



Frisco ISD Payroll Dept.
and
Human Resources Dept.

Family Medical Leave Act

Frisco ISD – FMLA Contact List

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Family Medical Leave Act

Eligibility

- **The employee has worked for the district for at least 12 months**
- **The employee has worked 1250 hours in the preceding 12 months**

Family Medical Leave Act

Qualifying Events

- An employee's serious health condition
- The need to care for a spouse, child, or parent with a serious health condition
- Birth of a child or to care for a newborn
- Placement of a child with an employee for adoption or foster care

Serious Health Condition

(an illness, injury, or mental condition)

Inpatient care, subsequent treatment, and time to recover.

Continuing treatment by a health care provider that involves incapacity of more than 3 days or 2 or more treatments.

Incapacity due to pregnancy or prenatal care.

Episodic periods of incapacity due to a chronic health condition that requires occasional visits to a health care provider and continues over an extended period of time.

Permanent or long term incapacity due to a condition that cannot be treated effectively.

Any period of absence to receive multiple treatments for a condition that would result in an absence of more than 3 consecutive days if left untreated.

Duration of FMLA leave

- Eligible employees may take 12 weeks in any 12 - month period on the following:
 - Continuous
 - Intermittent (i.e., in blocks)
- School breaks lasting one or more weeks do not count against any 12 - week period
- Brief holidays or closings that are less than a week do count against a 12 - week period
- The 12 - month period is defined further in local policy
DEC (Local)

Benefits and Job Protection

Employees are entitled to be restored to the same or equivalent position at the end of FMLA leave.

Generally, a 30- day notice is required in submitting any FMLA request. However, there are instances when the employee is unable to fulfill this advance time requirement. Each request is handled as quickly as possible.

- **In all cases, a statement from a health care provider is required prior to leave (as to the nature of the illness, disability, etc.).**
- **Maternities require the approximate date of delivery.**
- **An additional statement must be furnished upon the employee's return to his/her regular duties.**

All payroll, sick leave inquiries, disability benefits, and other related inquiries are forwarded to the payroll and/or benefits office for calculation and other related questions that may be involved when an FMLA request is approved.

Benefits

Remember

- You only have 30 days from the date of birth to turn the paperwork in to change your insurance coverage.
- The child is not covered until Frisco ISD Benefits Department receives the paperwork.
- DO NOT assume that the child is covered when born.
- Even though this constitutes a change in status, you will not be eligible to change plans until open enrollment.

FRISCO ISD APPLICATION FOR FAMILY AND MEDICAL LEAVE

Name _____ SS# _____

Campus/Location _____

Dates: Begin _____ End _____

Injury/Illness causing the absences _____

Physician _____ Phone _____

Employee Signature _____

**Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss.
Eligibility is not determined until doctor's statement is received.**

This section to be completed by ATTENDING PHYSICIAN:

Earliest treatment or diagnosis date (to the best of your knowledge) _____

Related pre-existing conditions _____

For all surgeries: Could recommended surgery be scheduled during extended school breaks such as summer or winter break without being detrimental to this patient's health?

Yes _____ No _____

Anticipated treatments/therapy after initial release for work: _____

This patient was/will be unable to work from _____ through _____

Physician's signature _____ **Date** _____

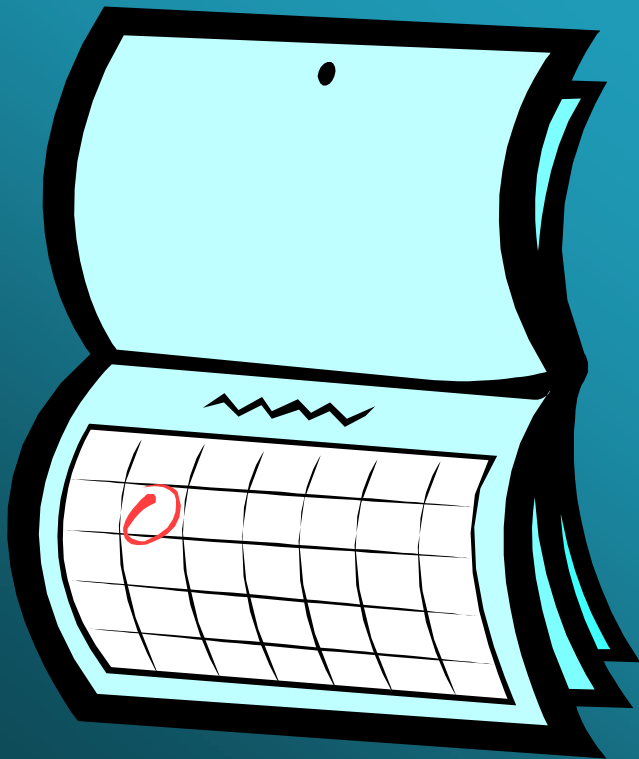
Return to Frisco ISD, Human Resources Office
6942 Maple St., Frisco, TX or fax 469-633-6001

Calendar for All FISD Employees

<http://www.friscoisd.org/>

Located under tabs for:

- Employment & Benefits
 - Choose Main Page
 - Listed on Left Side Bar List
(under Contract Dates)
 - Scroll down & choose ex. 187 Day Calendar for Teachers



Calendar for 187 Day Employees - Teachers

2006-2007

July 2006

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2006

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2006

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2006

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2006

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2006

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Frisco Independent School District
Payroll Department
2006 - 2007

187 Day Contract Employees
Teachers & Nurses

- Contracted Days
- Bad Weather Make-Up Days
- Spring Break
- Fall Break
- Winter Break
- Holiday



January 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2007

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2007

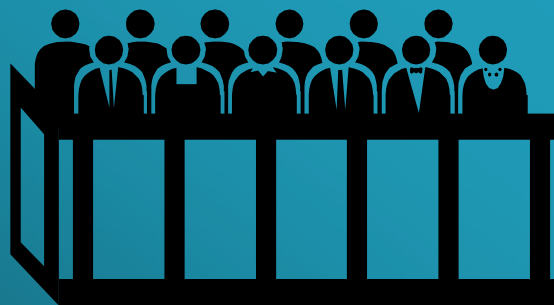
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Long Term Leave

- Payroll will be notified of all long term leave employees (current and potential) by HR and campus secretaries
- FYI – a note from your physician is required from all employees who:
 - Missed 5 days due to illness
 - Missed 3 days due to family member



Absence Report



FRISCO ISD employees are paid for contracted days. Absence reports are required to document any absence – including FMLA. Campus secretaries are responsible for getting this paperwork to payroll. If you have questions regarding this form, please see your campus secretary.





FRISCO INDEPENDENT SCHOOL DISTRICT
Payroll Department
Revised 06-12-06

PAYROLL BEGINNINGS, CLOSINGS, AND PAYCHECKS ISSUED
2006 – 2007

The payroll beginning and closing dates listed below are used to record absences for professional and auxiliary employees and to pay a substitute teacher if applicable. Crossing Guards are paid hourly by timecard according to the dates listed below. These dates are also used for auxiliary employees in order to pay approved overtime and to record compensation time accrued or used for the pay date referenced.

- ***If you begin work on your assigned start date with FISD***, your yearly salary is divided among 12 equal payments.
- ***If you begin work after the start date for your job assignment***, an adjusted yearly salary is computed and divided among the payments left in the school year.

Lifeguards, cafeteria cashiers, and employees that work less than 20 hours per week are paid hourly by timecard. This group of employees will be paid semi-monthly for the hours worked.

MONTH	PAYROLL BEGINNING & CLOSING DATES	CHECKS ISSUED
SEPT.	07-17-06 THRU 08-13-06	09-15-06
OCT.	08-14-06 THRU 09-10-06	10-13-06
NOV.	09-11-06 THRU 10-15-06	11-15-06
DEC.	10-16-06 THRU 11-12-06	12-15-06
JAN.	11-13-06 THRU 12-10-06	01-12-07
FEB.	12-11-06 THRU 01-14-07	02-15-07
MARCH	01-15-07 THRU 02-11-07	03-09-07
APRIL	02-12-07 THRU 03-11-07	04-13-07
MAY	03-12-07 THRU 04-15-07	05-15-07
JUNE	04-16-07 THRU 05-13-07	06-15-07
JULY	05-14-07 THRU 06-17-07	07-13-07
AUG.	06-18-07 THRU 07-15-07	08-15-07

I'm taking leave....what happens to my monthly salary, leave days, etc. ?

Soaring off into the unknown!!



- *Questions you may have.....*

- Do I receive a paycheck while I am off?
- How are leave days calculated?
- What happens if I can't return to work?
- Does summertime affect my leave?
- Paternity leave
- Both spouses work for Frisco ISD
- <http://www.friscoisd.org/>

FMLA Worksheet

Name of Employee: Jane Doe
 Social Security Number: 123-45-6789
 Campus Location: Your Campus
 Job Title: Teacher Code: 104
 Days to work to complete annual contract: 187
 Days absence: 58 Cost of Absence \$10,395.84

Beginning Date: 8/8/2006 Check Figure #1 187 Check Figure #3 \$30,104.16
 Ending Date: 12/21/2006 Check Figure #2 12 Check Figure #4 \$30,104.62

FMLA Leave Compensation

\$216.58 Daily Rate of Pay
 91 Days Worked (or possible days worked)
\$19,708.78 AMOUNT EARNED

\$40,500.00 Annual Salary
 12 Pay Periods
\$3,375.00 MONTHLY PAY

4 Checks Received Sept, Oct, Nov & Dec
\$13,500.00 AMOUNT PAID

\$19,708.78 Amount Earned
 \$13,500.00 Amount Paid
\$6,208.78 SEVERANCE PAY DUE TO EMPLOYEE

\$0.00 Dock Hours
 \$0.00 Dock Days
 \$1,082.90 State days 5 \$216.58 06-07
 \$1,082.90 Local days 5 \$216.58 06-07
 \$0.00 Sick Leave Bank * \$216.58
 \$0.00 Extended Leave 10
\$8,374.58 TOTAL DUE TO EMPLOYEE

\$8,374.58 FMLA Pay
 3 Leave Paychecks
 \$2,791.53 GROSS PAY PER PERIOD Jan, Feb, Mar

\$83.33 Stipends:
 Master's Degree
\$2,874.86 TOTAL PAY PER PERIOD

Return to Work Compensation

4/3/2006 State Days
 Local Days

\$216.58 Daily Rate of Pay
 38 Days worked
\$8,230.04 AMOUNT EARNED

\$8,230.04 Amount Earned
 5 Pay Periods
 \$1,646.01 GROSS PAY PER PERIOD

Stipends:
 Master's

\$1,729.34 TOTAL PAY PER PERIOD
 Apr, May, Jun, Jul, Aug

Unum Provident Insurance Company



- Two forms are required
 1. Disability Benefits Application
 2. Attending Physician's Statement

<http://www.friscoisd.org/>

Question ??

Are Sick Leave Bank Days available for FMLA?

SLB days are available only in the event of a serious illness, surgery, or a temporary disability due to an injury and cannot be used for an injury, surgery, or other temporary disability which was known to the member on the date that he/she first became a member of the SLB.

However, extended absences caused by serious medical complications arising from pregnancy, childbirth, or related medical conditions may be considered by the SLB Committee on an individual basis.

I'm coming back!!.....now what??



- Check your leave balances
- Check your salary
- Consider needed changes to your W-4
- Email payroll of your return to work
- Send a doctor's "note of release to return to work" to HR

So...Thinking of not coming back...

Years of Service Issues

- **TEA**
 - 90 days or 1 full semester = 1 year of service = step in salary
- **TRS**
 - 90 actual working days
 - One full semester of more than 4 calendar months
 - Work 4 ½ calendar months into the contract

Recapture of Frisco ISD Funds

- Recapture Employer's Contribution to Group Health Policy
- Recapture of unearned Leave Days



FRISCO INDEPENDENT SCHOOL DISTRICT

EXCESSIVE ABSENCE DOCKS

EXAMPLE FOR DISCUSSION PURPOSES ONLY

New Teacher has used all available leave.

Absences reported above the # of state and local leave days the teacher had available are deducted on your paycheck. Absence Docks are calculated as follows:

of Days Absent x Daily Rate of Pay

Example:

3 Days of Dock Absences x \$216.58 = **\$649.74 ABSENCE DEDUCTION**

Pay Stub will reflect:

Total Monthly Gross Pay	\$ 3,375.04	
Less: ABSENCE DOCK	<u>\$ -649.74</u>	
Adjusted Gross Pay	\$ 2,725.30	
Less Deductions:		
	\$ - 249.00	Federal Withholding M-0
	\$ - 174.42	TRS – 6.4%
	\$ - 17.71	TRS Med - .650%
	<u>\$ - 39.52</u>	Medicare – 1.45%
TOTAL MONTHLY DEDUCTIONS	\$ - 480.65	
NET TAKE HOME PAY	<u>\$ 2,244.65</u>	

In the event you do not complete your contract, any leave days used over the number of days earned will be recaptured on your severance check.

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowance based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 915, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 915 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 915, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if: B _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____

G Child Tax Credit (including additional child tax credit): G _____

- If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply. H _____

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2006
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	



FRISCO INDEPENDENT SCHOOL DISTRICT

(Attach Voided Check here)

Savings Accounts normally don't have checks – It is your responsibility to verify the routing & account #'s on savings accounts with your financial institution.

PLEASE NOTE: It will take up to two (2) pay periods for direct deposit to become effective. The first pay period, a pre-notification notice is sent to your bank to establish your direct deposit and that pay period you will receive a regular check. Your direct deposit will be in effect no later than the **second FULL pay period** (payroll cycle) after you submit your paperwork to the payroll department and a non-negotiable copy of your pay stub will be mailed to you.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize Frisco ISD to initiate credit entries and, if errors occur, I authorize correcting entries to my account(s) indicated below.

Financial Institution or Name / Location Amt	Routing Number (1st nine digits)	Account Number	Type of Account (Checking or Savings)	% \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

You are responsible to contact your bank and verify your Transit Routing Number and your Account Number for Direct Deposit.

This authority is to remain in full force until I terminate this authorization.

Date: _____

Last Name: _____ First Name: _____

Social Security Number: _____ - _____ - _____

Signature: _____

www.friscoisd.org

- *Go to Benefits Home*
 - Click on Employee Forms
 - Click on Leave, Sick Bank, Disability Forms
- FMLA Power Point Presentation
- FMLA Worksheet Instructions
- FMLA Handout
- FMLA Employee Request for Leave Form
- American Fidelity Assurance Company's Employee's Disability Benefits Application



The End!