



## Superintendent's Circular

NUMBER:  
HRS-PP13A  
Version 01

### **FAMILY AND MEDICAL LEAVE ACT AND SMALL NECESSITIES LEAVE ACT**

*This circular will remain in effect unless rescinded or superseded  
by a subsequent version.*

Eligible employees are entitled to take up to 12 weeks of leave for family or medical leave under federal law and up to 24 hours of leave for family obligations under state law during a fiscal year (July 1 through June 30). School-based employees who report to a principal/head of school (except custodians, cafeteria workers, and itinerants) may submit their leave requests via the Hub.

#### **FEDERAL FAMILY AND MEDICAL LEAVE ACT**

##### **1. Eligibility**

Employees who have been employed in the Boston Public Schools for at least 12 months at the BPS and who have worked at least 1,250 hours in the prior 12-month period are eligible.

##### **2. Purpose**

- For incapacity due to pregnancy, prenatal medical care, or childbirth

- To care for a son or daughter within the first 12 months after birth, adoption or placement for adoption or foster care
- Because the employee is needed to care for a spouse, son, daughter, or parent who has a serious health condition.
  - *Son or daughter* means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in *loco parentis*, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability. Parent does not include in-laws.
- Because of the employee's own serious health condition which makes the employee unable to perform their job.

*A serious health condition* means an illness, injury, impairment or physical or mental condition that involves:

- a period of incapacity or treatment connected with inpatient care
- a period of incapacity requiring absence of more than 3 calendar days from work or daily activities also involving continuing treatment by a health care provider
- any period of incapacity due to pregnancy or for prenatal care
- any period of incapacity due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy)
- any period of incapacity that is permanent or long term due to a condition for which treatment may not be effective (e.g., Alzheimer's, stroke, terminal diseases)
- a period of absence to receive multiple treatments for an injury or condition which would result in incapacity

for more than three days if not treated (e.g., chemotherapy, physical therapy, dialysis).

### 3. Length of Leave

Subject to FMLA qualification, up to 12 weeks of leave may be taken in any fiscal year. For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation to permit a "spouse, son, daughter, parent, or next of kin" to take up to 26 work weeks of leave to care for a "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 temporary disability retired list, for a serious injury or illness."

Qualifying exigencies include:

- Issues arising from a covered military member's **short notice deployment** (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification
- **Military events and related activities** such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member;

- Certain **childcare and related activities** arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling, or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member
- Making or updating **financial and legal arrangements** to address a covered military member's absence
- Attending **counseling** provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which arises from the active duty or call to active duty status of a covered military member
- Taking up to five days of leave to spend time with a covered military member who is on short-term temporary, **rest and recuperation** leave during deployment
- Attending to certain **post-deployment activities**, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member
- Any other event that the employee and employer agree is a qualifying exigency

Special restrictions apply to teachers requesting leaves, depending on the length and timing of the leave(s). Please call the Office of Human Resources for advice regarding special rules that apply to teachers in these situations.

#### **4. Requesting a Leave of Absence: Notice Requirement**

If the need for leave is foreseeable, an employee must provide BPS with at least 30 days notice. If 30 days notice is not practicable, notice must be given as soon as possible, generally the same or next business day. All employees must submit their leave request through [the online Request for Leave of Absence application](#) (instructions and more information below in Section 8).

Employees requesting absences of 5 days or less to fulfill National Guard or Military Reserve responsibilities must submit a request on [ess.boston.gov](http://ess.boston.gov) and provide supporting documentation to the Responsibility Center manager. Absences of 6 days or more must be submitted through [the online application](#).

#### **5. Certification(s)/Documentation**

WH-380-E/F form or medical certification/documentation on official letterhead from a health care provider is required for leave because of a serious health condition. Second or third opinions may be required, as well as a fitness for duty report to return to work.

#### **6. Paid or Unpaid Leave and Benefits**

Leave is unpaid except to the extent that accrued sick leave, personal leave, or vacation leave applies, as provided in

applicable collective bargaining agreements or school department policy. Employees who are taking leave for their own serious health condition will be required to use their accrued paid sick leave and vacation leave during their FMLA leave until such paid leave has been exhausted. Employees who are taking FMLA leave to care for their spouse, child, or parent will be required to use all accrued paid vacation leave during their FMLA leave until such paid leave has been exhausted. After an employee's accrued paid leave has been exhausted, any remaining FMLA leave will be unpaid.

Medical insurance as part of a group health plan must be maintained. However, benefits do not accrue during unpaid leave unless otherwise provided by the terms of an applicable collective bargaining agreement.

#### **7. Relationship to Other Leaves Provided by Collective Bargaining Agreements or Policy**

This leave neither diminishes nor augments any greater leave for the same purpose which may be provided for in a collective bargaining agreement or other law or policy.

## 8. Requesting Leave of Absence

All employees must submit a request for leave electronically via [the online application](#). Once the leave request is submitted electronically, it is automatically sent to the principal/head of school of the employee's school for notification and to the Office of Human Resources for review. Employees and supervisors will automatically be notified whether the leave was approved, denied, or is pending due to documentation, through their BPS email. To request a leave:

- Access the [Office of Human Resources Workspace](#).
  - Click on "Office of Human Resources Workspace."
  - Click on "Forms" tab.
  - From the drop-down menu, select "Leave Request."
  - Read through the instructions and complete application.
- Access the [application to request a leave of absence online](#).

## SMALL NECESSITIES LEAVE ACT (SNLA): EMPLOYEE LEAVE FOR FAMILY OBLIGATIONS [STATE LAW: 24 HOUR ANNUAL LEAVE]

### 1. Eligibility

Employees who have been employed for at least 12 months at the BPS and who have worked at least 1,250 hours in the prior 12-month period are eligible (same as for federal family and medical leave).

## 2. Purpose

- To participate in school activities directly related to the advancement of the employee's son or daughter, such as a parent-teacher conference or interview for a new school.
  - *A son or daughter* includes foster child, a legal ward or a child of a person standing in *loco parentis*, under 18 years of age or older but incapable of self-care.
  - *School* includes Head Start or a licensed day care facility.
- To accompany a son or daughter to a routine medical or dental appointment, such as a routine check-up or vaccination.
- Accompany an elderly relative (60 years or more) to a routine medical or dental appointment or for other professional services, such as interviewing at a nursing home.

## 3. Length of Leave and Increments

Leave may be taken in increments of at least one hour for up to 24 hours in any fiscal year.

This leave augments leave taken under the federal Family and Medical Leave Act, as it is for a different purpose. It does not diminish any greater leave which may be provided for in a collective bargaining agreement or other school policy.

## REQUEST FOR LEAVE: NOTICE REQUIREMENTS



If the need for leave is foreseeable, employees must give the Office of Human Resources at least seven (7) days prior notice. If the need is not foreseeable, the employee must notify their Responsibility Center manager as soon as practicable given the circumstances of the case. To the extent possible, employees must provide written notice of the need for leave.

### **1. Certification/Documentation**

All employees must use the attached certification (page 7) to request a SNLA leave. Applying for this leave cannot be done through the Hub. The original copy must be submitted to the Responsibility Center manager, who will forward it to the Office of Human Resources.

### **2. Paid or Unpaid Leave**

Leave for family obligations is unpaid unless an employee chooses to substitute accrued vacation or personal time for the unpaid leave, as provided in the applicable collective bargaining agreement, school department policy, and except as may be provided for in state law or city ordinance.

**For more information about this circular, contact:**

Owner:	Leave of Absence Team
Department:	Office of Human Resources
Mailing Address:	Bruce C. Bolling Building, 2300 Washington Street, Roxbury, MA 02119
Phone	617-635-9255
Fax:	617-635-7957
Email:	<a href="mailto:ohrleaves@bostonpublicschools.org">ohrleaves@bostonpublicschools.org</a>

Mary Skipper, Superintendent

## SMALL NECESSITIES LEAVE ACT

### EMPLOYEE LEAVE FOR FAMILY OBLIGATIONS UP TO TWENTY-FOUR (24) HOURS

#### EMPLOYEE'S CERTIFICATION

I certify that on \_\_\_\_\_ I will/did take \_\_\_\_\_  
hours of leave for the following purpose:

- ☐ to participate in school activities directly related to the educational advancement of a son or daughter.
- ☐ to accompany a son or daughter to routine medical or dental appointments, such as check-ups or vaccinations.
- ☐ to accompany an elderly relative to routine medical or dental appointment or appointment for other professional services related to the elder's care.

Furthermore, I understand that this absence will be recorded with the use of my (please select one):

- |   |  |
|---|--|
| <input type="checkbox"/> Sick Time        | <input type="checkbox"/> Comp. Time    |
| <input type="checkbox"/> Floating Holiday | <input type="checkbox"/> Vacation Time |
| <input type="checkbox"/> Personal Time    |  |

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

Employee's Name (print): \_\_\_\_\_

Employee's ID Number: \_\_\_\_\_

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

*Submit original copy to Responsibility Center Manager.*