



Texas City Independent School District

1700 Ninth Avenue North, P. O. Box 1150, Texas City, TX 77592-1150

Date: _____

Employee: _____

Last Day Worked: _____

Qualifying event: _____

According to our records you have been absent for more than three consecutive days. Your absence MAY qualify for Family/Medical Leave. A brief description of Family/Medical Leave is given below:

Eligibility: The employee has worked for the District for at least 12 months, **and** has worked 1250 hours during the immediately preceding 12 months.

Qualifying events are as follows:

- A. The birth of a child, or placement of a child with you for adoption or foster care;
- B. Your own serious health condition;
- C. Because you are needed to care for your spouse, child, or parent due to his/her serious health condition.
- D. Because of a qualifying exigency arising out of the fact that your spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- E. Because you are the spouse, child, parent, or next of kin of a covered Servicemember with a serious injury or illness.

“Serious health condition” means an illness, injury, impairment or physical or mental condition that involves (1) incapacity or treatment related to inpatient care (i.e., overnight stay In hospital); (2) continuing treatment by health care provider which includes: (a) a period of Incapacity of more than three consecutive calendar days and subsequent treatment or period of Incapacity relating to the same condition, that also involves: (i) treatment two or more times by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services on referral by a health care provider; or (ii) treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment. (b) a period of incapacity due to pregnancy or prenatal care; (c) a period of incapacity for treatment of a “chronic” serious health condition which requires periodic visits for treatment by a health care provider, continues over an extended period, and may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy); (d) a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective; or (e) receiving multiple medical treatments by a health care provider for an injury or condition which would result in incapacitation of more than three days if not treated (e.g., chemotherapy or radiation for cancer, etc).

If you believe that you qualify for FMLA, please contact Carrie Jones at 409-916-0133.

FMLA is unpaid leave that runs concurrently with any accrued, earned leave.