

# HARRIS COUNTY SCHOOL DISTRICT

## REQUEST FOR FAMILY AND MEDICAL LEAVE

### CERTIFICATION/DOCUMENTATION EMPLOYEE/EMPLOYER IDENTIFICATION

PHONE: 706-628-4206

132 Barnes Mill Road Hamilton, GA 31811

FAX: 706-628-5648

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Last 4 of Social Security #)

\_\_\_\_\_  
(Street Address) (City/State) (Zip Code)

Signature: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Family Medical Leave is unpaid leave. However, you may choose to use any accumulated sick leave you have earned during approved FMLA as clarified below under the FMLA Certification Forms. Family Medical Leave is available to qualifying employees for the purpose of childbirth, adoption or foster care placement, care of the employee's child, spouse, parent or spouse's parent; for personal disability; military qualifying exigency leave; and military caregiver leave. See attached HCBOE Policy *GARH*.

\_\_\_\_ I am requesting Family Leave from: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_ I am requesting my previously approved Family Leave be extended through: \_\_\_\_\_

I am requesting Family Leave for the following reason: (check one):

- \_\_\_\_\_ Birth of a child: Name of Mother: \_\_\_\_\_  
\_\_\_\_\_ Adoption/Foster Care Child's Name: \_\_\_\_\_  
\_\_\_\_\_ Placement- Date of Placement: \_\_\_\_\_ (Attach Documentation of Birth, Adoption or Foster Care)
- \_\_\_\_\_ Personal Disability
- \_\_\_\_\_ Care of Family Member: Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Child \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Spouse's Parent

### MILITARY LEAVE

- \_\_\_\_\_ Care for injured or ill military family member (Up to a total of 26 weeks with medical documentation)
- \_\_\_\_\_ Qualifying Exigency Leave (Up to 12 weeks with military orders and/or other supporting documentation)

### Employer's Response

\_\_\_\_ Employee is qualified for requested leave under the Family Medical Leave Act

\_\_\_\_ Employee is not qualified for requested leave under the Family Medical Leave Act because:

- Employee has not been employed for the qualifying previous 12-months
- Employee has not worked the required 1250 hours during the previous 12-months
- Employee has already used the annual allotment of Family Leave

\_\_\_\_\_  
Date Supervisor \_\_\_\_\_ Approved \_\_\_\_\_ Modified \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Date Assistant Superintendent, Human Resources \_\_\_\_\_ Approved \_\_\_\_\_ Modified\* \_\_\_\_\_ Denied \_\_\_\_\_

(\*Reason for Modification: \_\_\_\_\_)

# HARRIS COUNTY SCHOOL DISTRICT

(CONTINUED ON PAGE -2-)  
FMLA LEAVE CERTIFICATION FORMS

## BIRTH OF A CHILD

Expected delivery date: \_\_\_\_\_ Your doctor must sign the Health Care Provider Information at the bottom of this form. Family Medical Leave is **unpaid** leave. However, you may choose to use any accumulated sick leave you have earned during the six weeks following childbirth. The usual and customary recovery time is six weeks after the delivery date. **After the six weeks, you will be placed on unpaid FMLA** (even if you have unused sick leave days) unless a detailed letter from your physician documents why you are not physically able to return to work. **\*Employee must have physician complete a Fitness-For-Duty Report form or a signed release when cleared to return to work without restrictions.**

## CARE OF FAMILY MEMBER

Name of Family Member: \_\_\_\_\_ Date(s) Employee's presence will be required for care of family member: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Describe the serious health condition of family member. Attach additional page(s), if necessary.

\_\_\_\_\_ The doctor must sign the Health Care Provider Information at the bottom of this form.

## EMPLOYEE ILLNESS/DISABILITY

**Employee Name:** \_\_\_\_\_ Describe the serious health condition that makes the employee unable to perform the essential function of his/her employment. (Attach additional page(s) if necessary) \_\_\_\_\_

**Date Disability Commenced:** \_\_\_\_\_ **Probable Duration or Ending Date:** \_\_\_\_\_ The doctor must sign the Health Care Provider Information at the bottom of this form. **\*Employee must have physician complete a Fitness-For-Duty Report form or a signed release when cleared to return to work without restrictions.**

## HEALTH CARE PROVIDER INFORMATION

Physician's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Health Care Provider: \_\_\_\_\_

## ADOPTION / FOSTER CARE PLACEMENT

\_\_ Attach Documentation of Birth, Adoption or Foster Care to this Request for Family and Medical Leave form.

## MILITARY LEAVE

\_\_ **Caregiver Leave:** Attach copy of required medical documentation for injured or ill military family member.

\_\_ **Qualifying Exigency Leave:** Attach copy of Active Duty Orders or other military documentation.

HARRIS COUNTY SCHOOL DISTRICT

Human Resource Office  
132 Barnes Mill Road  
Hamilton, Georgia 31811

PHONE: 706-628-4206

FAX#: 706-628-5648

FITNESS-FOR-DUTY REPORT

NOTE: Please return the completed form to the Human Resource Office at the above address or FAX a copy to 706-628-5648 when the doctor releases you to resume your job duties.

EMPLOYEE INFORMATION	
Employee Name	
Employee ID#	
Social Security Number	XXX-XX-_____
Job Title	
Location	

MATERNITY LEAVE CERTIFICATION
The individual's delivery date was _____. This is to attest that the individual named above is certified to be "Fit For Duty" and is physically able to return to work without any restrictions on _____. (The usual and customary leave for any delivery is 6 weeks.)
Signature of Health Care Provider _____ Date _____

OTHER MEDICAL LEAVE CERTIFICATION
This is to attest that the individual named above is certified to be "Fit For Duty" and is physically able to return to work without any restrictions on _____.
Signature of Health Care Provider _____ Date _____

PHYSICIAN/HEALTH CARE PROVIDER INFORMATION	
Physician/Health Care Provider Name:	
Business Name:	
Address:	
Phone Number:	

**Board Policy GARH: Employee Leaves and Absences**

**Status:** ADOPTED

**Original Adopted Date:** 12/08/2016 | **Last Revised Date:** 08/10/2023 | **Last Reviewed Date:** 08/10/2023

**ACCUAL OF SICK LEAVE AND ABSENCE FOR MEDICAL OR PERSONAL/PROFESSIONAL REASONS**

The Superintendent or designee will be governed by sick leave plans and leave policies in determining the deduction to be made for employee absences.

Leave days will be earned at the rate of one and one-fourth (1 ¼) days per month employed to a maximum of 12 ½ days per year for ten (10) month employees, 13 ¾ days for eleven (11) month employees and fifteen (15) days for twelve (12) month employees. Professional personnel are considered on a ten-month contract unless extended year is approved and an addendum to their contract of employment is signed.

Each year three (3) days of sick leave may be used for personal business. Personal leave may not be accumulated. All personal leave used will be deducted from the sick leave account.

All full-time employees may accumulate leave days to a total of one hundred (100) days, all of which may be used in one year for sick leave purposes. Employees may, at the discretion of the Superintendent, be granted sick leave in advance during a contract year not to exceed twelve and one-half (12 ½) days, provided the employee has enough summer salary accumulated to cover these days. Employees will not leave the school system without paying back funds for any advanced leave taken. Leave will not be advanced for one year from another year.

When professional personnel are absent for reasons other than those covered by leave, the entire salary will be deducted for the time absent. Employees without leave must submit a request in advance to be absent for reasons other than personal illness. The request must be in writing and should outline specific reasons for the absence. The reasons must be of an emergency nature and must be approved by the principal and Superintendent prior to the absence. Any sick leave accumulated by a professional employee shall be credited to that employee and up to 45 days shall be transferred with such employee when they change employment from one Georgia school system to another.

Professional leave days required by the employer will not be deducted nor counted against the annual allowance of three days. All professional leave must have the advanced approval of the Superintendent.

Personnel do not have to give a reason for taking personal leave.

Except in emergencies, employees are required to give five (5) days notice for personal leave.

All employees must call their supervisor to request sick leave for themselves and/or a family member. Each school principal or department supervisor shall publish procedures for these calls and provide these to all employees.

During the one hundred ninety (190) day contract year for ten (10) month employees, the two hundred ten (210) day contract year of eleven (11) month employees and the two hundred forty (240) day contract year for twelve (12) month employees, all absences must be approved by the principal/supervisor and/or the Superintendent.

Any absence for any sick or personal leave days or annual leave during the contract year covered by sick or personal leave will require a deduction from the accumulated leave days for all employees. Employees without accumulated days and/or who cannot be advanced days will forfeit one day of pay for each absence.

Employees will not be allowed to work time beyond the work day, work week, contract year, or any holidays to make up for any days absent in order to have these days put back in their leave account or to prevent a loss or pay or to prevent a deduction from their leave account.

For absences equal to five (5) or more days due to the same illness, a doctor's statement shall be provided to the employee's supervisor and kept on file.

When, in the discretion of the employee's supervisor, an employee is using excessive leave, a doctor's excuse may be required for all absences upon written notice by the supervisor.

Teachers who leave the employment of the school system for a period of twelve (12) or more consecutive months and who had forfeited their sick leave upon separation shall be entitled to have the forfeited leave restored upon returning to service for a period of at least two consecutive years.

Sick leave absences are defined as those days used for personal illness and temporary disability, illness and temporary disability of members of the immediate family, and death in the immediate family. Immediate family shall be interpreted to mean: spouse, children, father, mother, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandchildren, grandparents, or any relative in the home of the employee.

### **Shared Sick Leave**

Employees in system which operate a sick leave bank may share up to ten (10) days earned sick leave annually with their spouses who are also employed by the system. A request in writing to use sick leave days earned by an employee's spouse must be attached to the leave form and must contain the signatures of both employees. The individual requesting to use up to ten (10) days sick leave earned by his/her spouse must have already exhausted all sick leave accrued by his/her own employment. This leave may be used for the purpose of maternity leave, illness, or illness of a family member.

### **Bereavement Leave**

Employees may use five (5) days of sick leave for bereavement of a member of their immediate family, as defined in this policy. A request for extension may be granted by the employee's immediate supervisor/administrator and approved by the Superintendent.

### **Extended Leave of Absence**

An employee of the Harris County School District may be granted an extended leave of absence, without pay, not to exceed one year because of catastrophic circumstances. The catastrophic nature of the circumstances will be determined by the Committee governing sick leave bank.

To qualify the employee must meet the requirements of Federal Family and Medical Leave Act (FMLA) as outlined in the Harris County School District Policies and Procedures. All documentation must be on file prior to the request for extended leave. All other types of leave (vacation, sick leave, personal leave, FMLA, sick bank, etc.) must have been exhausted before the employee may qualify for extended leave. If extended leave is granted, the leave will be from the system and not for a specific job assignment. Leave dates will be determined by the Harris County Board of Education.

The Board of Education does not guarantee re-employment following an extended leave of absence. If positions are available within the employee's certification or job classification, the employee will be given consideration for re-employment.

If it is determined that a Harris County School District employee did not use extended leave as outlined in this policy or accepts any employment elsewhere while on extended leave as granted by the Harris County Board of Education, said employee shall forfeit all privileges provided under this policy. The employee shall be considered as having resigned from the school system effective the beginning date approved for leave.

For the purpose of extended leave, sabbaticals to further education are not covered.

### **OBSERVANCE OF RELIGIOUS HOLIDAYS**

Employees may use personal leave for the observance of recognized religious holidays. If an employee desires to take leave for the observance of recognized religious holidays in excess of the days allowed for personal leave, the employee may take unpaid leave for such purposes, provided that such leave is not excessive and does not interfere with fulfilling the obligations of his or her job.

### **JURY OR JUDICIAL LEAVE, ELECTION WORKERS**

#### **Jury Duty**

All employees of the Harris County Board of Education are encouraged to serve as jurors when selected to do so and when it is deemed advisable by their superiors. They will be paid their full salary during the time they served and may keep any remuneration received from the court and will not be required to pay a substitute teacher.

#### **Judicial Leave**

Employees of the Harris County Board of Education shall be allowed Judicial Leave to attend a Judicial Proceeding in response to a subpoena or to issue a deposition in response to a subpoena. Approval must be obtained in advance

and the appearance shall not be a result of the employee being charged with any violation of any laws.

The subpoena must be issued by a court of record and properly signed and served. A copy of the subpoena must be provided to the employee's immediate supervisor prior to taking the leave. Deductions from sick or personal leave shall not be made for this leave. The form for personal, professional and annual leave shall be used to request this leave.

### **Election Workers**

Employees of the Harris County Board of Education who serve as poll managers or poll workers on election days will be provided leave for this purpose. Approval must be obtained five (5) days prior to each election. Deductions from sick or personal leave shall not be made for this leave. These employees will be paid their full salary during the time they serve and may keep any remuneration received and will not be required to pay a substitute teacher.

### **MILITARY LEAVE**

All employees are entitled to paid leave not to exceed eighteen days in any one federal fiscal year for the purpose of complying with ordered military duty with the armed forces of the United States or State of Georgia, including duty as a voluntary member of the National Guard or any reserve component of the United States or State of Georgia. In the event the Governor declares an emergency that results in an employee being ordered to military duty as a member of the National Guard, the employee is entitled to leave not exceeding thirty days in any one federal fiscal year. Employees who have military commitments shall inform the Superintendent or designee annually, provide a copy of the official military orders, and cooperate to the extent possible in scheduling such leave so as to minimize the disruption in those employees' duties and the mission of the Board of Education.

### **DISCLAIMER**

To the extent that any provision in this policy conflicts with or is superseded by the Family and Medical Leave Act ("FMLA"), the regulations promulgated there under, or any other federal or state law, the provisions of the applicable law or its regulations, as the case may be, shall control

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# Your Employee Rights Under the Family and Medical Leave Act

## What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

## Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

## How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

## What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

## Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

