOCES. The purpose of the sick leave bank is to provide a source of sick leave for a Centennial BOCES employee who sustains a long illness and uses up all accumulated leave or for the new employee who likewise sustains a long illness and does not have accumulated leave to use. The sick leave bank will consider all illnesses, including medical conditions related to pregnancy.

# Eligibility

Participation in the bank is voluntary. Upon an employee’s hiring, the opportunity to join the Bank will be offered. Each Centennial BOCES staff member employed at .5 FTE, or more, is eligible to join the Bank, and may do so voluntarily by contributing two days from his/her eligible sick leave. These days will be removed from the individual’s sick leave eligibility and will be transferred to the Bank total. All other employees may join by September 1 of any year. Employees who choose not to join the Bank will not have the opportunity to take advantage of the Bank.

#  Use of Sick Leave Bank

Use of sick leave bank days by a Bank member is limited to any extended health problem which has depleted the employee’s own sick leave days. All requests for use of the Sick Leave Bank will be in writing, by completing the Sick Leave Bank form and will be accompanied by appropriate medical information justifying the request. All such information will be treated as confidential by the Sick Leave Bank Committee. This committee shall be composed of three Centennial BOCES employees, including the executive director, or designee. The committee will give consideration to the following factors:

1. Member’s past conservation and fair use of leave policies.
2. The seriousness of past and current illnesses and injuries.
3. Any unusual circumstances involved.

Further, in making these determinations, the committee will review information presented by member employees and may consider information available from any other source. The committee may request a letter from the attending physician stating that the individual was not able to perform the normal duties of the job.

Approved requests shall be for no more than 10 working days. Absences beyond the 10 initial days will not require an additional written request, but must be separately approved by formal action of the Sick Leave Bank Committee. The total, maximum number of sick leave bank days that can be approved for an individual employee is limited to 30 total days in each calendar year.

Sick leave days in the Bank will carry over from year to year. Should the number of available sick leave days in the Bank fall below 40, members of the Bank will be uniformly assessed additional sick leave days from their personal sick leave to bring the total back to, or above, the 40 day minimum. A member employee withdrawing from the sick leave bank may not withdraw contributed days.

CROSS REFS.: GBGF, Federally-Mandated Family and Medical

GBGG, Staff Sick Leave

Revised: January 18, 2018

Revised: September 11, 2006

Adopted: May 16, 2002 Centennial BOCES

## Request to Utilize Family Medical Leave

## Centennial BOCES

## Part I: To be completed by employee or representative

Employee’s Name: Soc Sec Number

Home Address:

Home Phone: Work Phone:

Position: FTE:

Date(s) Leave Requested:

Briefly describe the reason for leave request:

Date illness/injury began: Expected Duration:

Required medical records shall be attached to this request.

Employee Signature: Date:

Program Director Signature: Date:

Executive Director: Date:

# File: GBGF

# FEDERALLY-MANDATED FAMILY AND MEDICAL LEAVE

This policy shall apply to all family and medical leaves of absence covered under the Family and Medical Leave Act of 1993 (FMLA). Terms used in this policy and its accompanying regulation, such as “serious health condition,” “qualifying exigency,” “covered active duty,” “covered service member,” and “serious injury or illness” shall be as defined by the FMLA and its implementing regulations.

# Eligibility

To be eligible for a family and medical leave of absence (FMLA leave) under this policy, an employee shall have been employed for at least 12 months and shall have worked at least 1,250 hours during the 12-month period preceding the commencement of leave. A full-time classroom teacher shall be deemed to meet the hourly requirement but must also meet the 12-month requirement to be eligible for family leave.

# Permitted Reasons for FMLA Leave

An eligible employee shall be entitled to a combined total of 12 weeks of leave per year for the following reasons:

1. The birth and care of the employee’s newborn child;
2. The placement of a child with the employee for adoption or foster care;
3. To care for the employee’s child, spouse, or parent with a serious health condition;
4. When the employee is unable to perform the essential functions of his/her position because of the employee’s own serious health condition; or
5. Any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter or parent is on covered active duty in the Armed Forces or has been notified of an impending call or order to covered active duty in the Armed Forces.

Spouses who are both employed by Centennial BOCES shall be entitled to a total of 12 weeks of leave (rather than 12 weeks each) per year for reasons (1), (2), (3) and/or (5) specified in the immediately preceding paragraph.

Entitlement for child care leave shall end after the child reaches age one or 12 months after adoption or foster placement. Leave to care for a child shall include leave for a step-parent or person in *loco parentis*.

An eligible employee who is a spouse, son, daughter, parent or next of kin of a covered service member with a serious injury or illness incurred or aggravated in the line of duty on active duty shall be entitled to a total of 26 weeks of leave during a single 12-month period to care for the covered service member.

The single 12-month period shall begin on the first day the employee takes leave for this reason and shall end 12 months later. During that 12-month period, the eligible employee is entitled to a combined total of 26 weeks of leave under this policy. Only 12 weeks of the 26 week total may be for a FMLA-qualifying reason other than to care for a covered service member.

Spouses who are both employed by Centennial BOCES shall be entitled to a total of 26 weeks (rather than 26 weeks each) in a single 12-month period if the leave is to care for a covered service member with a serious injury or illness, or a combination of caring for a covered service member and reasons (1), (2), (3) and/or (5) above.

# Intermittent or Reduced FMLA Leave

Leave may be taken on an intermittent or reduced leave schedule. Centennial BOCES may require the employee to transfer temporarily to an alternative position which better accommodates recurring periods of absence or a part-time schedule provided that the position has equivalent pay and benefits. Teachers requesting intermittent or reduced leave involving greater than 20 percent of their working time during such period may, in the alternative, be required to take leave continuously for all or a specified part of the total period involved.

Intermittent leave or leave on a reduced schedule shall not be allowed because of the birth of an employee’s child and to care for a newborn child, or because of the placement of a child with an employee for adoption or foster care.

# Health Insurance and Benefits

Centennial BOCES shall maintain coverage under any group health insurance plan for any employee who is granted an approved leave of absence under this policy for the duration of the leave. Such coverage shall be maintained at the same level and under the same conditions as coverage would have been provided if the employee were not on leave. Centennial BOCES reserves the right to seek reimbursement for this benefit in the event that an employee elects not to return to work, as allowed by law.

The use of FMLA leave shall not result in the loss of any employment benefit that accrued prior to the start of the FMLA leave.

# Reinstatement after FMLA Leave

Reinstatement shall be determined in accordance with any applicable law Board policies. If the employee on leave is a salaried employee and is among the highest paid 10 percent of employees, and keeping the job open for the employee would result in substantial economic injury to Centennial BOCES, the employee may be denied reinstatement provided Centennial BOCES notifies the employee of its intent to deny reinstatement at the time economic hardship occurs, and the employee elects not to return to work after receiving the notice.

Centennial BOCES shall fully comply with the FMLA and shall be entitled to take all actions and exercise all options authorized under the FMLA consistent with this policy and its accompanying regulation. In the event that this policy or its accompanying regulation conflict or are otherwise inconsistent with mandatory provisions of the FMLA, the mandatory provisions of the FMLA shall control.

LEGAL REFS.: 29 U.S.C. 2601 *et seq*. Family and Medical Leave Act 29 C.F.R. Part 825 regulations

CROSS REFS.: GBGE, Staff Maternity/Paternity/Parental Leave

GBGG, Staff Sick Leave GBGK, Staff Legal Leave

Revised: January 18, 2018

Reviewed: CASB 2005

Adopted: June 16, 1998 Centennial BOCES

# File: GBGF-R

# FEDERALLY-MANDATED FAMILY AND MEDICAL LEAVE

**Notification and Reporting**

When the need for leave for a family and medical leave of absence (FMLA leave) is foreseeable, the employee shall provide at least 30 days prior notice to Centennial BOCES, unless circumstances dictate otherwise. If the requested FMLA leave is because of a military-related qualifying exigency and the leave is foreseeable, the employee shall provide notice to Centennial BOCES as is reasonable and practicable. With respect to foreseeable treatments, the employee shall make a reasonable effort to schedule treatment so as not to disrupt Centennial BOCES operations.

If the need for FMLA leave is unforeseeable, the employee shall provide notice to Centennial BOCES as soon as practicable under the circumstances.

If an employee’s requested FMLA leave also constitutes paid leave under another Board policy, the FMLA leave and other applicable leave shall run concurrently.

In the absence of an employee’s request for FMLA leave, Centennial BOCES may independently determine whether an employee’s leave under another Board policy constitutes FMLA leave and, if so, shall notify the employee that the leave will be counted against the FMLA leave to which the employee is entitled

If the FMLA is due to illness, the employee shall report periodically on his/her leave status and intention to return to work.

If the requested FMLA leave is because of a military-related qualifying exigency, Centennial BOCES may require the employee to provide supporting documentation of such exigency.

Centennial BOCES may also require the employee to show certification of the familial relationship if the request for FMLA leave is to care for a family member with a serious health condition, to care for a covered service member with a serious injury or illness, or in connection with a military-related qualifying exigency.

# Medical Certification

Centennial BOCES shall require medical certification to support a claim for leave for an employee’s own serious health condition; to care for the employee’s child, spouse, or parent with a serious health condition; or to care for a covered service member’s serious injury or illness. The medical certification will be sufficient if it contains the date on which the condition or injury/illness commenced, the probable duration of the condition or injury/illness, and any appropriate medical information.

For an employee’s own serious health condition, the medical certification also must include a statement that the employee is unable to perform the functions of his/her position. For leave to care for a child, spouse, or parent with a serious health condition or to care for a covered service member with a serious injury or illness, the medical certification must include an estimate of the amount of time the employee is needed to provide care.

In its discretion and in accordance with the FMLA, Centennial BOCES may require a second or third medical opinion and periodic re-certifications as Centennial BOCES deems reasonably necessary.

Medical certification for intermittent leave must indicate the dates on which treatment is expected to be given and the duration of the treatment. For leave to care for a child, spouse, or parent with a serious health condition or to care for a covered service member with a serious injury or illness, the medical certification must include a statement that the employee’s intermittent leave is necessary to care for the family member and the expected duration and schedule of treatment.

For the employee’s own intermittent leave, the medical certification must contain a statement indicating the medical necessity of the intermittent treatment and its expected duration.

# Return to Work

An employee who has taken leave due to the employee’s own serious health condition shall be required to provide a medical certification from the employee’s physician that the employee is able to resume work. In addition, Centennial BOCES reserves the right to consult with a public health official if there is any question about possible transmission of a disease in the school setting.

The following return to work provisions applies to teachers:

1. If the teacher begins any category of FMLA leave more than five weeks prior to the end of the semester and the leave is for more than three weeks, Centennial BOCES may require the teacher seeking to return within the last three weeks to continue the leave through the end of the semester.
2. If the teacher begins any category of FMLA leave, except for the teacher’s own serious health condition less than five weeks before the end of the semester, and the period of leave is greater than two weeks, Centennial BOCES may require the teacher seeking to return within the last two weeks to continue the leave through the end of the semester.
3. If the teacher begins any category of FMLA leave, except for the teacher’s own serious health condition, three or fewer weeks before the end of the semester, and the period of leave is greater than five working days, Centennial BOCES may require the teacher to continue the leave through the end of the semester.

# Repayment of Benefits

If the employee fails to return to work upon completion of an approved FMLA leave, Centennial BOCES may recover from the employee the cost of any payments made to maintain the employee’s group health insurance coverage unless the failure to return to work was due to a continuation, recurrence, or onset of a serious health condition as certified by a physician that entitles the employee to leave or for other reasons beyond the employee’s control.

# Posting/Notice to Employees

Centennial BOCES shall post notices explaining the rights and responsibilities under the Family and Medical Leave Act (FMLA) in locations where they can be readily seen by employees and applicants for employment.

Notice of the FMLA’s rights and responsibilities shall also be incorporated into employee handbooks or provided directly to employees.

Revised: January 18, 2018 Centennial BOCES

**CBOCES VEHICLE CHECK-OUT PROCEDURES**

All staff will have access to the agency vehicles if they are available for check-out. The Centennial BOCES Administration Department will monitor vehicle use. Please advise the Administration Department of any specific vehicle concerns upon use of the agency vehicle. The following procedures have been established:

* The Media Subaru is not available for check-out on Thursdays.
	+ This vehicle will be checked out on a first come – first served basis
* The Nissan van is available for check-out every day; however, SWAP and Special Education staff will have priority in using this vehicle and if you have it reserved and they need it you may be “bumped” from using the vehicle. Please note: The van is to be used when four or more people are being transported. The van is not for single occupants driving to and from work locations.
* A copy of a valid driver’s license will be maintained with the Business Services office for all employees utilizing the agency vehicles.
* Per our insurance coverage, all employees driving a company vehicle need to have their driving records checked annually. To achieve this, you will need to fill out a “Permission for Release of Individual Records” form (form 110). Please send or give the form to Mandy Sage.
* **The agency vehicles will not be available to staff without these requested documents on file.**
* Please reserve vehicles through Anna Segura at the Fort Morgan office through phone call or email. If Anna is unavailable contact Luis Tovar (Luis serves as the backup for Anna). If Anna and Luis are unavailable, please reserve the vehicle through Bela Russell. Also, there are two folders in Outlook under Public Folders – All Public Folders titled CBOCES Vehicle – Ft. Morgan and CBOCES – Greeley. Staff can check here to see availability of the vehicles.
* Before using the vehicle, you need to obtain the binder that contains the keys, gas card, receipts, and trip log from the file cabinet in the front office at Greeley or from Anna in Fort Morgan. The trip log is maintained in each notebook. Each staff member using the vehicle must complete the log when signing out and returning the vehicle. Make sure you write legibly and include your first and last name, date, mileage, destination, purpose, and program. The entire binder must be returned to the front desk in Greeley or Anna in the Morgan County CBOCES office at the conclusion of the trip.
* **All users will return the vehicle with at least a half tank of gasoline**. If you are at the gas station and have an issue with the gas card you can call the toll free number on the back of the card for immediate assistance.
* It is the responsibility of each vehicle user to keep the interior of the vehicle clean. The Administration Department will handle maintenance and exterior cleaning.
* Each department using the vehicle will be charged a mileage expense on a monthly basis. This rate will cover the costs for gasoline, maintenance, and replacement account. The rate is .09 per mile below the approved employee monthly rate. Costs will be allocated by the Administration Department on a monthly basis based on miles per program.

Revised 8/19/16