

Title: Policy on Leave

Control Information

Control Item	Details
Owner/Curator	Dan Hays
Document #	PolicyHR00030
Supersedes	None
File Location	www.muddycreekcharterschool.org
Board Approval Date	April 8, 2011
Consult and Notify	ICP, ED, HT, AA, T

Revision History

Revision	Date	Revision Description	Originator
A	April 8, 2011	Initial Release	Dan Hays
B	8/14/2014	Number and format revision	Melissa Harris
C	11/13/2014	Revised to include extended sick leave, maternity/paternity leave, unpaid leave and insurance continuance, added application form	Melissa Harris

1.1. Objective:

The ICP Board supports granting leave that fosters healthy and productive professional and personal lives and that conforms with the organization's financial constraints. The objective of this policy is to define leave available for both salaried and hourly staff.

1.2. Paid Leave Available to Salaried Staff

All salaried staff are eligible for paid leave. Hourly staff are not eligible for paid leave. All Medical/Dental benefits continue to be covered during paid leave. Paid leave includes the following:

1.2.1. *Sick Leave* – 5 days per school year paid, non-cumulative. Sick leave may be taken for the following reasons:

- Employee illness or injury.
- Care of an ill spouse, child or parent.
- The birth of an employee's child.
- The adoption or foster care placement of a child under the age of 18, or the adoption or foster care placement of a child 18 year or older who is incapable of self-care.

1.2.2. *Extended Sick Leave* – 5 days per school year paid, non-cumulative. To be eligible for extended sick leave, the salaried employee must also have been employed by MCCS for at least 180 days prior to the first day of the start of the requested leave. An employee may be required to provide written proof of need for extended sick leave from a physician or other health care professional. Any employee who needs to take leave totaling 5 consecutive days or more must first complete the "Request for Leave" form. The request must be reviewed and approved by both the Executive Director and Financial Manager to ensure that the employee is eligible to take leave. Extended sick leave can be taken for the following reasons:

- The birth of an employee's child.
- The adoption or foster care placement of a child under the age of 18, or the adoption or foster care placement of a child 18 year or older who is incapable of self-care.
- Employee's own serious health condition or injury*.
- Care of a spouse, child or parent with a serious health condition or injury*.

* Refer to section 1.3.3. to determine what constitutes a "serious health condition or injury".

1.2.3. *Personal/Emergency Leave* – 1 day per school year paid, non-cumulative.

1.2.4. *Bereavement Leave* – 1 day per school year paid, non-cumulative.

1.2.5. *Professional Development* – Staff member arranges with the Executive Director.

- 1.2.6. *Inclement Weather Leave* – The Executive Director, Head Teacher, Administrative Assistant and Teachers will be paid on days the school is closed owing to inclement weather (including flooding). However, such days may need to be made up at the end of the year if the number of weather days infringes on the legal number of required school days.

1.3. Unpaid Leave Available to Staff

- 1.3.1. Employees must meet the following requirements to be eligible for unpaid leave:
1. Is a salaried employee or an hourly employee who works an average of 20 hours or more per week; and
 2. Employed by MCCS for an average of 20 hours per week for at least 180 days prior to the first day of the start of the requested leave.
- 1.3.2. Eligible employees may take up to a total of 12 weeks of leave (may be a combination of both paid and unpaid leave) per school year for the following reasons:
- Employee's own serious health condition or injury.
 - Care of a spouse, child or parent with a serious health condition or injury.
 - Birth of an employee's child.
 - The adoption or foster care placement of a child under the age of 18, or the adoption or foster care placement of a child 18 year or older who is incapable of self-care.
- 1.3.3. “Serious health condition or injury” means any illness, injury, impairment, or physical or mental condition that requires treatment in a hospital, hospice, and/or residential medical care facility, or requires continuing treatment for a condition that could result in a period of incapacity if left untreated, or is a disability due to pregnancy, childbirth or prenatal care, or is terminal.
- 1.3.4. Any employee who needs to take unpaid leave totaling 5 consecutive days or more must first complete the “Request for Leave”. The request must be reviewed and approved by both the Executive Director and Financial Manager to ensure that the employee is eligible to take leave (refer to sections 1.3.1., 1.3.2 and 1.3.3.).

1.4. Job Protection for Employees Eligible for Unpaid Leave

- 1.4.1. Any employee who is eligible to take unpaid leave is entitled to be returned to the same position the employee held when leave commenced or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.
- 1.4.2. Any employee eligible to take unpaid leave who takes leave beyond what is allowed in 1.3.2. is not entitled to continued employment or the provisions of 1.4.1.
- 1.4.3. At the discretion of the Executive Director and ICP Board and with serious consideration given to the best interests of MCCS staff and students, the Executive Director

and ICP Board may choose to reserve the position of an employee who takes leave beyond what is allowed in 1.3.2. or whose leave cannot be approved under the provisions of 1.3.1, 1.3.2. and 1.3.3. (also refer to PolicyHR00027).

1.5. Benefits Coverage During Unpaid Leave

- 1.5.1.** Employees who are eligible for Medical/Dental coverage are also eligible to receive up to an additional 4 weeks of Medical/Dental coverage during approved unpaid leave, after which the eligible employee is required to pay their own Medical/Dental premiums.

Request for Leave

Where the need for leave for 5 or more consecutive days may be anticipated, written request for leave must be submitted to the Executive Director, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in the leave being postponed or job reassignment or termination.

Name _____ Effective Date of leave _____

Job Title _____ Status: Full Time Part Time

Hire Date _____ Length of Employment _____

Have you taken leave during the current school year? Yes No

If yes, how many work days? _____ Reason for leave _____

I request leave for one or more of the following reasons:

_____ 1. Because of the birth of my child and in order to care for him or her.
Expected date of birth _____ Actual date of birth _____
Leave to start _____ Expected return date _____

_____ 2. Because of the placement of a child with me for adoption or foster care.
Age of child _____ Date of placement _____
Leave to start _____ Expected return date _____

_____ 3. In order to care for a family member with a serious health condition.
Leave to start _____ Expected return date _____
Please check one:
 Spouse Child Parent

Please state name and address of relation:

Name _____ Address _____

Describe serious health condition _____

_____ 4. For a serious health condition which prevents me from performing my job functions.
Describe _____

Leave to start _____ Expected return date _____

I am requesting _____ weeks (up to 4 weeks) of Medical/Dental coverage during my unpaid leave. I understand that I am responsible to pay any health premiums beyond that period.

I understand that I am required to use any paid leave, including personal, sick and extended sick leave before taking unpaid leave. I also understand that I may be required to provide written proof of need for leave from a physician or other health care professional.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first work day following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the school may terminate my employment. A fitness-for-duty statement may be required.

I authorize the school to deduct from my paychecks any employee contributions for Medical/Dental insurance premiums which remain unpaid after my leave.

I have been provided a copy of the PolicyHR00030 and PolicyHR00027 regarding leave and extended leave.

Signature of Employee _____

Date _____

Request Approved: _____ Yes _____ No

Signature of Executive Director _____

Date _____

Signature of Financial Manager _____

Date _____