

Title: Extended Unpaid Leave

Control Information

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Owner/Curator	Anita Grunder
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Revision History

Revision	Date	Revision Description	Originator
A	11/5/09	Initial Release	Anita Grunder
B	8/14/2014	Number and format revision	Melissa Harris
C	11/13/2014	Edited eligibility, added application form	Melissa Harris

1.1. Objective

The objective of this policy is to provide the options of extended unpaid leave and/or continued insurance coverage on a self-pay basis to eligible employees who have expended their leave and/or insurance benefit allowances under the provisions of PolicyHR00030.

1.2. Definition of Eligible Employees

- 1.2.1. Employees must meet the following requirements to be eligible for extended unpaid leave:
1. Is a salaried employee or an hourly employee who works an average of 25 hours or more per week; and
 2. Employed by MCCS for an average of 25 hours per week for at least 180 days prior to the first day of the start of the requested leave;
 3. Meets the eligibility requirements for unpaid leave listed in Policy HR00030, sections 1.3.2. and 1.3.3.; and
 4. Previously expended paid and unpaid leave and insurance coverage allowances under the provisions of PolicyHR00030.
- 1.2.2. Any employee eligible for medical benefits is also eligible for continued medical and dental coverage on a self-pay basis during extended unpaid leave.

1.3. Terms of Extended Unpaid Leave

- 1.3.1. Employees eligible for extended unpaid leave and/or continued insurance coverage on a self-pay basis must submit a "Request for Extended Unpaid Leave" to get approval from the Executive Director, with final approval by the ICP Board.
- 1.3.2. The Executive Director and ICP Board may approve extended unpaid leave for employees who meet the eligibility requirements listed in section 1.2 of this policy.
- 1.3.3. Paid and unpaid leave allowances provided by Policy HR00030 must be used first before the extended unpaid leave period begins.
- 1.3.4. The Executive Director, with ICP Board approval, *may* grant an extension without pay or benefits for a period of up to one year from the date that paid or unpaid leave began.
- 1.3.5. Eligible employees may continue full family medical and dental coverage on a self-pay basis within the time limits of COBRA and subject to the rules of the insurance carrier.

Request for Extended Unpaid Leave

Where the need for extended unpaid leave may be anticipated, written request for leave must be submitted to the Executive Director, if practical, at least 15 days prior to the date the requested extended leave is to begin. Failure to request leave in a timely manner could result in the leave being postponed or denied.

Name _____ Effective Date of extended leave _____

Job Title _____

Status: Full Time Part Time

Hire Date _____ Length of Employment _____

Have you expended all leave and/or insurance benefit allowances? _____ Yes _____ No
Reason for extended leave _____

I request extended 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.
Extended 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 _____
Extended Leave to start _____ Expected return date _____

_____ 3. In order to care for a family member with a serious health condition.
Extended 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 _____

Extended Leave to start _____ Expected return date _____

I plan to continue my full family medical and dental coverage on a self-pay basis within the time limits of COBRA and subject to the rules of the insurance carrier.

I understand that I am required to use any paid or unpaid leave before taking extended 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 extended unpaid leave is approved, I understand that I must report to duty on the first work day following the date my extended 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 understand that I may continue full family hospital-medical-surgical and dental coverage on a self-pay basis within the time limits of COBRA and subject to the rules of the insurance carrier.

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

Signature of Employee _____

Date _____

Request Approved: _____ Yes _____ No

Signature of Executive Director _____

Date _____

Signature of ICP Board President _____

Date _____