

FMLA Qualifications

Clay Community Schools
1013 South Forest Ave.
Brazil, IN 47834
(812) 443-4461

Request for Family Medical Leave (FMLA) must be made, 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 request use of sick bank MUST request a medical leave & provide doctor's documentation.

Reason for FMLA:

Serious health condition that makes me unable to perform job. *

Birth of a child:* Expected Date of Birth ____/____/____ Actual Date: ____/____/____

Placement of a child for adoption or foster care. Date of Placement ____/____/____

Care for spouse, child, or parent who has serious health condition. *

*A physician's certification is required for leave due to a serious health condition. U.S. Department of Labor Form must be filled out and received by Clay Community Schools. A release to return to work without restrictions is also required to return to work.

❖ I understand and agree to the following Family Medical Leave provisions:

- I have worked for Clay Community Schools for at least 12 months and at least 1,250 hours in the previous 12 months
- This leave is unpaid, unless I use any paid vacation, personal, or sick leave days that I have accumulated. If I use paid vacation, personal or sick days, my 12 weeks of FMLA runs concurrently with these other days.
- 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 need to check with Cori Moody (812) 443-4461 ext. 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.
- 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.