

**DUVAL COUNTY PUBLIC SCHOOLS
MILITARY
LEAVE OF ABSENCE
INSTRUCTIONS**

WHO TO CALL:

- Leave of Absence information – Human Resources: 390-2055
390-2065
390-2395 (fax)
- Insurance questions (see page 10) - Risk Management: 390-2354
390-2566 (fax)
- Sick/Annual Leave Balances – Payroll: 390-2022

WHAT YOU NEED:

- Extended Leave Form signed by your principal/supervisor
- Copy of official orders (no letters will be accepted)

WHERE TO SEND LEAVE OF ABSENCE PAPERWORK:

SCHOOL MAIL

**Bldg. # 3001
Human Resources
Attn: Extended Leave Office**

US MAIL

**Duval County Public Schools
Attn: Extended Leave Office
1701 Prudential Drive
Jacksonville, FL 32207**

READ ALL INSTRUCTIONS CAREFULLY AND COMPLETELY

Duval County Public Schools
EXTENDED LEAVE APPLICATION

Revised 04/01/10

PLEASE PRINT:

Name	Work Location #	Personnel #	Date
Position	Principal/Supervisor Name	School Name or Work Location	

ADDRESS: *New* *Temporary* *Home*

Street Address	City State Zip	Home Phone
		Cell Phone

TYPE OF LEAVE: (FOR ALL MEDICAL LEAVE, A DOCTOR'S STATEMENT MUST BE INCLUDED)

FAMILY MEDICAL LEAVE ACT Illness of Employee Illness of Family Member Maternity (due date _____)

PERSONAL HEALTH Illness of Employee Maternity (due date _____)

PERSONAL PROFESSIONAL/EDUCATIONAL (include copy of registration for full-time classes)

MILITARY (include a copy of official orders) ON THE JOB INJURY (OJI) Date of Injury _____

READ EACH STATEMENT BELOW AND INITIAL:

- Extended leave will be subject to rules of the DCPS, Civil Service Board and/or employee bargaining agreements in effect the date my leave is approved.
- I have the option while on an approved leave of absence, to continue all my existing insurance plans. Call 390-2354/2353.
- I must notify Risk Management of my exact return to work date.
- If I am on the optional pay plan (12 mo), I will automatically be on the regular pay plan (10 mo) upon returning from leave.
- I must not seek employment and/or be employed while on an approved extended personal leave.
- I must report to the Extended Leave Office to complete the necessary paperwork PRIOR to returning to work.**
- Failure to return from leave will be considered a resignation.

DATES ABSENT:

Start date: _____ End date: _____ **(IF DATES ARE UNKNOWN, LEAVE BLANK)**

REASON FOR REQUEST: _____

Employee Signature	Date	Principal/Supervisor Signature	Date
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FOR EXTENDED LEAVE OFFICE USE ONLY:

LOA Start date: _____	End date: _____	Type of leave approved: _____
Extend Start date: _____	End date: _____	Type of leave approved: _____
Extend Start date: _____	End date: _____	Type of leave approved: _____
Extend Start date: _____	End date: _____	Type of leave approved: _____

Human Resources Administrator Signature	Date
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EXTENDED MILITARY LEAVE

All Duval County School Board Employee-Reservists

On November 20, 2001, the Duval County School Board approved an agenda item that provided supplemental compensation for Duval County School Board employees who are called for military duty for Operation Enduring Freedom. The supplement compensation policy was passed in an effort to help alleviate the hardships imposed on the families of the employee-reservists while on active military duty.

The attached packet contains the information and forms necessary to request the supplemental payments. Please follow the enclosed instructions and return the necessary forms to Human Resource Support Services, 1701 Prudential Drive – 1st Floor, Jacksonville, FL 32207.

Instructions for Employee – Reservists called to Active Duty	
Employee Name	Personnel Number
Work Location #	School Name/Division
Home Address	
City, State, Zip Code	

	Instructions When Called to Active Duty	Checkoff
1	When you are notified that you are being activated call the Extended Leave Office, – 390-2065, immediately.	
2	When you receive your military orders for active duty, give a copy of your active duty orders and your military Leave and Earning Statement (LES) to Human Resources.	
3	Complete the regular leave form (available at your school). Request 30 days of “Military Leave” in the remarks section write “Military Call-up of 30 days or more.”	
4	If you have granted a power of attorney to someone to act on your behalf in your absence, give a copy of the full power of attorney to the Human Resources department.	
5	Complete the attached “Military Supplemental Pay Request Form” to indicate if you DO or DO NOT wish to receive military pay supplement. <i>NOTE: Military pay supplement will be based on your School Board monthly base pay at the time you were called to active military duty. If your monthly military pay (the total amount under “entitlements” on the LES), equals or exceeds your School Board monthly base pay, you will <u>not</u> be eligible to receive the military pay supplement. If your monthly military pay is less than your School Board monthly base pay, you will be eligible to receive military pay supplement. Your paycheck or direct deposit statement will be mailed to the address listed on the Military Supplemental pay Request Form.</i>	
6	Complete the attached “Election of Benefits Continuation Form” – (RM-101) to indicate whether you <u>do</u> or <u>do not</u> want to continue benefit options and submit it to Human Resource Support Services, 1701 Prudential Drive – 1 st Floor Extended Leave Office, Jacksonville, FL. 32207-8182.	
7	Review the deductions currently being made from your School Board pay and make any adjustments necessary in accordance with the information and instructions contained in this packet.	
	Instructions During Military Leave of Absence	
8	Notify the extended leave office immediately if there is any change in your military pay and send a copy of the latest Military Leave and Earning Statement (LES) to Human Resource Support Services.	
	Instructions Upon Return From Active Military Duty	
9	When you return from active military service you must notify Human Resources within 90 days from the date of release from active service.	
10	You must forward a copy of your DD-214 to Human Resources to assure that you are given full credit for the period of the military leave of absence.	

This is a working document to aid employee-reservists in taking the steps necessary to successfully go on leave for military duty and return to DCPS employment. The employee or the employee’s representative should keep this document to ensure that the employee’s rights are protected.

Information of Importance to Employee-reservists, their Families and Departments

General Information

After the first 30 days of full pay, the employee, if eligible, will receive a supplemental salary payment based on the difference between the School Board's base pay and total military pay. All supplemental payments and related benefit charges will not be charged to the applicable School or Department. For an eligibility determination to be made, the employee or his/her designated representative with power of attorney must submit a Leave and Earnings Statement (LES) with the completed Military Supplemental Pay Request Form. Checks will be issued biweekly and mailed to the address on the Military Supplemental Pay Request Form. If there is a designated representative, a copy of the power of attorney must be provided.

An employee who leaves a civilian job in order to enter active duty in the Armed Forces, voluntarily or involuntarily, is entitled to all reemployment rights prescribed by federal, state and local laws after discharge or release from active duty.

Direct Deposit / Check Distribution

Direct Deposit will continue unless the employee discontinues it in writing. We will send the paycheck or direct deposit statement to the address provided by the employee on the "Military Supplemental Pay Request Form." This will be your official mailing address with the School Board.

Military pay supplements will be calculated based on the LES submitted by the service member. A new LES will be required if the military orders and/or pay changes. Any changes should be submitted to Human Resources.

Payroll Deductions:

Involuntary Deductions: All court-mandated payments for child support, tax levies, garnishments, bankruptcies and student loan payments will continue to be deducted from supplemental military pay.

Voluntary Deductions:

- **Union Dues** – Deductions for union dues will continue until revoked by the employee, unless the net pay amount is insufficient to cover deduction. Contact DTU to stop union deductions for that organization. For all other unions, submit a request in writing to Business Services.
- **Savings Bonds and Charities** – These deductions can be continued while receiving supplemental military pay, unless net pay amount is insufficient to cover deduction.
- **Credit Union** – Deductions made to Credit Union accounts can be continued while receiving supplemental military pay, unless net pay amount is insufficient to cover the deduction. To stop or change the amount of credit union deductions, contact the credit union.
- **Pre-paid and Supplemental Insurance plans** – Deductions can be continued while receiving supplemental military pay. However, if net pay amount is insufficient to cover deductions, arrangements need to be made with Risk Management Department at (904) 390-2353 to pay premiums directly to Duval County Public Schools.

Important Note: The employee or his/her power of attorney is responsible to arrange for continuation of any payments for deductions (involuntary or voluntary) which are reduced or discontinued due to insufficient net pay.

MILITARY SUPPLEMENTAL PAY REQUEST FORM

Name: _____ Date: _____

Personnel #: _____

Work Location #: _____

(Complete this section if a representative with power of attorney is designated)

Name: _____

Address: _____

Phone Number: _____

Check One:

_____ I wish to receive supplemental pay if I am entitled to it. I will submit my most recent LES as soon as possible. (Any change to your orders or LES must be submitted to Human Resource, **Attention: Extended Leave Office**)

_____ I am not entitled to supplemental pay as my military pay is higher than my School Board pay.

Check or direct deposit statement to be mailed to:

Name: _____

Address:* _____

Phone # _____

*This address will serve as your official mailing address until you notify us otherwise.

Employee's/Representative's Signature

Date

Election of Benefits Continuation Form
Applicable to Employees Called to Active Duty
On or After September 11, 2001
BENEFIT ELECTION FORM

I elect NOT to continue any of the benefit programs in which I am currently enrolled.

I elect to continue the following benefit programs I currently have in effect at existing coverage levels/deduction amounts under the leave of absence program. I elect to continue ONLY the programs indicated by an "X".

- | | | |
|--|--|--|
| <input type="radio"/> MEDICAL | <input type="radio"/> SHORT TERM DISABILITY | <input type="radio"/> DEPENDENT CARE FSA |
| <input type="radio"/> LIFE | <input type="radio"/> LONG TERM DISABILITY | <input type="radio"/> VISION |
| <input type="radio"/> DENTAL | <input type="radio"/> MEDICAL FSA | <input type="radio"/> TRUSTMARK – UNIVERSAL LIFE |
| <input type="radio"/> TRUSTMARK – CANCER PROTECTOR | <input type="radio"/> HOSPITAL INTENSIVE CARE PROTECTION | <input type="radio"/> TAX SHELTER ANNUITY PROGRAM 403(b) |
| <input type="radio"/> HOSPITAL INDEMNITY INSURANCE | <input type="radio"/> CANCER EXPENSE PROTECTION | <input type="radio"/> DEFERRED COMPENSATION PROGRAM 457 |
| | | <input type="radio"/> VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT |

I elect to continue the benefits eligible under COBRA legislation. Under Federal Law, COBRA must be offered to employees who have a reduction of work hours or termination of employment; therefore, the option is available. However, you may continue coverage under the leave of absence provision at a lower cost if you choose to do so.

I understand that all premium payments must be made for each benefit elected for continuation during the leave period. Deductions will be made from the non-military portion of my salary, and any outstanding differences in premiums due, but not deducted, will be billed to me.

Any questions on this form should be directed to the Risk Management Department at 904-390-2353 or (904) 390-2354.

Employee's Signature

Personnel Number

Employee's Name (Print)

Date