

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

REQUEST FOR EXTENDED LEAVE

Name: _____ Date: _____

Position/Title: _____

Assigned School(s):

I request Extended Leave as indicated below:

Dates of total leave request: FROM: _____ TO: _____

The reason for this request is:

Please contact Meg Simila in payroll at 784-2100 x 111 for assistance in completing the following:

Dates of sick leave: FROM: _____ TO: _____

Dates of personal leave: FROM: _____ TO: _____

Dates of vacation leave: FROM: _____ TO: _____

Dates of leave without pay: FROM: _____ TO: _____

Employee Signature: _____

Supervisor Approved Denied Date

Approved
With Pay

Approved
Without Pay

Denied

Superintendent

Date

Board Approval

Business Office Use Only
____ FMLA
____ NJFMLA (unpaid)
____ NJFMLA (paid)

8/9/10

FAMILY MEDICAL LEAVE

The Camden County Educational Services Commission is a covered employer under the New Jersey Family Leave Act (NJFLA) and the Federal Family and Medical Leave Act (FFMLA). Employees must have worked for the Commission at least 12 months overall and at least 1,000 hours for NJFLA and at least 1,250 for FFMLA, in the preceding 12 months, excluding overtime and sick/personal/vacation days, prior to the requested leave in order to be protected from loss of employment during their absence. The NJFLA provides 12 weeks of coverage in a 24-month period, and FFMLA provides 12 weeks of coverage in a 12-month period. The 12 month period is measured as a “rolling” 12-month period measured backward from the date an employee uses any NJFLA or FFMLA leave. Under both NJFLA and FFMLA, the employee’s established group health insurance benefit coverage will be maintained during the leave period.

NJFLA absences can include:

- Care for a child due to birth or placement for adoption; or
- Care for parent, parent of spouse, child, or spouse with a serious health condition

FFMLA absences can include:

- Care for a child due to birth, placement for adoption, or foster care;
- Care for parent, child, or spouse with a serious health condition; or,
- Employee’s own serious health condition

All requests for family leave shall be made at least thirty (30) days prior to the date leave is to begin where need is known in advance or, where not foreseeable, as soon as practicable. Requests are to be made on the Request for Extended Leave Form and supported by a medical certification completed by the health care provider of the employee or the employee’s ill family member. Certification of a serious health condition shall be sufficient if it states the date on which the condition commenced, the probable duration of the condition, and the medical facts within the provider’s knowledge regarding the condition. Certification for the birth or placement of a child need only state the date of birth or date of placement, whichever is appropriate. Failure to provide complete medical certification may result in denial of the request for leave by the Superintendent.

If an employee is eligible for leave for reasons provided under both NJFLA and FFMLA, then the time taken shall be concurrent and charged simultaneously against the entitlement under each law.

An employee returning from leave under the provisions of NJFLA or FFMLA is entitled to the position he/she held when leave commenced or to an equivalent position of like status, pay, benefits and other conditions of employment.

Before completing the Request for Extended Leave Form, please call Meg Simila, Payroll/Benefits Secretary at 856-784-2100, ext. 111.