



FMLA REQUEST/NOTIFICATION FORM (Family and Medical Leave Act)

Sections A, B.2. and C are required for all requests. Section B.1. is required only if the employee is initiating the form to request FMLA leave. Supervisor initiates form and sends a copy to the employee if the purpose is to notify employee that his/her absence is considered FMLA-covered.

Section A - Employee Information		
Employee Name:	Employee Title:	Unit:
Section B.1. <i>This section required only if employee is initiating form.</i>	Section B.2.	
I hereby request authorization for FMLA leave as shown in Section C below. I understand that I must be on approved annual, sick or compensatory leave (non-payable), or leave without pay in conjunction with this leave. I certify that the information I provide on this form is accurate. I understand I may be required to provide medical certification in accordance with AgCenter PS-34.	This is to officially notify you that leave you take as described in Section C will be considered FMLA leave. At the present time you <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT required to provide medical certification (on the PS-34 Medical Certification Form) to support this request. You <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT required to provide a medical release before returning to work.	
Remarks:	Remarks:	
Employee Signature:	Supervisor Signature:	Date:
Date:	<i>Employee was given a copy of this form on _____.</i>	
Section C. – Leave Information		
Leave covered by the FMLA is needed from _____ to _____. If leave will be taken intermittently, please explain in the REMARKS section.		
Check the reason for leave. (See Note 2 below for definition of <i>serious health condition</i>).		
<input type="checkbox"/> Due to own serious health condition which meets the definition given below. <input type="checkbox"/> To care for immediate family member (parent, spouse, or child) who has a serious health condition which meets the definition below. <i>Family member's relationship to you:</i> _____ <input type="checkbox"/> Pregnancy/prenatal/maternity. <input type="checkbox"/> To care for new child. <i>State child's date of birth/adoption/placement for foster care:</i> _____.		
Remarks:		

General Information
<p>Note 1: Employee Eligibility. An employee must have been employed by the State of Louisiana, in any capacity (including classified, academic, student, transient appointments) for 12 months (not necessarily consecutive) and must have worked at least 1250 hours in the 12-month period immediately preceding the FMLA-covered leave. (Any part of a week on the payroll counts as a full week of employment.)</p> <p>Note 2: Definition of serious health condition as defined by federal law is: (1) inpatient (hospital) care, including any period of "incapacity" after inpatient care; or (2) "continuing treatment" by a health care provider that includes one or more of the following: (a) a period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity that involves actual treatment by a health-care provider of two or more visits, or one visit plus a regimen of continuing treatment; (b) any period of incapacity due to pregnancy or for prenatal care; (c) any period of incapacity or treatment or incapacity due to a chronic serious health condition that causes periodic visits for treatment, continues over an extended period of time, and may cause episodic rather than continuing incapacity; (d) a period of incapacity that is permanent or long term due to a condition for which treatment may not be effective; or (e) absences related to treatment for surgery, for an injury, or any other condition that would likely result in incapacity absent medical intervention.</p> <p>Note 3: Employee Rights and Responsibilities Under the FMLA. Employees have a right under the FMLA to use, during a 12 month period (using the "first usage" definition under the FMLA), up to 12 weeks of their unused, accrued annual and sick leave or leave without pay, in accordance with normal regulations, for a covered reason. The AgCenter requires that sick leave be used before granting annual leave if the absence is due to the employee's own health condition. The AgCenter may also require employees to take their annual leave before leave without pay is granted. Employees are allowed to maintain their health benefits during any period of unpaid leave under the same conditions as if the employee continued to work, and the employee must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon their return from leave. Employees have a 30-day grace period in which to make payment of the necessary insurance premiums. If payment is not made in a timely manner, the insurance may be canceled, or at the employer's option, the employer may pay the employee's share of the premiums and recover those premiums from the employee when the employee returns to work. If the employee does not return to work following FMLA leave for a reason other than: (1) continuation, recurrence, or onset of a serious health condition which would entitle the employee to FMLA leave; or (2) other circumstances beyond the employee's control, the employee may be required to reimburse the AgCenter for the AgCenter's share of insurance premiums paid on the employee's behalf during the period of FMLA leave. Employees taking FMLA leave may be required to furnish medical certification in accordance with AgCenter PS-34 to support the leave request. The employee must provide any required certification within 15 days after the certification is requested. Failure to do so may result in delay of the leave. Employees may be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, the employee's return to work may be delayed until such certification is provided.</p>