



DESOTO COUNTY SCHOOL DISTRICT
Human Resources Department

Family and Medical Leave Act of 1993 (FMLA)
Employee Information

**IMPORTANT
THINGS TO KNOW**

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Continuous Leave = No work at all

Intermittent Leave = Need time off occasionally while otherwise working a normal schedule

Reduced Schedule Leave = Reduction in the number of hours worked on a continuing basis until leave is over

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FMLA Leave allows you to continue your benefits as if you were working

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If you are on Intermittent FMLA, you must submit a schedule to your school or department each time you use FMLA.

**Your Steps & Responsibilities**

Notify your school/department or Human Resources of your Family & Medical Leave request no later than two (2) business days after the date you need your leave to start. Complete the *FMLA Leave Employee Request* form

To ensure eligibility for FMLA leave, Human Resources will determine if you have been employed for a period of twelve (12) months and worked at least 1,250 hours during the twelve (12) months immediately preceding the beginning of your requested leave.

If requesting FMLA for a serious health condition, take the *Certification of Health Care Provider* form to your doctor/health care provider for completion.

- The *Certification of Health Care Provider* form is due back to your school/department or Human Resources 15 days after you have submitted your *FMLA Leave Employee Request* form
- If any applicable portion of the *Certification of Health Care Provider* form is incomplete, the form will be returned to you for further completion by your health care provider.

Human Resources will review your *FMLA Leave Employee Request* form/*Certification of Health Care Provider* form and send you notification of approval or denial of your leave. Please maintain for your records.

- If your leave request is due to a serious health condition, HR **must** have the *Certification of Health Care Provider* form before the leave can be approved.
- The letter will include the dates of your leave and your Return to Work date

You are expected to return to work on the date indicated on your approval letter

- If your leave is due to **your** serious health condition, you **must** furnish a doctor's authorization to your school/department in order to return to work.
- If you are unable to return to work on the expected date, contact your school/department or Human Resources regarding your leave options.