



WILLIAMSON COUNTY SCHOOLS

WCS Step By Step Adoption Leave Guide

- (1.) Once you learn that you are adopting, you will need to have your adoption leave paperwork turned in to Human Resources **as soon as you are matched**.

****Please note that your leave will be unpaid, unless you choose to use your accrued time off****

- (2.) Paperwork to complete:
- **Long Term Leave of Absence Application** (leave start date is your placement date... Yes, this date may change)
 - **Letter from adoption agency/attorney**
 - **Consent to Disclose Form** (optional)

Once baby has arrived:

- (3.) Submit proof of birth to Employee Relations (**Kayla Aaron**) by submitting either:
- (a.) Copy of the baby's birth certificate (hospital issued copy is fine)
 - (b.) Note from your adoption agency/attorney confirming placement date.
- (4.) Confirm your return to work date with the Employee Relations Coordinator via email Kayla.Aaron@wcs.edu

****ALL CHANGES MUST BE IN WRITING****

- (5.) If you are wanting to add your baby to your health insurance you will need to do the following:
- Provide the Benefits Department with a copy of the baby's birth certificate.
 - Turn in a "**Life Changing Event Form**"
 - Turn both of the above documents in to wcs.loa@wcs.edu in the Benefits Department **no later than 31 days** after the baby is born.

Can I start my leave before the baby is born?

- Your adoption leave will begin the day your baby is placed.
- If you take days off prior to the birth of your child you will have one of the following options:
 - o Provide the Employee Relations with a letter from your adopting agency/attorney medical doctor stating it was "**medically necessary**" for you to be off work. Sick days cannot be used unless HR has a note from your medical doctor.
 - o Use personal days if this time off is **not** medically necessary.
 - o Be unpaid for those days.

Can I work/Attend PD/Training while on leave?

- **NO!** If an employee performs work in any position on either a part-time or full-time basis while on approved leave, the employee may be subject to disciplinary action, which could include termination.

Will going on leave affect me from receiving an evaluation score?

- ****If an educator is out for a total of 61 or more days, their full evaluation will not be recorded in TN Compass. Per state statute you can earn a level of effectiveness. http://team-tn.org/wp-content/uploads/2013/10/Partial-Year-Exemptions_2017.pdf**

Questions? Contact Us!

Human Resources
Kayla Aaron, Employee Relations Coordinator
Kayla.Aaron@wcs.edu

Ph: 615.472.4051
Fx: 615.472.5618



WILLIAMSON COUNTY SCHOOLS

**LONG TERM LEAVE OF ABSENCE
APPLICATION FOR 10 OR MORE DAYS**

ADOPTION LEAVE

(Employee Name – Print)

(Employee #)

(School/Department)

Position: _____; **Full-Time Employee:** _____; **Part-Time Employee:** _____

****Your leave information will be delivered to the primary email address on file with Human Resources. This email address will be how WCS communicates all leave information to you. This designation does not include information from the benefits department.****

- Note 1:** A LOA Form requesting 10 or more consecutive days (including personal, family, sick, maternity or adoption) and unpaid leave for medical reasons must also include a Family Medical Leave Act (FMLA) Employee Form or FMLA Family Form Completed by a physician. These forms can be found on the internet under Staff/Employee Forms. **Regardless of whether an employee is or is not FMLA eligible, a physician’s statement describing the condition, date condition commenced, and probable duration of incapacity must also be attached to this application. It is the responsibility of the employee to keep all leave dates current. Any Revisions must include a physician’s statement and be in writing.**
- Note 2:** Unpaid leaves may affect all state approved benefits (including experience credits; retirement; Career Ladder payments; sick; personal and vacations days) and should be considered carefully before applying.
- Note 3:** Under Tennessee law, if a teacher has not yet attained tenure status, any time spent on leave of absence, except accumulated sick leave days described in T.C.A. 49-5-710, shall not be credited towards the time of service required to attain tenure status. For example, use of Sick Bank days, any unpaid family medical leave, and other leaves of absence are not credited for tenure purposes.
- Note 4:** Submit all LOA request, along with related forms and documentation such as physician’s note, military orders, and student teaching verification to Employee Relations at least 30 days in advance (90 days is strongly recommended for maternity leave).

LEAVE DATES (see NOTE 1 above):

Leave Dates: _____ - _____; **FMLA Eligible:** _____; **FMLA Ineligible:** _____

<p>Indicate below the number of paid and/or unpaid days/hours being requested:</p> <p>Sick Leave Days/Hours: _____</p> <p>Personal Leave Days/Hours: _____</p> <p>Local Leave Days/Hours: _____ (Teachers only)</p> <p>Vacation Leave Days/Hours: _____ (12 month employees only)</p> <p>Unpaid Leave Days/Hours (See Note 2 above): _____</p>
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I PLAN TO RETURN TO WORK ON: _____

Substitute required: _____ Yes; _____ No; Applicant’s Signature: _____; Date: _____

Principal’s/Supervisor’s Signature: _____; Date: _____; Approved _____; Denied _____

SUBMIT TO EMPLOYEE RELATIONS FOR FURTHER PROCESSING

Employee Relations Coordinator: _____; Date: _____; Approved _____; Denied _____



WILLIAMSON COUNTY SCHOOLS
Authorization of designation for Release of Medical Information
to a Family Member, Friend Or Legal Representative

Williamson County Schools • Human Resources
 1320 West Main Street, Suite 202 • Franklin, TN • 37064

Williamson County Government • Benefits Department
 1320 West Main Street, Suite 204 B • Franklin, TN • 37064

SECTION A: The employee who is requesting this authorization or appointment

*Name: _____

*Address: _____

Phone: _____ Email: _____

*Social Security Number/ Employee Number: _____

Appointment of Personal Representative (if applicable). I appoint the individual named below to act on my behalf as Personal Representative:

Personal Representative's Name: _____ Relationship: _____

SECTION B: Please read and complete the following statements carefully

***What health information can we disclose?** (Check all that apply)

- | | |
|---|---|
| Insurance Records | My records pertaining to COBRA |
| My records pertaining to my retirement | My records regarding payroll |
| My records pertaining to FMLA or leave of absence | Other reason: _____ |
| | (Be specific, we will only share the health information you tell us we can share) |

***Expiration:** This authorization will expire. Choose an expiration date or give an expiration event that relates to the purpose of this release (i.e. when I retire, if I am terminated or resign my position, when I return from leave of absence.)

On ____ - ____ - ____

On occurrence of the following event: _____

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to Williamson County Schools Human Resources office and Williamson County Government – Benefits Office. I understand that revocation of this authorization WILL NOT affect any action taken in reliance on this authorization before you received my written notice of revocation. Revocations can be mailed or emailed to:

Williamson County Schools
Human Resources
 1320 West Main Street, Suite 202
 Franklin, TN 37064
Kayla.Aaron@wcs.edu

****IMPORTANT**** If you chose to use electronic communications there is a risk. Confidentiality of information sent via the internet cannot be guaranteed. You may submit this authorization via email, but you do so assuming this risk.

Redisclosure: I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected under the Health Insurance Portability and Accountability Act (HIPPA Privacy Rule.)

SECTION C: SIGNATURE – YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

I, _____, have had full opportunity to read and consider the contents of this authorization. I understand that, by signing this form, I am confirming my authorization that Benefits Administration may release the protected health information described in this form for the purposes stated in this form.

 Employee Signature

 Date