

# Human Resources & Student Services Department

## Applying for Family Medical Leave

The purpose of this document is to provide detailed instructions on completing and submitting Family Medical Leave Request and Physician Documentation.

Step	Item	Who
1.	<p><b>Review</b> Family Medical Leave Information:</p> <ul style="list-style-type: none"> <li>• <b>Employee Handbook, pgs 16-17</b>, regarding Family Medical Leave; <b>AND CCS Federal Family &amp; Medical Leave Act Board Policy</b>, <a href="https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=GBRIG&amp;Sch=4027&amp;S=4027&amp;C=G&amp;RevNo=1.59&amp;T=A&amp;Z=P&amp;St=ADOPTED&amp;PG=6&amp;SN=true">https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=GBRIG&amp;Sch=4027&amp;S=4027&amp;C=G&amp;RevNo=1.59&amp;T=A&amp;Z=P&amp;St=ADOPTED&amp;PG=6&amp;SN=true</a></li> </ul>	CCS Employee
2.	Determine if Eligibility & Requirements for Family Medical Leave are met	CCS Employee
3.	If Eligibility & Requirements are met, print the FMLA Packet to Complete: <a href="http://www.carrollcountyschools.com/uploads/files/FMLA%20Forms_19f2cdbb3ed4.pdf">http://www.carrollcountyschools.com/uploads/files/FMLA%20Forms_19f2cdbb3ed4.pdf</a>	CCS Employee
4.	Complete the <b>Request for Family Medical Leave Form</b> , which requires the signatures of the <b>Employee AND</b> their <b>Principal/Supervisor</b> , but not the doctor's signature. Submit it to the Assistant Superintendent of Human Resources & Student Services. Be sure to read the <b>NOTE</b> on the Request. The Request can be faxed to the HR & SS Dept., 770-832-0423.	CCS Employee
5.	Before being considered for FMLA, Principals/Supervisors <b>must sign</b> a <b>Request for Family Medical Leave Form</b> for staff that: <ul style="list-style-type: none"> <li>• are eligible &amp; meet requirements for Family Medical Leave; <b>AND</b></li> <li>• have been or will be out for 10 or more days OR</li> <li>• have Intermittent Absences i.e. chemo therapy appointments, etc.</li> </ul> <b>Principals/Supervisors should REMIND</b> eligible employees they are required to complete the FMLA Packet.	Principal/Supervisor
6.a.	If the Family Medical Leave is for the CCS Employee, take the: <ul style="list-style-type: none"> <li>• <b>Certification of Health Care Provider Form; and</b></li> <li>• <b>Descriptor Categories page</b></li> </ul> to the Physician for completion. The physician can fax the completed forms to the Human Resources & Student Services Department, 770-832-0423.	CCS Employee
6.b.	If the Family Medical Leave is needed due to a serious health condition of the employee's spouse, son, daughter or parent, take the: <ul style="list-style-type: none"> <li>• <b>Medical Certification Statement Illness of Employee's Family Member;</b></li> <li>• <b>Certification of Health Care Provider Forms; and</b></li> <li>• <b>Descriptor Categories page</b></li> </ul> to the <b>Relative's Physician</b> for completion. The physician can fax the completed forms to the Human Resources & Student Services Department, 770-832-0423.	CCS Employee
7.	Check with the Physician on the completion & submission of the Family Medical Leave Forms. It is the <b>Employee's Responsibility</b> to make sure these are submitted to the Human Resources & Student Services Dept. in a timely manner.	CCS Employee
8.	The Request for Family Medical Leave is reviewed by the Assistant Superintendent of Human Resources and Student Services after the complete FMLA packet, including the Physician Document is received.	Assistant Superintendent of HR & SS
9.	Once reviewed, a determination letter is emailed to the Employee, Principal/Supervisor, Payroll Department and Insurance Departments. The original letter is mailed to the Employee.	Human Resources and Student Services Department