EMPLOYEE FAMILY AND MEDICAL LEAVE

Unpaid family and medical leave will be granted up to 12 weeks per year to assist employees in balancing family and work life. For purposes of this policy, year is defined as July 1 to June 30. Requests for family and medical leave will be made to the superintendent. A medical provider's note stating why the leave is necessary is required and will be required every 30 days until released from medical provider's care.

Employees may be allowed to substitute paid leave for unpaid family and medical leave by meeting the requirements set out in the family and medical leave administrative rules. Employees eligible for family and medical leave must comply with the family and medical leave administrative rules prior to starting family and medical leave. It is the responsibility of the superintendent to develop administrative rules to implement this policy.

Links:	https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf		
	WH-380-E Certifi	cation of Health Care Provider for Employee's Serious Health Condition (PDF)	
	WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition (PDF)		
	WH-381 Notice of Eligibility and Rights & Responsibilities (PDF)		
	WH-382 Designation Notice (PDF)		
	WH-384 Certification of Qualifying Exigency For Military Family Leave (PDF)		
	WH-385 Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave (PDF)		
Legal F		29 U.S.C. §§ 2601 <i>et seq.</i> 29 C.F.R. § 825. Iowa Code §§ 20; 85; 216; 279.40. <u>Whitney v. Rural Ind. School. District</u> , 232 Iowa 61, 4 N.W.2d 394 (1942).	
		WH-380-E Certifi WH-380-F Certifi WH-381 Notice of WH-382 Designat WH-384 Certifica	

409.2 Employee Personal Illness Leave

Initially Approved 03-12-2001

Cross Reference:

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Last Reviewed <u>12-22-2021</u>

Last Revision 02-15-2021

Clarinda Community School District Board of Directors