



## COVID-19 RELATED EMPLOYEE REQUEST FOR A NON-FMLA LEAVE OR WORKPLACE MODIFICATION

***Due to the current Pandemic, we understand employees may have individual circumstances that will prevent them from reporting to work physically and/or virtually. Please complete the information below if you are requesting a leave of absence or requesting a workplace modification due to a COVID-19 related reason.***

***Please contact the Human Resources Department at [beckmel@sdmfschools.org](mailto:beckmel@sdmfschools.org) with any questions or concerns in completing your request.***

### TO BE COMPLETED BY THE EMPLOYEE:

Employee Name:

Position:

School / Division:

Phone:

Email:

- Request for Unpaid Leave of Absence  
Please indicate dates of Leave Request: \_\_\_\_\_
- Request for Accommodations  
Please indicate dates of Accommodation Request: \_\_\_\_\_

Reason For Request (please be specific):

The District is required to review all requests within the guidelines and legislation as outlined under the ADA, FMLA, FFCRA and the Employee Handbook. However, decisions can vary based on the individual circumstances and the applicability of different legislation. Employees will be notified if further documentation will be needed in order to review the request.

I understand and agree that my request is contingent upon my providing appropriate medical documentation or other required documentation to support this request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHOOL DISTRICT OF MENOMONEE FALLS

## Leaves of Absence

Any unpaid leave of absence for any reason beyond those covered by Family Medical Leave Act (FMLA), may be granted at the discretion of the District. A formal request and circumstances for the leave must be sent to Human Resources as soon as the need is known but no less than twenty (20) days in advance of the unpaid leave. A leave of absence may be obtained for a variety of employee-requested reasons and will be granted based on an individual's circumstances and the needs of the District. An unpaid leave of absence shall **NOT** be used for vacation, extend a holiday, or school recess period. Special consideration may be given to Non-12 month Employees for events that cannot be scheduled during non-work periods. Leaves for special circumstances shall be limited to three (3) unpaid, work days occurring in a rolling three consecutive school year period. Criteria considered for approving leave shall include the employee having an attendance rate of 95% or better, excluding FMLA, and the employee's performance is meeting expectations. The duration of the leave will be at the discretion of the District and will be determined on an individual's circumstances and the needs of the District.

When a person has exhausted all paid time off and all FMLA, if applicable, they will be placed on COBRA and expected to pay the entire cost of the employee's benefits subject to the approval of the Health plan and all applicable vendors. During the unpaid leave, the employee shall retain accumulated paid leave, but shall not accrue any additional paid leave during the unpaid leave. Unpaid medical leave, the term of such leave and participation in insurance programs under this section outlined above shall run concurrently with any leave(s) and benefits provided for under the Wisconsin Family and Medical Leave Act and/or under the federal Family and Medical Leave Act.

A failure to return after expiration of the leave will be considered a voluntary resignation of the employee's position with the District. It will also constitute a waiver of any and all rights to further employment by the District. Upon return from any leave of absence, the District reserves the right to assign the employee to a position equivalent in terms of percentage of contract or prior position assignment, unless the employee's percentage of contract or prior position assignment was reduced or increased due to nonrenewal or reduction in force, whichever is applicable. If the employee is taking the leave of absence for a medical reason for themselves, the employee will be eligible to return to work once he/she is physically able, provided: 1) the employee has indicated their intent to return, and 2) the employee has provided his/her physician's certification that he/she is able to return to work. The District reserves the right to designate another physician to confirm or refute the employee's physician's certification. The District shall cover all costs associated with a second certification.

During an approved leave of absence, if the employee was on the health, dental and vision insurance he/she will be provided the option of purchasing the District COBRA health insurance.

\*The approval or denial of all employee leave requests will be made by Human Resources.

## Equal Opportunity

It is the policy of the District that persons seeking employment with the District shall not be discriminated against in employment by reason of their age, race, creed, color, religion, handicap or disability, pregnancy, marital or parental status, sex, citizenship, national origin, ancestry, sexual orientation, arrest record, conviction record, military service, membership in the National Guard, state defense or reserves, political affiliation, use or nonuse of lawful products off the employer's premises during nonworking hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, the authorized use of family or medical leave or worker's compensation benefits, genetic information, physical, mental, emotional or learning disability, or any other factor protected by local, state or federal law in all employment practices including terms, conditions and privileges of employment.

Reasonable accommodations shall be made for qualified individuals with a disability, unless such accommodations would impose an undue hardship on the District. A reasonable accommodation is a change or adjustment to job duties or work environment that permits a qualified applicant or employee with a disability to perform the essential functions of a position or enjoy the benefits and privileges of employment compared to those enjoyed by employees without disabilities.

Requests from current employees for accommodations under the Americans with Disabilities Act or under the Wisconsin Fair Employment Act must be made in writing using forms obtained from Human Resources. Individuals unable to submit this form in writing or needing help in completing this form can contact the Human Resources Department for assistance.