

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) requires covered employers to provide up to twelve (12) weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons.

1. For the care of the employee’s child (birth, or placement for adoption or foster care);
2. For the care of employee’s spouse, son or daughter or parent. (FUSD also recognizes the following family members: Grandchildren, parents of spouse, brothers or sisters of spouse, brothers or sisters, Sons in law or daughters in law, aunts and uncles, nieces and nephews, grandparents)
3. For serious health condition that makes the employee unable to perform the employee’s job.

When an employee is absent 3 or more days, due to a reason stated above, they should contact Human Resources to discuss their eligibility for FMLA.

The employee is given a packet, which outlines policy regarding leave.

The employee must complete the FMLA Request to Participate/Verification form.

The employee is given the Certification of Physician or Practitioner form for their doctor to complete.

Once these forms are returned, the employee will be sent a letter, confirming if they qualify for FMLA.

If you have any questions, please contact Human Resources at (928) 204-6828 or email hutchison@sedonak12.org