Family Medical Leave Act (FMLA)



- Employee completes a leave of absence form to request FMLA. (found at www.haywoodschools.com)
- Employee must coordinate leave with supervisor and the HR department.
- Employee must give 30 days advance notice whenever possible.
- FMLA provides up to 12 weeks of job protected leave in a 12 month period.
- The employee has to be employed for one year or 1250 hours to be eligible for FMLA.
- You are required to have your physician complete a Certificate of Healthcare Provider Form. This form must be
- received by H.R. within 15 calendar days.
- You will be required to use sick leave days along with your FMLA days.
- Write FMLA on the sick leave sheet in the school office when you are out.



- Family Member is defined as:
 Spouse
 Children (including adopted)
 Parents

conditions that incapacitate you or a family member for more than 3 consecutive days and requires ongoing medical treatment

conditions that cause occasional periods of treatment

Pregnancy



The 1993 Family and Medical Leave Act provided federal employees with unpaid family and medical purposes. The regulation allows the employee to substitute this time with paid leave, as appropriate. The law provides for 12 administrative work weeks during any 12 month period for the following conditions:

- Birth of a son or daughter and care of a newborn
- Placement of a son or daughter with the employee for adoption or foster care
- Care of a family member with a serious health condition
- A serious health condition that makes the employee unable to perform the duties of his or her position
- Intermittent leave for conditions that cause occasional periods of leave for example—cancer treatment
- Injured Service Military Leave
- Exigency Leave for Military
- Employee must have completed at least 12 months of service
- An employee is only entitled to 12 workweeks of leave in a 12 month period (Our 12-month period is from August to August)



- Complete a Leave of Absence Form 30 days in advance. This is found at www.haywooodschools.com. This is found under the FMLA link. Return the form to the Human Resources Department and inform your supervisor.
- You will receive a Notice of Eligibility and Rights and Responsibility Form. This is for you to keep for your records
- You will receive a Certification of Health Care Provider form. A health care provider must complete this form. It must be returned to the H.R. Department within 15 calendar days.
- You will receive a Designation Notice. This will let you know if your FMLA request is approved or not. This is for you to keep for your records.
- A leave of absence may be extended, but not shortened.
- FMLA is unpaid leave
- Contact Toni Eubanks if you have questions. eubankst@k12tn.net
- Contact Tiffany Goodman if you have questions about your insurance. If you are out of sick leave while on FMLA you may have to pay the entire premium. goodmant@k12tn.net