

Family and Medical Leave Request

Please Note: Request for Family Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to be begin.

Date: _____

Department: _____

Name: _____

Title / Position: _____

Social Security Number: _____

Reports To: _____

Status: Full-time Part-time Temporary

Hire Date: _____

I request/You are placed on family or medical leave for one or more of the following reasons:

⇒ Because of the birth of my child and in order to care for him or her.

Expected date of birth: _____

Actual Date of Birth (If applicable): _____

Leave to start on: _____

Expected Return Date: _____

⇒ Because of the placement of a child with me for adoption or foster care.

Date of Placement: _____

Leave to start on: _____

Expected Return Date: _____

⇒ In order to care for my spouse, child, or parent, who has a serious health condition. Attach appropriate documentation.

Leave to start on: _____

Expected Return Date: _____

⇒ For a serious health condition that makes me unable to perform my job. Describe below. Attach additional documents which support this. A physician's statement may be required for leave due to a serious health condition.

Leave to start on: _____

Expected Return Date: _____

Describe Serious Health Condition: _____

Proposed leave schedule (including type of leave to be taken and the number of hours). May be subject to supervisor/employer's approval. You will need to complete appropriate leave request cards.

Have you utilized FMLA this calendar year? In the last 12 months?

If yes, how many days?

Yes No

Employee's Signature: _____ (Date) _____

(FOR DEPARTMENT USE ONLY) Proposed leave schedule is: Approved _____ Denied _____

⇒ You are required to provide a physician's statement attesting to the serious health condition.

⇒ You are required to provide a medical certificate attesting to your fitness for duty before being return to employment. Failure to provide this certificate may delay your return to work.

COMMENTS: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

DEPARTMENT LEAVE REP SIGNATURE: _____ DATE: _____

HUMAN RESOURCES OFFICE SIGNATURE: _____ DATE: _____

FMLA requires covered employers to provide up to 12 weeks of job-protected leave to “eligible” employees for certain family and medical reasons. Depending on the individual’s circumstance, the leave may be paid or unpaid. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE: Unpaid Leave must be granted for any of the following reasons:

- to care for the employee’s child after birth, or placement for adoption or foster care;
- to care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee’s job.

At the employee’s or employer’s option, certain kinds of paid leave may be substituted for unpaid leave. You may be required to use your accrued annual leave or sick leave instead of unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION: The employee may be required to provide advance leave notice and medical certification. Taking leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable.”
- If you have requested leave because of a serious health condition, you may be required to provide the State with medical certification of this serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.
- You must provide the State with periodic medical certification, every thirty (30) days from the date you commence your leave, as to your serious health condition or your family member’s serious health condition.

JOB BENEFITS AND PROTECTION:

- During your leave, the State will continue to pay the State’s portion of your health insurance premiums and you must also pay your share of the health insurance premiums. If you fail to pay your premiums, your health insurance coverage will cease. If you are on unpaid leave, you must submit your share of the health insurance premiums by check or money order before 5:00 p.m. on Friday of the week in which you would have been paid.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.
- If you do not return to work after your leave ends, you will be expected to reimburse the State for its share of the health insurance premiums. You will not be required to reimburse the State if you are precluded from returning to work by a serious health condition. You will be required to provide the State with medical certification of the serious health condition. Further, you will not be required to reimburse the State if you did not return to work because of circumstances beyond your control.

UNLAWFUL ACTS BY EMPLOYERS: FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

ENFORCEMENT:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FOR ADDITIONAL INFORMATION: Contact your Human Resources Manager or the Bureau of Personnel.