



Brookline Educators  
Union

# Adoption and Pregnancy Packet

*This packet is for school employees (men and women) who are expecting a child (by birth or adoption). It is only as a guide. **Please see your BEU Representative or the BEU president for advice, guidance and help with completing the forms.***

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115 Greenough Street  
Brookline, MA 02445  
617-277-0251

## **1. Introduction**

This packet is for men and women who are expecting a child by birth or adoption. We have tried to make this packet as complete as possible, but every situation is unique so **we strongly encourage you to consult your BEU Representative or the BEU President**. While you should read this packet carefully, it is meant only as a guide and should not be used to make decisions in isolation.

References in this document are to the three collective bargaining agreements between the BEU and the Brookline School Committee: Unit A, Unit B, and the Paraprofessional Unit. References are abbreviated: P§3.11.A means the Para Unit, Article 3.11.A.

## **2. Getting Started**

Well, you've already started, **CONGRATULATIONS!!!**  
It is quite a wild and wonderful ride on which you are about to embark.

We suggest you begin making your employment decisions regarding your or your partner's pregnancy or adoption by **talking to a BEU Rep or the BEU President** (The BEU phone number is 617-277-0251). We will be able to outline your rights, help you through the process and advocate for your needs. These conversations are held in the strictest confidence. There are deadlines to meet (the soonest is 5 months before birth), so you should start as soon as possible. We strongly suggest you start a file with all the materials, copies of forms, etc.

After you've learned your rights (more on that below), you will need to make some tough decisions about your future. Some of these decisions must take place 5 months before your due date. Then you should tell your supervisor (elementary principal or secondary curriculum coordinator) of your situation and what you tentatively plan to do. Then you can finalize your plans and fill out the Child-Bearing/Child-Rearing Application Form.

Finally, if you are pregnant you probably already know that there are additional health risks associated with your pregnancy. In particular, the risks associated with working in a school environment include certain childhood communicable diseases. The BEU suggests that you let your school nurse know that you are pregnant if you feel comfortable doing so. Conversations with your school nurse will be held in confidence.

## **3. Sick Leave**

By law (the Pregnancy Discrimination Act of 1978), any illness or disability resulting from pregnancy or childbirth must be treated like any other illness or disability. Therefore, if you are pregnant, you are entitled to sick leave as long as you are incapacitated by pregnancy, birth and recovery - before and after birth. It is just as if you break your leg or have a heart attack. The "period of disability" is determined by your health care provider in consultation with you.

With your application form (attached), you should provide a note from your health care provider. This note just needs to designate the date of your expected delivery. Inform your health care

provider NOT to include in any letter the offer to talk to someone or to volunteer additional information on your condition.

If any complication occurs during your pregnancy, you should provide a note from your health care provider as soon as it is determined that you need to modify your work schedule or tasks or you need to stop working completely. This note needs to state the nature of your condition and/or complications and when you are expected to recover, if that is before the birth. Inform your health care provider NOT to include in any letter the offer to talk to someone.

[Ref: A§5.2.H, B§5.2.H, P§4.1.C.iii]

After the birth, you will need a note that states what kind of delivery it was, the nature of your condition and/or complications and expected date of recovery. Again, inform your health care provider NOT to include in any letter the offer to talk to someone. Usually, the administration does not request additional documentation if you recover within six calendar weeks after a vaginal birth or within eight calendar weeks for a Caesarian section.

Any additional medical documentation will be requested by the Human Resources Office in accordance with procedures set out in the Medical Documentation Protocol Article of the collective bargaining agreement (excerpt attached). If the administration asks for additional medical documentation, you should immediately seek advice from one of the two BEU co-chairs of the Sick Leave Bank (regardless of whether you are using the sick leave bank or not) - they are very familiar with medical documentation issues.

#### **4. Sick Leave Bank**

The Sick Leave Bank is available only to those who are enrolled in the Bank and have used up all their accrued sick days and A-days. (All those in Units A and B are eligible; those in the Para Unit are eligible after 2 or more years of employment.) In years subsequent to using Sick Leave Bank, you will be required to repay 25% of the days used from your own sick time. In order to apply for the use of the sick leave bank, call one of the two BEU Sick Leave Bank co-chairs:

at BHS, Dominique Aumiller at 617-777-4520

for pre-K through 8th grade, Barbara Hedges at 617-879-4682 or 617-325-8346.

The Sick Leave Bank Committee will send you an application form and ask for a note from your doctor under the same rules as for using your own sick time. [Ref: A§5.2, B§5.2, P§4.1.C]

#### **5. Leaves of Absence**

There are five kinds of adoption- or pregnancy-related leave:

- child-bearing (sick leave)
- unpaid FMLA (up to 60 work days)
- paid FMLA (up to 12 days if in Units A or B; up to 10 days if in the Para Unit)
- MMLA
- extended child-rearing

Sick Leave due to incapacity from birth is also called Child-Bearing Leave. If you have accrued your own sick leave or are a member of the sick leave bank, this leave is paid. This lasts during the

period of incapacity as determined by your health care provider (and accepted by the administration). [Ref: A§5.8, B§5.8, P§4.7]

In accordance with the federal law called the Family and Medical Leave Act (FMLA) and our contracts, you are entitled to a leave of up to 60 work days if you worked in the Brookline Public Schools for a year prior to the leave and work half-time or more. This 60 work-day period includes any paid sick leave time. [Ref: A§5.1.F&G, B§5.1.F&G, P§4.1.B]

You are entitled, as part of your 60 work day FMLA Leave, to use your own unused accrued sick days for the birth or adoption of a child if you have any of your own time left and be paid. If you are in Units A or B, you can use up to 12 such paid days; if you are in the Para Unit, you can use up to 10 such paid days. Of course, you may not want to take any or all of these days in order to save them for later in the year. [Ref: A§5.1.G.ii, B§5.1.G.ii, P§4.1.B.i&iii]

If you do not qualify for the FMLA Leave, but have worked 3 months prior, you are eligible for the Massachusetts Maternity Leave Act (MMLA) and may take up to 8 weeks leave for each child (e.g. twins would entitle you to 16 weeks). Your entitlement for the MMLA is 8 work weeks, not 40 work days (or 16 weeks, not 80 days). Your 8/16/etc weeks of MMLA leave starts after the birth or adoption (including any paid time) and does not include any sick time taken before birth. [Ref: A§5.1.F, B§5.1.F]

Extended child-rearing leave is taken after child-bearing leaves for birth mothers and after any FMLA leave if taken. You are eligible for this leave only if you have Professional Teacher Status or you have three years of service in the system. You must declare your intention to return the next year or extend your leave by February 1 if you are in Units A or B and by March 1 if you are in the Paraprofessional Unit. If you are in Units A or B and have an extenuating circumstance, this deadline can be pushed to March 15. [Ref: A§5.4, B§5.4, P§4.8.B.iii]

An extended child-rearing leave can last up to two years for members of Units A and B and one year for members of the Paraprofessional Unit. If you had a baby (or your partner did or you adopted) before January 15, then the remainder of that year counts as a year of leave. If the baby arrived on or after January 15, the rest of that year does not count toward your 2-year limit (for Units A and B) or 1-year limit (for the Para Unit). Leaves can be extended past these deadlines at the Superintendent's discretion. [Ref: A§5.9.A, B§5.9.A, P§4.8.A]

The granting of any other leave not covered by the FMLA or the contract (e.g. part-time child-rearing leave or any leave greater than 60 work days and returning not in September) is subject to the discretion of the Superintendent. If you want to take such a leave, you should describe that on the bottom half of the second page of the application form. [Ref: A§5.9.D, B§5.9.D, P§4.8.D]

## **6. Changing Your Plans**

Once you apply for the leave, there may be an opportunity to change your plans. If there is a tragedy, you can end all leaves early. By law, you can end your FMLA leave early. Any other changes are within the discretion of the administration. Generally, if they can accommodate the change, they may. They are more likely to do so if there has been some extenuating or adverse circumstance.

[Ref: A§5.9.C, B§ A§5.9.C, P§4.B.C]

## **7. Summer Time**

You get paid via use of sick days only when you are incapacitated during your usual days of work. You will not get paid for days you would not normally work (e.g. holidays, vacations, summer). If your period of incapacity straddles days you work and days you don't (e.g. you deliver on June 2 and recover on July 17), you get paid for those days that are school days.

The same is true if you deliver in the summer and your period of incapacity extends into the school year (e.g. you deliver on August 20 and recover on October 10). Again, you would get paid from the first day of work in September until you recover. This is true even if you decide to take an extended child-rearing leave for the rest of that school year.

If you give birth during the summer and recover before work starts in September (e.g. deliver on July 10 and recover August 25), you will not be entitled to any sick leave. You may, however, take the paid days of FMLA Leave if you are entitled.

You are entitled to these paid leaves (sick leave or paid FMLA leave) even if you take an extended child-rearing leave for the rest of the year. However, you do not accrue sick time, longevity or seniority for any year which you are paid solely on sick time or paid FMLA Leave, i.e. you actually have to work sometime during the year to accrue those benefits. [Ref: A§5.8.C, B§5.8.C, P§4.7.B]

## **8. Returning to Work**

First, do you want to return? See the rules above on child-rearing leave if would like to extend your leave.

None of our contracts guarantee you a specific assignment. The administration can involuntarily transfer you anywhere (except not for disciplinary reasons). So you have no guarantee of particular position ever, but even less so when returning from leave. This is not contractual but just the nature of the situation - if you leave a position for a year and it is filled by someone else, it could be they have now become used to that other person and rather have you work somewhere else. If this happens, there are only three things you can do:

1. accept the transfer;
2. meet with your supervisor to talk about the reasons why this has happened (you can have a BEU Rep with you at that meeting, and we'd suggest it); and
3. Take another year off without pay (this would not be a child-rearing leave).

[Ref: A§3.17.B&C, B§3.17B&C]

## **9. Health Insurance**

Now is also a good time to think about health insurance issues. The birth or adoption of a child is a "change of life event" that allows you to add the child to your plan. You should notify the Town Human Resources Office in order to cover the new addition to your family. If this is your first

child, it may entail a change from individual to family coverage. This would also be a good time to consolidate the coverage if you and your spouse/partner have two individual plans.

If you are covered through a plan offered by the Town of Brookline and plan to continue this coverage, you should know these payment rules:

- a. For any paid leaves, your coverage continues as usual (with your portion of the premium per contract between the Town and PEC: 22% in 2010-11, 20% in 2011-2012 and 17% in 2012-13.
- b. For unpaid leave covered under FMLA (i.e. first 12 weeks of leave in aggregate), your coverage continues with the above percentages, but since you are no longer receiving a paycheck, the Town will have to bill you monthly for your portion of the premiums (thus your premiums could no longer be paid pre-tax as per Section 125 of the IRS code).
- c. For unpaid leave not covered under FMLA (i.e. after 12 weeks of leave in aggregate), you are responsible for paying for 100% of the premiums. Again, the Town will bill you monthly for your portion of the premiums and your premiums are no longer paid pre-tax. [Ref: A§3.10.C, B§3.10.C, P§5.1.A]
- d. You will be covered at percentage of premium outlined above over the summer months if your FMLA leave brings you to the end of school. If you need to take an extended leave after your FMLA leave to the end of school, then you will be billed for 100% of the premiums

You will need to fill out the attached Continuation of Benefits Form. Fill it out, bring it to the Town Human Resources Office (2nd floor of Town Hall, 617-730-2120) get it stamped received and ask for a copy.

## **10. Implications on Gaining Professional Teacher Status (PTS)**

If you are an educator covered under Unit A or B, you gain Professional Teacher Status (PTS) after three full years of service working in your area of certification/license. PTS is important because it gives you due process rights, called just cause, in case of discipline and discharge. [Ref: A§7, B§7]

Taking paid sick time (including use of the sick leave bank) does not impact your service as it relates to PTS. The Town and BEU currently agree that if you work or are on paid leave for at least 145 days of the school year, the year will count towards PTS. However, the BEU reserves the right to challenge this number based on future research into this matter.

## **11. Union Dues and other deductions**

The BEU treasurer will work with the payroll office to adjust your deductions so you pay your dues without having to write us a check. You are responsible for your full dues unless you are going on unpaid leave for more than half the year. When you return to work, please contact the BEU to reactivate your membership.

If you are enrolled in the Flexible Spending Program, the Town Human Resources Office will work with you to adjust your deductions if you fall into unpaid leave status.

The form attached (#14) takes care of Health, Dental, and Life Insurance payments.

## **12. Resources/Phone Numbers**

Brookline Educators Union, Main Office  
tel: 617-277-0251  
fax: 617-232-9413  
Brookline High School, Room 004A

*for questions about your rights and responsibilities*

BEU Sick Leave Bank Co-chairs  
Barbara Hedges  
tel: 617-879-4682 or 617-325-8346

*for questions about the sick leave, the Sick Leave Bank or medical documentation*

Dominique Aumiller (BHS)  
tel: 617-777-4520  
fax: 617-232-9413

Human Resources, Brookline Public School  
tel: 617-730-2405 & choose "options"  
fax: 617-730-2108  
Town Hall, 5<sup>th</sup> floor

*for questions about the status of your leave, rights and responsibilities*

Payroll Office, Brookline Public Schools  
(closes at 12:30 on Fridays)  
tel: 617-730-2421  
fax: 617-730-2681  
Town Hall, 5<sup>th</sup> floor

*for questions about your paycheck, both compensation and sick day or A-day accrual and use*

Human Resources, Town of Brookline  
(closes at 12:30 on Fridays)  
tel: 617-730-2120  
fax: 617-739-7519  
Town Hall, 2nd floor

*for questions about health care and other benefits*

Christopher McLaughlin, Benefits Administrator  
Town of Brookline  
Tel: 617-730-2117

*for questions about the coordination, enrollment, and/or modifying all health care and benefits.*

Chris Nilan,  
tel: 617-730-2413

*Informal questions about available benefits or the benefits process may be directed to Chris*

Employee Assistance Plan (Wellness Corp)  
24 hour tel: 800-828-6025

*A confidential and voluntary counseling referral service provided free of charge to employees and their dependents. In addition, they run a "New Parent Transition Program."*

Pam Payton, RN, Occupational Nurse Case Manager  
333 Washington St, Room 211  
Brookline, MA 02445  
tel: 617-730-2290  
fax: 617-739-7519

*Evaluates your confidential medical status claims. All doctor notifications should be sent to Pam.*

## **Attachments**

There are five attachments to this packet, each of which is explained below.

### **13. Child-Bearing/Child-Rearing Application Form**

You use this form to tell the administration of your pregnancy or adoption. Read the form carefully - there is good information on the form that can help inform your decisions.

**We strongly suggest that you complete this form with the help of a BEU Representative or the BEU President - or at least have him/her look it over after completing it.** You send it to the Human Resources Office and to your immediate supervisor by the following deadlines:

- 2 weeks if you are only going to take MMLA leave
- 30 days if you are only going to take FMLA days
- 2 months if you are going to take sick leave
- 5 months to take child-rearing leave (beyond the 12-week FMLA leave)

While these deadlines exist (by law or agreed to by contract), the BEU suggests that you give notice earlier, as soon as you are comfortable. In most circumstances, the sooner the better it is for all involved.

As for all forms, we suggest you hand deliver this to the office (5th floor of Town Hall), ask them to stamp it as received and get a copy back of the stamped form. You can also feel free to send a copy to the BEU office (via interdepartmental mail at BHS). Be sure to keep a copy for your records.

### **14. Continuation of Benefits While on LOA Form**

You use this form to inform the Town Human Resources Office that you would like to continue to receive health insurance benefits through Brookline while on unpaid leave (through FMLA or on Child-Rearing leave). If you do not plan on taking any unpaid leave, there is no need to fill in this form. Again, we suggest that you hand deliver this to the Town Human Resources Office (2nd floor of Town Hall), ask them to stamp it as received and get a copy back of the stamped form for your records.

### **15. Application for Use of Sick-Leave Bank**

### **16. Medical Documentation Protocols**

These protocols detail how the administration can ask you for medical documentation past simple note(s) from your health care provider.

### **17. TimeLines**

For those with a strong visual learning style, we thought this chart could come in as handy reference.



# Brookline Educators Union/Brookline Public Schools Child-Bearing/Child-Rearing Application Form

V 2.4 4/26/07

This form must be completed and served in the following timeframes before the expected date of delivery (or once your home study has been completed and notarized for adoption) for the following purposes:

- 2 weeks for use of MMLA days (see item 13)
  - 30 days for use of FMLA days (see items 11 and 12)
  - 2 months for taking on sick leave or sick leave bank benefits (see items 9 and 10)
  - 5 months for extended child-rearing leave purposes (see item 14)
  - by February 1 for an extended child-rearing leave starting the school year after birth year
- Both the BEU and School Department encourage employees to give notice as soon as possible.

***When completed, bring this form to the Schools Human Resources Office, 5th floor of Town Hall (tel: 617-730-2410, fax: 617-730-2108), and ask for a copy after having it stamp received. Also make a copy for your supervisor.*** The status of your application becomes official only after receiving a letter from the Director of Human Resources. Every effort will be made to send that letter within a week of receiving this application.

1. Name \_\_\_\_\_ 2. Today's Date \_\_\_\_\_

3. Address \_\_\_\_\_ 4. School \_\_\_\_\_

5. Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. FTE \_\_\_\_\_ 7. Expected Date of Delivery or Adoption \_\_\_\_/\_\_\_\_/\_\_\_\_

8. I am the \_\_\_\_ a. Birth Mother \_\_\_\_ b. Father \_\_\_\_ c. Adoptive Parent  
If you answered b or c, skip to item #11

## 9. Sick Leave

As the birth mother, you are entitled to sick leave as long as you are actually incapacitated and unable to work due to disability resulting from pregnancy, birth and/or recovery therefrom. An employee is expected to be at work if she can perform the essential functions of her job with reasonable accommodations.

Do you want to take sick leave? ☒ Yes \_\_\_\_ No

## 10. Sick Leave Bank

You use your own sick time until it runs out or you have recovered. If you are a member of the sick leave bank, you may apply to draw on the bank for days needed to cover your period of incapacity after your own sick time runs out.

Would you like to apply for days from the sick leave bank if needed? ☒ Yes \_\_\_\_ No

## 11. Paid Family Leave

After your period of incapacity, if any, you are entitled to use your own accumulated sick days for the birth or adoption of a child if you have any of your accrued sick leave time left. For those in Units A and B, you can use up to 12 days; for those in the Para Unit, you can use up to 10 days. (You may not want to take these days in order to save them for later in the year.)

Do you want to take any of these days? \_\_\_\_ Yes \_\_\_\_ No If yes, how many days? \_\_\_\_\_

## 12. FMLA Leave

In accordance with the federal Family and Medical Leave Act (FMLA), you are entitled to a leave of up to 12 weeks (60 work days) if you worked in the Brookline Public Schools for a year prior to the leave for at least 1250 hours. This 12-week period includes any paid time included in items 6 through 8 above and would be unpaid after taking those leaves.

Do you want to take any unpaid FMLA leave? ☐ Yes ☐ No ☐ N/A

If yes, how many days?  -or - How many days, including paid time?  (max is 60)

## 13. MMLA Leave

In accordance with the Massachusetts Maternity Leave Act (MMLA), you are entitled to a leave of up to 8 weeks if you have worked the previous three months. You normally take this leave instead of the FMLA leave (# 12) if you do not qualify FMLA leave.

Do you want to take any unpaid MMLA leave? ☐ Yes ☐ No

If yes, how many weeks?  -or - How many weeks, including paid time?  (max is 8)

## 14a. Extended Child-Rearing Leaves (Units A and B only)

If at the time of your leave, you have PTS, or are a nurse, OT, or PT with three years of service in the system, then you are eligible for extended full-time unpaid leaves of absence for child-rearing purposes for up to two years. It is understood that you will take a leave for the rest of the year and return on September 1 unless prior agreement has been made with the Superintendent. On February 1, you must declare your intention to return the next year or extend your leave for the second year.

Do you want to take this extended child-rearing leave? ☐ Yes ☐ No ☐ N/A

## 14b. Extended Child-Rearing Leaves (Paraprofessional Unit only)

If at the time of your leave, you have three years of service in the system, then you are eligible for extended full-time unpaid leaves of absence for child-rearing purposes for up to one year. It is understood that you will take a leave for the rest of the year and return on July 1 or the beginning of your regular work year, whichever comes later, unless prior agreement has been made with the Administration. On March 1, you must declare your intention to return the next year or extend your leave for the second year.

Do you want to take this extended child-rearing leave? ☐ Yes ☐ No ☐ N/A

## 15. Other Leaves

Please state below any request for a leave not described above (for example, a part-time leave or a leave longer than 12 weeks but not for the rest of the year). Such a leave is not a right, but may be granted at the Brookline School Committee's reasonable discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BROOKLINE SCHOOL DEPARTMENT**  
CONTINUATION OF BENEFITS WHILE ON A LEAVE OF ABSENCE

**Section I: Employee Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Mi: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dept: \_\_\_\_\_

**Section II: Qualifying Event Information**

Reason for Leave:

( ) Medical ( ) Personal / Educational

( ) Child Bearing/ Child Rearing ( ) Other \_\_\_\_\_

Expected dates of requested Leave: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section III: Type of Medical Insurance Coverage**

\_\_\_\_\_ GIC Health Plan

\_\_\_\_\_ Individual \_\_\_\_\_ Family

**Section IV: Dental Insurance Coverage**

\_\_\_\_\_ Delta Dental - Low Option \_\_\_\_\_ Delta Dental - High Option

\_\_\_\_\_ Individual \_\_\_\_\_ Family

**Section IV: Life Insurance Coverage**

Continue Life Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

♦If you do not continue payments for Life Insurance while on your leave of absence, your coverage will be cancelled. If you wish to re-enroll upon returning to work, you must complete a two-page medical form and your re-enrollment will be subject to approval by the Life Insurance Provider.

**Section IV: Employee Signature**

Please note that this application for continued group health insurance and life insurance must be returned to the Town Human Resources Office. You will then be notified by letter the details of maintaining your benefits while on leave due to your particular situation including rate and payment information. Any questions regarding this application should be directed to the Town Human Resources Office at (617) 730-2117.

I understand that during my leave of absence, my monthly direct payment must be received in the Town Human Resources Office by the first business day of each month and that delinquent payments may result in the termination of my coverage. I understand that if I wish to voluntarily cancel my health and or life insurance coverage during my leave of absence, it will not be reinstated until my return to full-time employment. This reinstatement of benefits is subject to guidelines established by the Town Human Resources Office and the health insurance provider; waiting periods may apply.

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

THE PUBLIC SCHOOLS OF BROOKLINE, MASSACHUSETTS

HUMAN RESOURCES OFFICE USE ONLY

Request for Withdrawal of days from the Sick Leave Bank

**\*\*NOTE\*\***

The Sick Leave Bank Committee may request an attending physician's statement regarding the nature of the illness of the applicant and the anticipated period of absence.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

POSITION IN BROOKLINE SCHOOLS \_\_\_\_\_

YEARS IN BROOKLINE SCHOOLS \_\_\_\_\_

HAVE YOU EVER BEEN GRANTED SICK BANK DAYS? \_\_\_\_\_

IF "YES," WHEN? \_\_\_\_\_

NUMBER OF SICK DAYS YOU ARE REQUESTING TO WITHDRAW FROM THE BANK \_\_\_\_\_

NATURE OF CURRENT ILLNESS AND/OR REASON FOR REQUEST:

EXPECTED DATE OF CHILDBIRTH/ADOPTION, if applicable: \_\_\_\_\_

It is understood that the borrower will repay 25% of the number of days granted in the succeeding year unless the amount is adjusted otherwise by the Sick Bank Committee.

An employee who requests sick leave bank days shall be required, as a condition of receipt of such days, to agree in writing to repay the total cost of such days to the Brookline Public Schools if and when such an employee collects damages from a third party for his/her illness/injury where such illness/injury was the reason provided in accordance with Section E of Article 5.2 resulted in the need for such sick leave bank days. For any funds recovered, the appropriate number of sick leave days will be restored to the sick leave bank.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Send completed form to: Sick Leave Bank

Dominique Aumiller  
Brookline High School  
115 Greenough Street  
Brookline, MA 02445

Barbara Hedges  
Runkle School  
50 Druce Street  
Brookline, MA 02445

**Medical Documentation Protocols**  
in agreements between the  
Brookline Educators Union  
and  
Brookline Public Schools

You will need a simple note from your health care provider (or your partner/wife's provider or adoption agency):

- when you apply for the child-bearing/child-rearing leaves. This note should just state the date of expected delivery (or adoption)
- if your health care provider says you need to stop working before birth. This note should just state the nature of your condition and/or complications and, if expected to recover before birth, when that would be.
- after birth. This note should just state what kind of delivery it was, the nature of your condition and/or complications and expected date of recovery.

These notes should not include an invitation to talk to your health care provider. Inform your health care provider to NOT include in any letter the offer to talk to someone. This is your decision and you should consult a sick leave bank co-chair before allowing any such conversation.

Below are the medical documentation protocols contained in all three collective bargaining contracts. [Ref: A§5.3, B§5.3, P§4.2] If your situation goes beyond just providing the simple notes from your health care provider, please contact a sick leave bank co-chair immediately.

**a. Health Care Provider's Letter**

If requested by the Director of Human Resources, the employee shall furnish a letter from a health care provider. Generally, this note is not requested until after the fourth consecutive day of absence. This letter should state the nature of the illness and the anticipated period of absence.

**b. DOL Form**

If the BSC, applying reasonable standards, finds the health care provider's letter to be insufficient, the employee shall present the health care provider's findings as soon as is reasonably possible using the United States Department of Labor's Certification of Health Care Provider form (DOL form, Attachment A).

**c. Permission for Consultation**

If the employee submits a complete DOL form signed by the health care provider, the BSC may not request additional information from the employee's health care provider. However, the BSC, applying reasonable standards, may have a health care provider representing the BSC contact the employee's health care provider, with the employee's permission, for purposes of clarification and authenticity of the medical certification. The employee gives such permission via e-mail or by a hard copy with signature and date (Attachment B). Refusal to give permission will result in no sick leave benefit.

**d. Second opinion**

If the BSC has reason to doubt the validity of a medical certification, the BSC may require, in writing, the employee to obtain a second opinion at the BSC's expense. The BSC is permitted to

designate the health care provider to furnish the second opinion, but the selected health care provider may not be employed on a regular basis by the BSC. Any contacts under this paragraph between the BSC or its health care provider and the designated second opinion health care provider shall be in writing.

**e. Third opinion**

If the opinions of the employee's and the BSC's designated health care providers differ, the BSC may require the employee to obtain certification from a third health care provider, again at the BSC's expense. This third opinion shall be final and binding. The third health care provider must be designated or approved jointly by the BSC and the employee. The BSC and the employee must each act in good faith to attempt to reach agreement on whom to select for the third opinion provider. If the BSC does not attempt in good faith to reach agreement, the BSC will be bound by the first certification. If the employee does not attempt in good faith to reach agreement, the employee will be bound by the second certification. Any contacts under this paragraph between the BSC or its health care provider and the designated third opinion health care provider shall be in writing.

**f. Additional rules for 2nd and 3rd opinions**

i. Pending receipt of the second or third medical opinion, the employee is provisionally entitled to the sick time. If the certifications do not ultimately establish the employee's entitlement to the sick time, the sick leave shall be treated as unpaid leave and the employee shall be required to repay any pay received during the period of provisional entitlement.

ii. If the BSC requires the employee to obtain either a second or third opinion the BSC must reimburse the employee for any reasonable "out of pocket" travel expenses incurred to obtain the second and third medical opinions. The BSC may not require the employee to travel outside normal commuting distance for purposes of obtaining the second or third medical opinions except in very unusual circumstances.

iii. Copies of 2nd and 3rd opinions received by the BSC are to be mailed to the employee within two business days of the BSC's receipt.

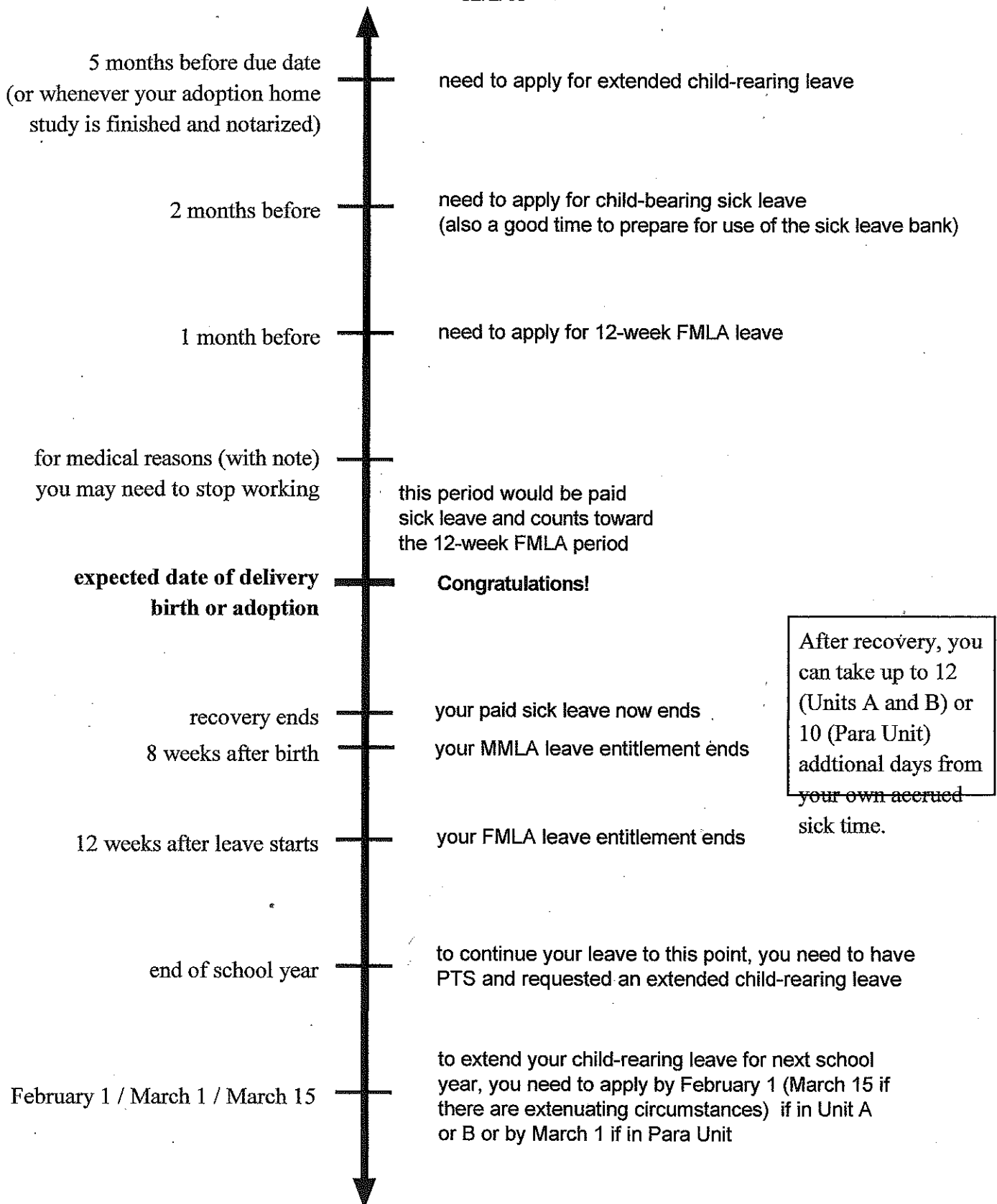
**g. Files of Medical Documentation**

Any and all medical information provided by an employee and/or his/her medical care professional and/or any medical care professional contracted by the BSC (or by the BSC and the employee jointly) shall be held as strictly confidential and placed in a medical file separate from the employee's personnel files. Physical access to these files shall be limited to the employee, the Superintendent and the Director of Human Resources and their respective confidential secretaries. Both parties reserve all rights under law with respect to privacy of medical information.

# Brookline Educators Union

## Child-Bearing/Child-Rearing Timeline

12/2/05



8-9-12 BEU Adoption & Pregnancy Leave Chart (Fall '11).doc

