



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

01/25/2019

AGENDA ITEM (ACTION ITEM):

Receive procedure 03.123 AP.2 to replace the current version of the procedure

APPLICABLE BOARD POLICY:

01.51 – Administrative Procedures

HISTORY/BACKGROUND:

The new "Leave of Absence Request" form (03.123 AP.2) has been revised to assist the Human Resource department with collecting necessary information regarding a leave request, as well as providing guidance to the employee requesting the leave of absence. The revised form will provide a clear, consistent and systemic process for paid and unpaid leave of absence requests.

FISCAL/BUDGETARY IMPACT:

No fiscal/budgetary impact

RECOMMENDATION:

As a procedure revision, a recommendation is not necessary and the HR Department requests for the Board to receive the revision to 03.123 AP.2.

CONTACT PERSON:

Matt Rigg, Executive Director of Human Resources

Principal



District Administrator



Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

Leave Affidavit

Complete this form at least thirty (30) days prior to the start of your leave.
A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days.

Part I: Employee Information			
Name: _____		Employee #: _____	
Preferred Phone #: _____		Preferred Email: _____	
School/Location: _____		Position: _____	
Supervisor: _____		Do you currently carry our medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of hours contracted to work per day: _____		# of days contracted to work per week: _____	
Part II: Leave of Absence Information			
Anticipated Leave Start Date: _____		Anticipated Leave Return Date: _____	
Type of Leave (check the one that applies)			
FMLA Defined (up to 12 weeks)		Applicable Board Policy	
<input type="checkbox"/>	Sick Leave – serious health condition for self, birth/adoption	03.1232/03.2232	
<input type="checkbox"/>	Sick Leave – serious health condition for family member	03.1232/03.2232	
<input type="checkbox"/>	Sick Leave – to care for a covered service member	03.1232/03.2232	
<input type="checkbox"/>	Qualifying Exigency – military family leave	03.12322/03.22322	
Non-FMLA Defined (remainder of school year)		Applicable Board Policy	
<input type="checkbox"/>	Maternity/Paternity Leave – birth/adoption	03.1233/03.2233	
<input type="checkbox"/>	Extended Disability Leave	03.1234/03.2234	
<input type="checkbox"/>	Educational/Professional Leave	03.1235/03.2235	
<input type="checkbox"/>	Military/Disaster Services Leave	03.2238	
<input type="checkbox"/>	Political Leave	03.1239	
Please fill in the number of days you will be using during your leave of absence.			
Sick	Donated Sick	Personal	Non-Contract
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note:			
<ul style="list-style-type: none"> • Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 - Maternity/Paternity Leave; immediately following the birth or adoption of a child or children • Employees are required to use all paid leave days, if available, for all other forms of FMLA Defined Sick Leave, except that the employee may request to reserve ten (10) days of sick leave • The use of Non-Contract days are optional for all forms of FMLA Defined Leave 			
Part III: For Certified Employees Only			
Requested Substitute's Name: (must be an active substitute in the district) _____			
Note:			
<ul style="list-style-type: none"> • A certified substitute must be used for absences of more than ten (10) consecutive days • A certified substitute is someone that has a teaching certificate or SOE • Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than ten (10) consecutive days) and are not eligible to fulfill a long-term absence 			

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Leave Affidavit

Part IV: Employee Responsibilities (please read and initial each)	
▲	I will abide by all applicable board policies, state and federal regulations governing a leave of absence.
▲	I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's Benefits Specialist at 859-957-2604.
▲	I understand that I must notify HR if the start date or end date of my leave changes.
▲	I must notify HR upon returning from my leave of absence and, if applicable, provide a return to work note from my doctor.
▲	It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.
▲	I am aware unpaid days will negatively affect my annual retirement service credit* and annual pay increases**.
▲	*Contact your retirement system for more information.
▲	** If I do not work 140 days of my annual contract, I will not receive an annual step increase.
Part V: Signature	
Employee Signature:	Date:
Printed Name:	

Form may be emailed to Cindy Dusing at Cynthia.Dusing@kenton.kyschools.us or faxed to the Human Resources Department at 859.957.2673.

Please call Cindy Dusing with questions at 859.957.2681

To be Completed by Human Resources		
▲	Added to FMLA Manager	Date:
▲	Sent First Letter and Documents	Date:
▲	Received FMLA Certification or Intent to Adopt/Foster Certification	Date:
▲	Completed and Sent Leave of Absence Information Sheet/Spreadsheet	Date:
▲	Sent Designation Notice	Date:
▲	Received Physician's Notification of Delivery/Adoption-Foster Care Placement Form	Date:
▲	Received Return to Work Note	Date:
▲	Entered Action Entry in MUNIS	Date:
Meeting Date Submitted to Superintendent/Board:		

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THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

☐ **PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.**

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ **SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.**

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

CHECK ONE: ☐ EMPLOYEE'S ILLNESS ☐ ILLNESS OF FAMILY MEMBER ☐ MOURNING

IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

☐ **MATERNITY/ADOPTION/CHILDBREARING LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.**

ESTIMATED DATE(S) OF LEAVE: _____ TO: _____ SUBSTITUTE NEEDED ☐

☐ PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS: _____ ☐ UNPAID MATERNITY LEAVE

☐ PAID BIRTH OR ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS: _____

☐ UNPAID CHILDBREARING LEAVE: _____

☐ **JURY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.**

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ EMPLOYEE SIGNS OVER COURT-ISSUED JURY DUTY CHECK.

☐ EMPLOYEE REIMBURSES DISTRICT.

☐ **MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.**

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ **EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.**

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

☐ BEREAVEMENT ☐ DISASTERS

☐ COURT/LEGAL ☐ OTHER, SPECIFY: _____

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? ☐ YES ☐ NO

☐ **POLITICAL LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1239.**

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED ☐

Superintendent/designee's Signature

Date

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date