



Manchester Public Schools

Kennedy Education Center
45 North School Street
Manchester, CT 06042

www.mpspride.org

Mr. Matthew Geary
Superintendent of Schools
860-647-3441

Mrs. Patricia F. Brooks
Assistant to the Superintendent
Finance and Management
860-647-3445

Dr. Amy F. Radikas
Assistant Superintendent
Curriculum and Instruction
860-647-3447

Mrs. Shelly Mattess
Assistant Superintendent
Pupil Personnel Services
860-647-3448

Dear Manchester Public Schools Employee:

Enclosed please find the paperwork required for your absence of five or more consecutive days, or request for an intermittent leave of absence for the current school year. **Please note that these documents must be returned within 15 calendar days from the date you received this packet.**

- Leave of Absence Request for Absences Five Consecutive Days or Longer** ~ Please complete **prior** to the start of your leave of absence. This form must be signed by you and your principal/supervisor **before** submitting to Human Resources.
- Employee FMLA Leave Request** – Please complete and return this form if your absence is due to a serious health condition for yourself or your immediate family member (as defined by the Family Medical Leave Act).
- Certification of Health Care Provider** ~ To be completed by your/your immediate family member's physician and returned **within 15 days** of the date you received this packet. The physician's office may fax the completed form to Human Resources at (860) 647-3327.
- Doctor's Disability Release Form** – **This form must be submitted to Human Resources BEFORE you return to work.** Your physician must complete this form when he/she authorizes you to return to work. For maternity leave, this form must be returned to Human Resources by fax to (860) 647-3327 **immediately** after your six week visit with your doctor (even if you aren't returning to work right away).

A U.S. Department of Labor. Notice of Eligibility and Rights & Responsibilities (Family Medical Leave Act), will be sent to you for your records upon receipt of all the above-mentioned paperwork. The first day of your medical/maternity leave will be charged to your annual FMLA leave which allows for twelve (12) weeks of leave for a serious health condition for yourself or an immediate family member. Please refer to your bargaining agreement to determine if the medical/maternity or personal leave would be paid or unpaid.

You are responsible for a portion of the premiums for your health insurance, and these payments must continue during the period of FMLA. **If your leave is unpaid, you will receive a statement for the insurance premium payments.** If your leave is longer than 12 weeks, you may be responsible for 100% of your premiums.

While you are out on leave, the following conditions apply, unless you are specifically advised otherwise by Human Resources: (1) You are not to report to work; (2) You are not to take any actions on behalf of the school district; and (3) You are not to come onto the premises of any school or administrative building in the district, or to attend any school-sponsored activity at any location.

If you have any questions or concerns, please contact me at (860) 647-3458.

Sincerely,

Suzanne Michaud

Suzanne C. Michaud
Benefits Specialist