

## FMLA Qualifications Policy 1630.01

Request for Family Medical Leave (FMLA) must be made to HR Director at Central Office, if practical, at least 30 Days prior to the date the request leave is to begin. Any employee who uses 5 or more consecutive sick days and/or requests use of sick bank MUST request a FMLA & provide doctor's documentation. (*Intermittent days leave request-FMLA ONLY & Must provide documentation supporting each day of work missed*)

### Reason for Leave of Absence:

- Serious health condition that makes me unable to perform my job \*
- Birth of a child\*
- Placement of a child for adoption or foster care \*\*
- Care for spouse, child, or parent who has serious health condition \*
- This leave of absence is **not** for a medical reason for my own personal health \*\*

\* A physician's certification is required for leave due to a serious health condition.

A release to return to work without restrictions is also required to return to work.

\*\*Must provide documentation supporting need for leave of absence

### Sick Bank:

- ONLY for employee's **own** serious health condition
- Employee must belong to sick bank
- Employee MUST request use of sick bank
- If approved, sick bank days will start after 5 consecutive **unpaid** days of leave

### ❖ I understand and agree to the following Leave provisions:

- (FMLA)I have worked for Clay Community Schools for at least 12 months and at least 1,250 hours in the previous 12 months
- I MUST use my accumulated paid vacation, personal, and sick leave days concurrently with my 12 weeks of FMLA. If these accumulated days are exhausted, my leave will be an unpaid leave.
- Any leave or return from leave during the last five (5) weeks of an academic term shall be reviewed individually by the Superintendent to minimize disruption to the students' program.
- If I fail to return to work after 12 weeks of FMLA, I am financially responsible for 100% of my health and dental insurance premiums.
- If I carry health, vision and/or dental insurance through CCS I will check with Cori Kirby (812) 443-4461ext. 1816 for my financial responsibility caused by this leave.
- Unless a leave has been approved by the Board of Trustees of Clay Community Schools for a period longer than 12 weeks, after 12 weeks of leave, if I do not return to work or contact my principal or supervisor, it will be considered that I resign my job position.
- While on an approved leave of absence I will not be actively participating in school or corporation activities or duties.
- While on an approved leave of absence all other contractual leave days shall be waived.
- Staff members are not eligible for leave pursuant to this policy if they work elsewhere during leave pursuant to this policy.
- I understand that it is my responsibility to provide Clay Community Schools Human Resource Dept. with all the necessary paperwork required for this leave in a timely manner once it has been generated.
- I understand that it is my responsibility to provide documentation from the healthcare provider for each day of work missed for this leave in order to protect my attendance evaluation.