		School District	
	FMLA	mparison: FMLA, ADA and LOA ADA	LOA
	Family Medical Leave Act	Americans with Disabilities Act	Leave Of Absence
Policy	DP322- Family and Medical Leave Act	ADAA Compliance Information	DP336 NEG- Leave of Absence (1 Year) Licensed DP336B NEG- Leave of Absence (1 Year) ESP
Eligible Employees	<ul> <li>An Employee who has:</li> <li>Worked at least 12 months <ul> <li>AND</li> <li>Worked 1250 hours in the past 12 months.</li> </ul> </li> </ul>	Employee is a qualified individual with a disability as defined by ADA.	A non-provisional employee (typically not in first and second years of employment, except in cases of illness or injury).
Reason for Leave	<ul> <li>Self-serious health condition</li> <li>Birth, care and bonding of newborn child</li> <li>Child- serious health condition</li> <li>Parent-serious health condition</li> </ul>	<ul> <li>A qualified individual who can complete the essential functions of the position with or without a reasonable accommodation.</li> <li>Examples:</li> <li>Special/modified equipment</li> <li>Classroom location</li> <li>Visual/auditory assistance</li> </ul>	For any purpose which is substantially different from the employee's job assignment or duties.
Length of Leave	Up to 12 weeks per year.	Leave may or may not be a reasonable accommodation.	Not to exceed one (1) year.
How to Request	See FMLA Leave Page (link)	See ADAA Compliance Info (link)	See Leave of Absence Page (link)
Documentation Required	<u>Complete and sufficient medical</u> <u>certification</u> (link)	Medical certification request by HR Administrator	None. Please include reason for leave in the Leave of Absence Request Form
Notice Required Prior to Leave	30 days in advance of first day of leave, if possible.	No notice is required, a request is required.	30 days in advance of first day of leave.
JSD Mode of Communication	Primarily electronic, some mail, and in person as requested.	Interactive face to face and some email and mail.	Mail and electronic.
Insurance	Continues—if unpaid, employee must make payment arrangements for the employee portion. <i>Contact Insurance for additional</i> <i>information.</i>	Continues—if unpaid, employee must make payment arrangements for the employee portion. <i>Contact Insurance for additional</i> <i>information</i> .	Health and accident insurance may be purchased through the District under the COBRA option. The cost will be 102 percent of the established premium rate.
Returning to Work	Return to Work Release completed by treating physician, appropriate to position submitted to HR Generalist PRIOR to return to work.	Not required unless off of work (under certain conditions), hospitalized, job related, or consistent with business necessity.	Submit Intent to Return form on Skyward Employee Access by: <i>LICENSED</i> : February 1 <sup>st</sup> of that academic year. <i>ESP:</i> 30 days in advance of desired return date.
Job Restoration	Same or equivalent position.	<ul> <li>Same job unless,</li> <li>Undue hardship OR</li> <li>If you cannot do the essentials functions of your job</li> </ul>	<b>LICENSED</b> : Secure a placement by June 1 <sup>st</sup> or will be placed in the first position to which you are qualified and licensed. <b>ESP:</b> First available position for which you are qualified. *Same position/location NOT guaranteed.

	FMLA	ADA	LOA
	Family Medical Leave Act	Americans with Disabilities Act	Leave Of Absence
Intermittent or Reduced Schedule	<ul> <li>Need to be approved with HR Administrator and principal PRIOR to return</li> <li>May require a Transitional Work Agreement (TWA).</li> </ul>	<ul> <li>Available if:</li> <li>There is no other effective accommodation,</li> <li>No vacant position for which they are qualified, AND</li> <li>Is not an undue hardship on the District.</li> </ul>	Not Applicable
Restrictions	<ul> <li>Need to be approved with HR Administrator and principal PRIOR to return.</li> <li>Requires a Transitional Work Agreement (TWA).</li> </ul>	Reasonable accommodations will be determined and communicated with you and your principal or director by the HR Administrator.	Not Applicable
Sick Bank	If you run out of accrued time AND have donated to the Sick Bank, you may be eligible for additional paid days, based on your years of service. <u>Sick Bank Request Tutorial</u> (link)	May be eligible for Sick Bank dependent on the situation.	Not eligible for Sick Bank.
Critical Family Leave	<ul> <li>If you are:</li> <li>Caring for an immediate family member, AND</li> <li>Have utilized all family sick, up to 5 personal and vacation time.</li> <li>You may be eligible to apply for Critical Family Leave (CFL) in order to utilize your personal sick leave.</li> <li>This request is capped at 12 days in most circumstances.</li> <li>Critical Family Leave Request</li> <li>Tutorial (link)</li> </ul>	Not Applicable	Not Applicable
Contact	HR Generalist 801-567-8249 leaves@jordandistrict.org	HR Generalist 801-567-8249 leaves@jordandistrict.org	HR Generalist 801-567-8249 leaves@jordandistrict.org
Application/	FMLA website	Employee Accommodation	Leaves website (please select
Request Location		Request	correct employee group)