



FLOYD COUNTY PUBLIC SCHOOLS

Family and Medical Leave Act (FMLA) – Request for Leave Guidelines

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take up to 12 or 26 weeks of job-protected leave for certain family and medical reasons. Based on School Board policy GCBD-R, all absences of five (5) consecutive days or more will be designated as leave according to the FMLA provisions. This includes whether an employee will use paid leave (sick/personal/annual) and/or whether any portion of the leave is unpaid.

Please review all information provided in the attachments so that you fully understand your rights and responsibilities which includes:

1. Employee Rights and Responsibilities
2. School Board Policy GCBE – Family and Medical Leave
3. School Board Policy GCBD-R – Staff Leaves & Absences
4. School Board policy GCQA – Non-School Employment by Staff Members
5. Form – **Request to Use FMLA** form should be submitted to the Payroll/Benefits Office at least 30 days prior to the expected beginning date of anticipated leave, if possible. If leave is unforeseeable, the form should be submitted as soon as possible under the circumstances.
6. Form - **Certification of Health Care Provider** – Medical certification is required to support the leave request. There are five (5) different forms based on the type of leave being requested.
 - (a) Certification of Health Care Provider for **Employee’s Own Serious Health Condition**,
 - (b) Certification of Health Care Provider for **Family Member’s Serious Health Condition**;
 - (c) Certification of Military Family Leave for Qualifying Exigency;
 - (d) Certification for Serious Injury or Illness of Current Service Member-for Military Caregiver Leave;
 - (e) Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave;
6. Form – **FMLA Return-to-Work Certification**
7. Form – Request to Enroll New Dependent in Group Healthcare Insurance for Birth of New Baby

FMLA CHECKLIST

- Read items #1-4 noted above. These documents contain detailed information regarding FMLA and may answer most of your questions regarding a medical leave of absence.
- Complete and submit the **FMLA Request form (GCBE-F9)** and provide beginning date of leave and expected return to work date, even if the dates are tentative.
- Select the appropriate **medical certification form** based on the leave reason. Generally, leave requests will require one of two forms, either: Form 6(a) Certification of Health Care Provider for **Employee’s Own Serious Health Condition**, or, Form 6(b) Certification of Health Care Provider for **Family Member’s Serious Health Condition**. Only the certification form applicable to the employee’s need for leave is required to be submitted. (Note: Use Form 6c, 6d or 6e if leave reason is related to military family leave).
 - Complete the “employee portion” of the applicable medical certification form and provide to your physician. Your physician should submit the completed form to the Payroll/Benefit Office via fax 540-745-9496.
 - An employee’s request to use FMLA cannot be approved until the medical certification is provided. It is the employee’s responsibility to follow up with the physician regarding the completion of the medical certification form.

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- Upon receipt of required forms, the employee will be notified whether the request for leave is approved.
- For personal illness, or the birth/adoption/foster placement of a child, an employee may use any of their available earned leave days for the absence which is supported by a physician's statement. Sick leave bank days may also be used, if eligible, based on the sick leave bank policy guidelines. All other days taken, will be leave without pay.
- For FMLA leave to care for a seriously ill family member, please note restrictions for the use of the earned leave in policy GCBD-R. Except as otherwise specified in the policy, all additional days outside of the allowable maximum taken will be leave without pay.
- In cases for the birth of a child, please notify the Payroll/Benefits Office the delivery date of the baby as well as the delivery type.
 - If you wish to add the baby to your medical insurance plan, please complete the **Request to Enroll New Dependent** and the **Medical Enrollment form**; Forms must be submitted to the Payroll/Benefits Office within 31 days of the newborn's birth.
- VRS Hybrid employees are required to file a Hybrid disability claim to determine eligibility if the leave request is for personal serious health condition or birth of a child.
- For employees who are enrolled in voluntary disability plans through the school division, please contact the vendor for assistance in filing claim(s).
- Contact the Payroll/Benefits Office to make arrangements for payment continuation of healthcare insurance and other voluntary deductions if you do not have sufficient paid leave (sick, annual and/or personal) to cover the leave of absence.
- It is the responsibility of the employee to keep their principal/supervisor informed of the progress and expected return to work date.
- **PRIOR** to returning to work, submit the **FMLA Return to Work Certification form (GCBE-F10)** or a fitness for duty report/return to work note from the treating physician to the Payroll/Benefits Office. The completed form must state the employee's ability to perform essential job functions with or without restrictions and the effective return to work date.
- For any questions, please contact the Payroll/Benefits Office at 540-745-9400 or email at: HARRISJ@FLOYD.K12.VA.US, HARTMANS@FLOYD.K12.VA.US or BULSONT@FLOYD.K12.VA.US.

