

## Maternity/Child Care Leave

**CONGRATULATIONS!!!!** *We hope to make this part of child care the most joyful, easy and uncomplicated as possible for you. If you have any further questions after reading this, please call the SCTA office at 585-1653 and a union officer will contact you to assist you.*

- Paperwork should be submitted to the district at least 30 days prior to expected delivery date. Scroll down to view attached forms and documents that can be used to assist you.
- **Sick time may be used ONLY for time the member is disabled.**  
*For example, if a woman is placed on bed rest before the baby is due, she is considered disabled and can use her sick time. Then after being on bed rest, she delivers the baby, she is entitled to 6 weeks for recovery from the delivery (8 weeks for a c-section).*
- Employees are entitled to 12 weeks of FMLA (**FAMILY MEDICAL LEAVE ACT\***) **However, keep in mind that the FMLA starts on the first day out.**
  - Under FMLA, the member would only have to pay the cost they currently pay under the district health insurance plan.
  - *After the FMLA period is over, the member is expected to either return to work, take unpaid childcare leave\*\* or if still disabled, file Long Term Disability paperwork with the district. The decision as to the actual disability of the member is approved from a third party administrator, JJ Stanis.*

The times in which school is not in session are not charged as sick days AND they are not charged against the FMLA. The recess days should be added at the end of leave period.

Once the 12 weeks are up and the member continues to be disabled, she needs to either return to work or take an unpaid leave until the end of the year. Contractually the teacher doesn't need to advise the district of her intentions until the initial disability is over. Once FMLA is up you are responsible for 100% of the insurance costs

If you deliver over summer vacation, the 6-8 weeks of initial disability would only be in affect if it was to come before the first day back to work in September. However, you would be entitled to the full 12 weeks unpaid starting the first day of work.

\* **FMLA** requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months. The FMLA permits employees to take leave to care for the employee's child after birth, or placement for adoption or foster care.

**\*\*Unpaid Child Care Leave per contract for Teachers and Teaching Assistants...Two full years of unpaid leave for child care, plus any part of the school year in which the child was born or adopted.** Requests for unpaid leave are made (1) one school year at a time and requests to district must be made by May 1 each year. Member is also given the opportunity to return to work on the first mid-year break.

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## Sample Letters

The following are sample letters for your reference. It is important to read all five letters carefully to determine your options. (Scroll down to see all letters.)

Please be aware, as per the SCTA Collective Bargaining Agreement, Article XIII-Child Care Leave (p. 42, #7) states: *At the conclusion of the initial period of disability, or upon completion of adoption proceedings, teachers shall indicate if they wish to:*

- A. Return to work
- B. Take unpaid leave until the mid-year break or
- C. Take a leave through the end of that school year

DO NOT submit these pages to the Personnel Office. After determining which option best suits your needs, type your personal letter including the date written. Please make four copies and attach your doctor's note. The original copy is for Ms. Grenzig (Personnel office), one goes to your building Principal, and one goes to the SCTA office (attention: Cathy Rienth). The fourth copy is for your personal records.

We have also enclosed important information regarding your benefits if you are planning a Long-Term Personal/Child Care Leave.

## Sample Letter 1

(Your Address)

(Date)

Ms. Gail Grenzig  
Assistant Superintendent for Personnel  
Sachem Central School District  
245 Union Avenue  
Holbrook, New York 11741

Dear Ms. Grenzig,

I am pregnant and, as indicated by my physician on the enclosed note, my expected date of delivery is \_\_\_\_\_. I plan to work until this time unless my doctor otherwise advises me.

During the time I am disabled, I would like to utilize\* all of my sick days. At the conclusion of my initial period of disability, I will make further determination as to my intentions.

Sincerely,

(Your Name)

\*If you wish to use only a portion of your sick days, indicate the amount.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ sick days.

\*\*Please indicate if you wish to use your personal days for doctor appointments.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ personal days.

**Sample Letter 2**

(Your Address)

(Date)

Ms. Gail Grenzig  
Assistant Superintendent for Personnel  
Sachem Central School District  
245 Union Avenue  
Holbrook, New York 11741

Dear Ms. Grenzig,

I am pregnant and, as indicated by my physician on the enclosed note, my expected date of delivery is \_\_\_\_\_. I plan to work until this time unless my doctor otherwise advises me.

During the time I am disabled, I would like to utilize\* all of my sick days. It is my intention, at this time, to return to work when the doctor finds that I am able to do so.

Sincerely,

(Your Name)

\*If you wish to use only a portion of your sick days, indicate the amount.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ sick days.

\*\*Please indicate if you wish to use your personal days for doctor appointments.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ personal days.

**Sample Letter 3**

(Your Address)

(Date)

Ms. Gail Grenzig  
Assistant Superintendent for Personnel  
Sachem Central School District  
245 Union Avenue  
Holbrook, New York 11741

Dear Ms. Grenzig,

I am pregnant and, as indicated by my physician on the enclosed note, my expected date of delivery is \_\_\_\_\_. I plan to work until this time unless my doctor otherwise advises me.

I wish to be out under the twelve-week Family and Medical Leave Act. During the time I am disabled, I would like to utilize\* all of my sick days. At the end of this twelve-week period, I intend to return to work.

Sincerely,

(Your Name)

\*If you wish to use only a portion of your sick days, indicate the amount.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ sick days.

\*\* Please indicate if you wish to use your personal days for doctor appointments.  
e.g. During the time I am disabled, I would like to utilize \_\_\_ personal days.

## Sample Letter 4

(Your Name)

(Date)

Ms. Gail Grenzig  
Assistant Superintendent for Personnel  
Sachem Central School District  
245 Union Avenue  
Holbrook, New York 11741

Dear Ms. Grenzig,

I am pregnant and, as indicated by my physician on the enclosed note, my expected date of delivery is \_\_\_\_\_. I plan to work until this time unless my doctor otherwise advises me.

I wish to be out under the twelve-week Family and Medical Leave Act. During the time I am disabled, I would like to utilize\* all of my sick days. At the end of this twelve-week period, I wish to commence an unpaid childcare leave.

Sincerely,

(Your Name)

\*If you wish to use only a portion of your sick days, indicate the amount.  
e.g. During the time I am disabled, I would like to utilize \_\_\_\_ sick days.

\*\*Please indicate if you wish to use your personal days for doctor appointments.  
e.g. During the time I am disabled, I would like to utilize \_\_\_\_personal days.

**Sample Letter 5**

(Your Address)

(Date)

Ms. Gail Grenzig  
Assistant Superintendent for Personnel  
Sachem Central School District  
245 Union Avenue  
Holbrook, New York 11741

Dear Ms. Grenzig,

I wish to be out under the twelve-week Family and Medical Leave Act. Attached is a note from my doctor (or attorney, if adopting) (or family member's doctor).

Sincerely,

(Your Name)

\*If the FMLA is used for a personal medical problem, you may wish to use all of your sick days, or just a portion. Indicate your preference.

e.g. During the time I am disabled, I would like to utilize \_\_\_\_\_ sick days.

\*\*Please indicate if you wish to use your personal days for doctor appointments.

e.g. During the time I am disabled, I would like to utilize \_\_\_ personal days.

## **Long-term Personal/Childcare Leave Personnel and Benefit Information**

### **Life Insurance**

If you cancel your life insurance, you will be required to submit a health statement that will be reviewed by the insurance company. This evaluation will take 6-9 months for approval. You will be billed directly by J.J. Stanis & Company.

### **Dental Insurance** (Dentcare & Sachem Self-insured)

1. If you cancel the Dentcare plan and wish to re-enroll, you may re-enroll, but only during Open Enrollment in November. The insurance will then restart in January.
2. If the Sachem Self-insured plan is terminated, there is a 90 day waiting period for re-enrollment.
3. Please note that there is a two year waiting period for bridges, dentures, or orthodontics under the Sachem Self-insured plan if the plan is cancelled.
4. If you decide to keep either dental plan during your leave, you will be billed directly by J.J. Stanis.

### **Health Insurance**

1. If you cancel your Health Insurance during your leave, you can re-enroll as soon as you return.
2. If you have a new child, please remember to enroll the child in your insurance plan within thirty (30) days.
3. If you have individual coverage and wish to add your baby -- a newborn is a qualifying event--family coverage can be effective the date the baby is born.
4. If you are on an FMLA leave, you are billed 12 weeks at your normal rate; however, after the 12 weeks you will be billed at the full cost of the insurance plan.

### **Excess Major Medical Insurance**

1. If this plan expires you will need to wait for Open Enrollment in November, whereas coverage will start January 1<sup>st</sup>.
2. If you decide to keep this insurance, you will be billed directly by J.J. Stanis.

If you have any questions or concerns about your benefits, please do not hesitate to call 471-1328/1325.