

LINDENHURST BOARD OF EDUCATION  
LINDENHURST, NEW YORK

McKenna Administration Building  
Wednesday, May 19, 2015  
8:00 p.m.

SPECIAL MEETING/COMMUNITY FORUM AGENDA

Board of Education

Donna Hochman, President  
Mary Ellen Cunningham, Vice-President  
Patricia Ames  
Linda Aniello  
Edward A. Langone  
Valerie McKenna  
Sean McNeilly  
Edward J. Murphy, Jr.  
Robert R. Vitiello

Central Office Administration

Daniel E. Giordano, Superintendent of Schools  
Vincent A. Caravana, Asst. Supt. for Curr, Instr. & Instr. Pers.  
Jacqueline A. Scio, Asst. Supt. for Business  
Merrill Zusmer, Interim Asst. to Supt. for Spec. Ed & PPS  
John Marek, Plant Facilities Administrator

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**OPENING OF MEETING:**

**EXECUTIVE SESSION**

Time: \_\_\_\_\_p.m.

Motion: \_\_\_\_\_

Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**PUBLIC MEETING**

Time: \_\_\_\_\_p.m.

Motion: \_\_\_\_\_

Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**Call to Order**

**Pledge of Allegiance**

**Moment of Silent Meditation**

**Fire Code Announcement**

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**COMMUNITY FORUM**

**PRESENTATION**

Senior High Students -- Portrait painting in oil paint, first year painting students  
under the direction of Jim Morrison

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**Approval of Minutes – May 6, 2015 – Business Meeting**

Motion: \_\_\_\_\_

Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**BOARD OF EDUCATION'S REPORT TO THE COMMUNITY:**

**SUPERINTENDENT'S REPORT TO THE COMMUNITY:**

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**AGENDA QUESTIONS FROM THE BOARD OF EDUCATION:**

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**INDIVIDUALS AND DELEGATIONS:**

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**TRUSTEE'S REQUEST:**

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**SUPERINTENDENT'S RECOMMENDATIONS:**

**#1. School Bus Special Permit**

**Resolution:** **RESOLVED** that the Board of Education, upon the recommendation of the Superintendent, authorizes the Board President to apply for a special permit for a height exemption for our Buses and vans with Long Island State Park Region.

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**#2. ES BOCES Cooperative Bidding Program**

**Resolution:** **RESOLVED** that the Board of Education, upon the recommendation of the Superintendent, authorizes the Board President to enter into an agreement with Eastern Suffolk BOCES for the Lindenhurst UFSD to participate in Joint Municipal Cooperative Bidding.

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**#3. Board Policy #5152 – ADMISSION OF NON-RESIDENT STUDENTS - First Reading – No Vote to be taken**  
**A new board policy or revision of current board policy requires two readings.**

5152

**ADMISSION OF NON-RESIDENT STUDENTS**

The Board of Education affirms that its primary responsibility is to provide the best possible publicly supported education to children who are legal district residents and to protect the public interest against those who would defraud the school district's taxpayers by residing outside of the school district and depriving the community of appropriate tax or tuition payments for educational services rendered.

Any person or persons, who provide willfully false information regarding residence, will be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition free education from the school district may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant's child resides outside of the school district, those students shall be removed from school and the District will take legal action to collect past tuition charges. The District reserves the right to investigate any student's residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

The Board of Education may permit non-resident students to attend district schools only under the following conditions:

- Children of Employees – may attend school within the school district on a paid tuition basis, if the following criteria are met:
  1. there is sufficient space at the appropriate level for the non-resident student as determined by the Superintendent;
  2. commitment to attend is made in writing by April 1st of the preceding academic year and accompanied by a non-refundable 10 percent deposit;
  3. the non-resident student meets the district's criteria for admission as specified in Policy 5150; and
  4. tuition is paid on a monthly basis, in ten equal payments, commencing August 15th preceding the start of the academic year.
- High School Seniors - who move out of the district after June of their junior year, may continue until graduation. Students who have attended the High School previously without approved residency will be ineligible to continue attendance in their senior year.
- Former Residents – Legal resident students enrolled in grades K through 11 who move out of the school district during the school year may not continue in the district's schools. Special consideration for emergent or critical circumstances, however, may be given at the discretion of the Board of Education. Payment of tuition is required for any period of non-residency (calculated per month).
- Future Residents – Children of families who have a signed contract to buy or build a residence or other satisfactory evidence of intent to move into the school district may, upon approval of the Board of Education, be enrolled at the beginning of the semester in which they expect to become residents but only if pro-rated tuition is paid in advance. No child will be registered or permitted to attend classes until tuition is paid.

#### Transportation

Transportation will be provided for non-resident students if and only if existing bus routing is used, and there is sufficient room on the bus. No transportation involving additional expense to the district will be provided for non-resident students.

#### Tuition

Tuition will be computed in accordance with formulas approved by the State Education Department. The basis for billing charges shall be Part 174 of the Rules and Regulations of the Commissioner of Education.

In cases of family relocation or legal change in the student's domicile, pro-rated tuition payment may be refunded at the discretion of the Board of Education.

Cross-ref: 5150, Admission to School

Ref: Education Law §3202(2)

Adoption date: February 4, 2009

Revised:

**#4. Board Policy #8410 – STUDENT TRANSPORTATION - First Reading – No Vote to be taken  
A new board policy or revision of current board policy requires two readings.**

8410

**STUDENT TRANSPORTATION**

The Board of Education affirms its goal of providing a safe and economical transportation system for district students. Transportation shall be provided at district expense to those students who are eligible as authorized by the Board.

Transportation will be provided on the basis of the individual grades in which students are enrolled and the distance they live from the school attended. For purposes of providing transportation as required by this policy and Education Law, mileage to determine eligibility for transportation will be measured along the centerline of the street perpendicular from the middle of the main entrance of the dwelling place to the centerline of the curb perpendicular to the nearest entrance as designated below:

Elementary Buildings:	Main Entrance
Middle School:	North & South Entrances on Wellwood Ave.
High School:	Main Entrance & Cafeteria Entrance

Eligibility will be determined based on the following schedule:

K through 5	¾ mile or more
Grades 6-8	1 mile or more
Grades 9-12	1 1/2 miles or more

General private or parochial transportation needs per current state education regulations require the need to transport pupils up to a 15 mile radius from the pupil's home to the school location.

The major objectives in the management of the student transportation program shall include the following:

1. to provide efficient, effective and safe service;
2. to ensure that all students whose disability or distance from school requires them to receive necessary transportation do, in fact, receive it;
3. to adapt the system to the demands of the instructional program;
4. to review at least once a year school bus schedules and routing plans to ensure that maximum efficiency and safety are maintained; and
5. to review at least once a year the eligibility for transportation of students residing in the district, to ensure that all entitled to the services receive them.

The Superintendent of Schools shall be responsible for administering the transportation program. The program shall comply with all applicable laws, regulations and policies established by federal, state and local authorities.

8410

**PROVISIONS FOR THE TRANSPORTION OF PUPILS**

1. **Contracts for Transportations**

It is the current policy of the Lindenhurst Board of Education to award a contract using a Request for Proposal (RFP) for the general transportation needs of the district. Said contract shall not become valid and binding upon either party unit it has been approved by the superintendent of schools and the commissioner of education. Such contracts may be made for a period not exceeding five years if such terms are approved by the voters.

2. Transportation of Students with Disabilities

The Lindenhurst School District also provides transportation by contracted vehicles for pupils who are physically or mentally handicapped to schools within the district or to special schools for severely handicapped children when such schools are within a fifty mile radius of the pupil's home.

Cross-ref: 5300, Code of Conduct

Ref: Education Law §§305(14); 1501-b; 1807; 3602(7); 3623; 3635 et seq.  
*Matter of Handicapped Child*, 24 EDR 41 (1984)  
*Matter of Zakrezewski*, 22 EDR 381 (1983)  
*Matter of Nowak*, 22 EDR 91 (1982)  
*Matter of Fox*, 19 EDR 439 (1980)

Adoption date: February 4, 2009  
Revised: January 6, 2010  
Revised: May 5, 2010  
Revised: June 30, 2010

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**#5. Board Policy #9520.2 – FAMILY AND MEDICAL LEAVE - First Reading – No Vote to be taken**  
**A new board policy or revision of current board policy requires two readings.**

**9520.2**

**FAMILY AND MEDICAL LEAVE**

Consistent with the federal Family and Medical Leave Act (FMLA) of 1993 as amended, the Board of Education recognizes the right of eligible employees to unpaid, job protected family and medical leave for up to twelve (12) workweeks during any twelve (12) month period. The Board shall ensure that all eligible employees who use such leave shall have their health benefits continued and shall be returned to an equivalent position according to established Board practices, policies and collective bargaining agreements.

To be eligible for FMLA an employee must have been employed for at least twelve months and have worked at least 1,250 hours during the prior twelve months.

FMLA leave shall be granted for the following reasons:

1. the birth and care of a newborn child of the employee within one (1) year of birth;
2. the adoption or foster placement of a child within one (1) year of adoption or placement;
3. to care for an employee's spouse, parent, or child with a serious health condition;
4. due to a serious health condition that makes the employee unable to perform the essential functions of the employee's job;
5. for a qualifying exigency as defined in law and regulation, arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member is entitled to a total of 26 workweeks of unpaid, job protected leave in a single 12-month period to care for the service member who is seriously ill or injured in the line of duty.

An employee may elect, or the District may require, an employee to use accrued paid vacation, personal or family leave for purposes of an FMLA leave. An employee may elect, or the district may require, an employee to use accrued vacation, personal, or medical/sick leave for purposes of a medical leave.

The employee shall notify the District of his/her request for leave, if foreseeable, at least 30 days prior to the date when the leave is to begin. If such leave is not foreseeable then the employee shall give such notice as is practical, and make reasonable efforts, subject to the approval of the health care provider, to schedule treatment so as not to unduly disrupt the District's operations. The District may require a certification from a health care provider if medical leave is requested. Certification forms will be provided by the District. When an employee returns following a leave, he/she must be returned to the same or equivalent position of employment. The Superintendent of Schools or designee may reassign a teacher consistent with the teacher's agreement to a different grade level, building or other assignment consistent with the employee's certification and tenure area.

The Board shall ensure that FMLA is provided to all eligible employees, unless they are covered by a collective bargaining agreement which provides greater leave benefits than this Act.

The District shall post a notice prepared or approved by the Secretary of Labor stating the pertinent provisions of the Family and Medical Leave Act, including information concerning enforcement of the law.

Ref: 29 U.S.C. §§ 207, 2601, 2611, 2612, 2613, 2614, 2618, 2619.  
29 CFR §§ 825.110, 825.309, 825.600, 825.603, 825.800.

Adoption date:

**9520.2-R**

## **FAMILY AND MEDICAL LEAVE REGULATION**

Consistent with the federal Family and Medical Leave Act of 1993 (FMLA) as amended, the Board of Education shall provide up to twelve (12) workweeks of unpaid, job protected leave in a twelve (12) month period for its eligible employees. In addition, FMLA provides eligible employees with 26 workweeks of leave in a single 12 month period to care for a covered service member with a serious illness or injury incurred in the line of duty.

An eligible employee must have been employed for at least twelve months, have worked at least 1,250 hours during the prior twelve months, and be employed at a worksite where at least 50 employees are employed by that employer within a 75 mile radius of that worksite.

### *Right to Benefits During Leave*

An eligible employee is entitled to a total of twelve workweeks of unpaid family and medical leave. Any employee who uses the unpaid leave shall have his/her health benefits continued during the leave, shall not have any previously accrued benefits altered and shall be returned to an equivalent position according to established Board policies and collective bargaining agreements. The employee is not entitled to accrue seniority during the leave.

An employee may elect, or the District may require, an employee to use available paid leave time for purposes of a family or medical leave. However, an employee may only use accrued paid leave in accordance with the applicable collective bargaining agreement.

### *Family and Medical Leave*

Family leave is available when a child is born to the employee, adopted by an employee or one is placed with the employee for foster care. Medical leave is available in order for the employee to take care of a spouse, child, parent who has a serious health condition, when the employee has a serious health condition rendering him/her unable to perform the functions of the employee's job. Military caregiver leave is available to employees who are family members of covered service members with a serious illness or injury incurred in the life of duty on active duty. Additionally, this applied to covered veterans who require care and have been other than dishonorably discharged from service within the last five (5) years. Military caregiver leave is a special entitlement that allows the employee to extend FMLA leave to 26 workweeks. Qualifying exigency leave is available to employees when a family member is notified of impending call or called to active duty in support of a contingency operation.

A child shall include any individual whether biological, adopted, a foster child, a stepchild, a legal ward, or a child standing in loco parentis who is under eighteen years of age or, if over eighteen, is incapable of self-care due to a

mental or physical disability. A parent shall include the biological parent of the employee or an individual who stood in loco parentis to the employee when he/she was a child. Next of kin shall mean the nearest blood relative other than spouse, parent, son, daughter, as defined in federal regulation.

A serious health condition means an illness, injury, impairment, or physical or mental condition that involves:

- a) Any period of incapacity or treatment in connection with inpatient care (i.e., an overnight stay) at a hospital, hospice or residential medical care facility;
- b) Any period of incapacity requiring absence from work or other regular daily activities for more than three (3) full and consecutive calendar days, that also involves in-person treatment by a health care provider two (2) or more times within thirty (30) days of the onset of the incapacity (including once within seven (7) days of the first day of incapacity), or in-person treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment by or under the supervision of the health care provider;
- c) A period of incapacity or treatment for a chronic serious health condition which requires periodic visits (at least twice a year) for treatment by or under the supervision of a health care provider, continues over an extended period of time, and may cause episodic rather than a continuing period of incapacity;
- d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective such as Alzheimer's Disease or the terminal stage of an illness (employee or family member must be under continuing supervision by a health care provider);
- e) A period of absence to receive multiple treatments (at least twice in one (1) year) by or pursuant to the orders of a health care provider for restorative surgery after an injury or accident, or for a condition that would likely result in a period of incapacity longer than three (3) consecutive, full calendar days in the absence of medical treatment or intervention; or
- f) Any period of incapacity due to pregnancy or for prenatal care.

Family leave must be taken within one year of the birth or placement of the employee's child. If both spouses are employed by the District, the combined amount of leave for family leave or medical leave may be limited to twelve weeks.

#### *Notice to Take Leave*

The employee shall notify the District of his/her request for family or medical leave at least 30 days prior to the date when the leave is to begin, when such leave is foreseeable. If such leave is not foreseeable then notice shall be given as early as is practical. If the employee requests medical leave, reasonable attempts shall be made to schedule treatment so as not to disrupt the district's operations.

Employees, absent unusual circumstance, must comply with the District's usual and customary notice and procedural requirements for requesting leave.

#### *Intermittent Leave*

An employee who requests family leave, shall not be provided intermittent leave or a reduced leave schedule unless the employee and District mutually agree. Intermittent leave may be provided for medical leave, however, the District may transfer the employee to a comparable position if it will better accommodate such intermittent periods of leave. For instructional employees who request medical leave and it is foreseeable that the medical treatment shall cause the employee to be on leave for more than 20% of the total number of working days in the period of leave, the District may require the employee to take a block of time or to transfer to an equivalent position for which the employee is qualified, but which better accommodates intermittent periods of leave.

#### *Military Leave: Leave Related to Active Duty or a Call to Active Duty*

If the necessity for leave because of a qualifying exigency arising from the fact that a family member is on active duty or has been notified of an impending call to active duty is foreseeable, the employee shall give such notice to the district as soon as is reasonable and practicable.

The Board may require that a request for leave because of a qualified exigency arising from the fact that the employee's spouse, son, daughter, or parent is on active duty or has been notified of an impending call to active duty be supported by a certification issued in accordance with regulations.

#### *Certification*

The District may require the employee requesting medical leave to present a certification from the health care provider of the person for whom the employee is taking the leave. Upon request by the district, the employee must provide the certification within 15 days. The certificate shall include:

1. the date on which the serious health condition commenced;
2. the probable duration of the condition;
3. the appropriate medical facts within the knowledge of the health care provider regarding the condition;

4. a statement that the employee is needed to care for the family member and an estimate of the amount of time that such employee shall be needed or a statement that the employee is unable to perform the functions of the employee's position; and
5. the dates and duration of medical treatment if the request for intermittent leave is for a planned medical treatment.

If the District doubts the validity of the certification, then, at the District's expense, a second opinion may be required from a health care provider selected by the District. The school physician cannot give this opinion. If the two opinions conflict, a third health care provider, at the District's expense, may be chosen by the two parties to render a final opinion.

#### *Restoration*

An instructional employee who begins any type of leave at least five (5) weeks before the end of an academic term, may be required not to return until the new term begins if the leave is at least three (3) weeks long and the employee would return during the last three (3) weeks of the term.

An instructional employee who begins leave, for any purpose other than personal illness, less than three (3) weeks prior to the end of the term and the leave is longer than five (5) working days, may be required not to return until the new term begins.

#### *Failure to Return*

The District may recover the health care premiums paid during the leave if the employee fails to return from the leave. However, recovery cannot occur if the employee fails to return because of the continuation, recurrence, or onset of a serious health condition or due to circumstances beyond the control of the employee.

#### *Effect on Existing Laws or Agreements*

The Board shall ensure that family and medical leave, consistent with the Family and Medical Leave Act, is provided to all eligible employees, whether or not they are covered by a collective bargaining agreement. Any collective bargaining agreement which contains greater leave benefits than this policy shall remain in force.

#### *Notice of Policy*

The District shall post a notice prepared or approved by the Secretary of Labor stating the pertinent provisions of the Family and Medical Leave Act, including information concerning enforcement of the law.

Adoption date:



**Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)**

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 5/31/2018

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members. 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) Fax: ( )

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition:

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: \_\_\_ No \_\_\_ Yes.

If so, identify the job functions the employee is unable to perform:

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? \_\_\_ No \_\_\_ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? \_\_\_ No \_\_\_ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?  
\_\_\_ No \_\_\_ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day, \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? \_\_\_ No \_\_\_ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?  
\_\_\_ No \_\_\_ Yes. If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_  
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Signature of Health Care Provider

Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

OMB Control Number: 1235-0003 Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: \_\_\_\_\_

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: \_\_\_\_\_  
First Middle Last

Name of family member for whom you will provide care: \_\_\_\_\_  
First Middle Last

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimate leave needed to provide care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B. AMOUNT OF CARE NEEDED:** When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  No  Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care?  No  Yes.

Explain the care needed by the patient and why such care is medically necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will the patient require follow-up treatments, including any time for recovery?  No  Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_  
Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_  
\_\_\_\_\_

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  No  Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day, \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_ No \_\_\_ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)

Duration: \_\_\_ hours or \_\_\_ day(s) per episode

Does the patient need care during these flare-ups? \_\_\_ No \_\_\_ Yes.

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider

Date

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

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**#6. Donation**

**Resolution: RESOLVED** that the Board of Education, upon the recommendation of the Superintendent, accepts the donation from The Suffolk County Chapter of the New York State Association For Superintendents of School Buildings and Grounds of the sum of One Thousand (\$1,000.00) Dollars.

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**#7. Heartland Payment Agreement**

**Resolution: RESOLVED** that the Board of Education, upon the recommendation of the Superintendent, authorizes the Board President to enter into an agreement with Heartland Payment Systems, to provide the District wit an on-line payment system.

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**#8. Obsolete Equipment**

**Resolution: RESOLVED** that the Board of Education, upon the recommendation of the Superintendent approves the disposal of the following items:

- WEST GATES -** 21 Macmillan/McGraw-Hill, S.S. Grade 5, Test Prep & Practice, 0-02-149918-7
- 26 Harcourt Collections Grammar 0-15-312703-1
- 19 Harcourt Collections Practice Book 0-15-312716-3

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

**#9. Budget Transfers over \$5,000**

**Resolution: RESOLVED** that the Board of Education, upon the recommendation of the Superintendent, approves the attached budget transfers over \$5,000.00.

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

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**SCHEDULES**

**Resolution:** **RESOLVED** that the Board of Education approves the following Schedules:

Motion: \_\_\_\_\_ Second: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstained \_\_\_\_\_

**Schedule A-3 No. 75 Personnel, Instructional Appointments**

Approves the appointment of:

- |                     |   |              |
|---------------------|---|--------------|
|                     | <u>2015 EXTENDED SCHOOL YEAR PROGRAM</u>  |              |
| 1. Courtney Whalley | Special Education Administrator - Summer  | \$10,000.00  |
|                     | <u>OWL SPRING 2015 PROGRAM</u>  |              |
| 2.                  | Instructor, Get Yourself Googled: Google Apps<br>for Educators -- 15 hours, 1 in-service  | \$ 975.00    |
|                     | <u>REGENTS REVIEW CLASSES</u>   |              |
| 3. Nicole Mannino   | Algebra I – Middle School (4 sessions – 1 ½ hr each)<br><i>(Ms. Mannino is taking over for Heidi Jerzembeck who is on Jury Duty.)</i> | \$ 60.78/hr. |
| 4. Nicole Mannino   | Algebra I – Middle School (Add'l 6 hours)   | \$ 60.78/hr. |

**Schedule A-3 No. 76 Personnel, Instructional Appointments**

Approves the appointment of:

- |   |                             |            |        |        |          |
|---|-----------------------------|------------|--------|--------|----------|
| Patricia Natale   | Asst. Principal             | \$105,000. | 7/1/15 | 7/1/18 | SDA/Perm |
| <i>(New position. Administrative Assistant for Discipline has been dissolved.)</i>                            |                             |            |        |        |          |
| Jennifer Freedman   | Library Media Specialist/MS | \$61,296.  | 9/1/15 | 1/9/17 | Initial  |
| <i>(Ms. Freedman is replacing Melissa Carmi who resigned. Her tenure is reduced and seniority increased.)</i> |                             |            |        |        |          |

**Schedule AS-3 No. 22 Substitute Personnel Appointments**

Approve the appointment of:

- |   |                          |               |  |                |
|---|--------------------------|---------------|--|----------------|
| Derek Perino  | Consultant Support Staff | Middle School | 5/18/15 until<br>Ms. Muscarello returns. | \$125 per diem |
| <i>(Mr. Perino was approved at a CSS at the March 4, 2015 Board Meeting and has been filling in for Kristin Muscarello from 3/9/15, which is in excess of 45 days.)</i> |                          |               |  |                |

**Schedule B-2 No. 2 Non-Instructional Personnel – Leave of Absence**

Grants the Leave of Absence of:

Ann Marie Zaccaro	Account Clerk	Spec. Ed - Admin	from 5/6-7/29/15	FMLA
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**Schedule B-3 No. 19 Non-Instructional Personnel Appointments**

Approves the appointment of:

- |  |               |                   |              |                        |
|--|---------------|-------------------|--------------|------------------------|
| Kim Doner  | Account Clerk | Spec. Ed. – Admin | eff. 5/6/15  | \$34,597.00 (Prorated) |
| <i>(Ms. Doner is replacing AnneMarie Zaccaro, who is on a leave of absence.)</i> |               |                   |              |                        |
| Lisa Sweeney   | Clerk Typist  | Middle School     | eff. 5/20/15 | \$29,790.00            |

**Schedule B-3 No. PT-23 Non-Instructional Appointments – Part Time**

Approves the appointment of:

- |   |                |                   |            |               |              |
|---|----------------|-------------------|------------|---------------|--------------|
| Robin Anderson  | School Monitor | Café Monitor – MS | \$9.40/hr. | 3 ½ hours/day | eff. 5/20/15 |
| <i>(Ms. Anderson is replacing Margaret Venuti, who is on a leave of absence.)</i> |                |                   |            |               |              |

**Schedule B-3 No. S-14 Non-Instructional Appointments – Substitute Personnel**

Approves the appointment of:

Marie McLoughlin	Clerical Substitute	eff. 5/7/15	\$25.00/hour
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**Schedule D No. 29**

That the Board of Education accepts all recommendations of the CSE and CPSE as listed:

- March 3, 2015 – MS CSE
- March 6, 2015 – MS CSE
- March 12, 2015- CSE
- March 16, 2015 – CPSE
- March 18, 2015 – OD CSE
- March 19, 2015 – SHS CSE
- March 20, 2015 – SHS CSE
- March 25, 2015 – CPSE
- March 30, 2015 – CSE
- March 31, 2015 – OD CSE

- April 1, 2015 – CPSE
- April 1, 2015 – CSE
- April 15, 2015 – CPSE
- April 15, 2015 – OD CSE
- April 17, 2015 – OD CSE
- April 20, 2015 – CPSE
- April 22, 2015 – CPSE
- April 24, 2015 – OD CSE
- April 28, 2015 – OD CSE

**Schedule ST/I No. 16 Student Teachers/Interns/Observers**

Approve the appointment of the following student observers:

Melissa DellaRocca    Mercy College    Alleghany Avenue Observer    Occupational Therapist 5/18-22/15

**SCHEDULE V No. 17 Volunteers**

Approve the appointment of the following Volunteers:

Volunteers for the Key Club Divisional at the SHS to be held on Saturday, May 23, 2015:

- Alexis Warren – President of the Key Club
- Andrew Lowenberg – Kiwanis Community Representative
- Adriane McCoy – William Floyd Key Club Advisor
- JoAnn Boettcher – Kiwanis Vice President
- Jameson & Jennifer Warren - Parents of Alexis Warren

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**UNFINISHED BUSINESS**

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**NEW BUSINESS**

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**SUPERINTENDENT'S REPORTS**

That the Board of Education accepts the following reports:

- a. Warrants #10 – Regular – April, 2015

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**DATES TO REMEMBER**

- Monday-Tuesday May 21-22
- Monday May 25
- Wednesday May 27
- Wednesday June 3
- Wednesday June 10
- Wednesday June 17
- Friday June 26
- Tuesday June 30
- Wednesday July 15

- 7:30 p.m.
- 8:00 p.m.
- 8:00 p.m.
- 7:00 p.m.
- 8:00 p.m.
- 8:00 p.m.

- SCHOOL OPEN DUE TO SNOW
- Memorial Day – School Closed
- PTA Council Scholarship Awards & Installation, Middle School
- Business Meeting, McKenna Administration Building
- Community Forum, Senior High School
- Audit Committee Meeting, McKenna Administration Building
- Last Day of School/ High School Graduation
- End-of-Year Meeting, McKenna Administration Building
- Organizational Meeting, McKenna Administration Building

**EXECUTIVE SESSION**

Time: \_\_\_\_\_ p.m.

Motion: \_\_\_\_\_

Second: \_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Abstained \_\_\_\_\_

**LINDENHURST UFSD**  
**Business Office**  
*Jacqueline A. Scrio, Assistant Superintendent for Business*

# MEMO

**TO: Daniel Giordano & Board of Education**

**FROM: Jacqueline A. Scrio** 

**DATE: May 13, 2015**

**RE: May 19<sup>th</sup> 2015 Agenda— Budget Transfers Over \$5,000**

The following resolution is submitted for approval at the Board of Education meeting on May 19<sup>th</sup>, 2015:

**RESOLVED**, that the Board of Education, based upon recommendation of the Superintendent, approve the attached Budget Transfers over \$5,000.

attached

**Budget Transfers for May 19, 2015**

<b>Transfer From</b>	<b>Transfer To</b>	<b>Amount</b>	<b>Explanation</b>
1680-402-00-0000 Computer Repairs	1680-525-00-0000 Computer Supplies	5,996.00	Laptops Carts for chrome books purchased with RTT
9060-800-00-0000 Benefits - HI	9040-800-00-0000 Benefits - Workers Compensations	100,000.00	Additional Workers Compensation expenses
2110-150-00-2270 Teaching PSEN Salaries	2110-136-00-0000 Teaching Salaries Retirements	10,000.00	Reallocation of budgeted Instructional Salaries
		<u>115,996.00</u>	