

Medical / Personal Leave of Absence and FMLA Acknowledgment and Receipt

Dear Team Member:

This is to inform you about Jupiter Medical Centers Medical and Personal Leave of Absence and your rights pursuant to the Family and Medical Leave Act of 1993 (FMLA). The Family Medical Leave Act of 1993 (FMLA) requires covered employers to provide up to 12 weeks of unpaid, job/benefits protected leave to “eligible” employees for certain personal and/or family medical conditions. Unpaid and job/benefits protected leave must be granted for, but not limited to, any of the following reasons:

- (1) Birth or adoption of a child;
- (2) A serious health condition that makes me unable to perform the essential functions of my job
- (3) A serious health condition affecting my spouse, child, or parent for which I am needed to provide care. (Medical Certification is required)

To be eligible for FMLA rights you must have been employed for at least 12 months and have worked at least 1,250 hours in the previous 12 months. If you have been employed for at least 12 months but have not worked 1,250 hours in the previous 12 months you are eligible for Medical or Personal Leave without FMLA rights.

You should provide at least a thirty day notice of your request for said leave. Further, the employer may be entitled to have a medical certification of your necessity and reason for said leave.

At the employee and/or employer’s option, certain kinds of paid leave may be substituted for unpaid leave. If you wish to apply for leave, you must fill out the FMLA documentation, have your director/manager sign and then return it to Human Resources.

Information regarding Medical and Personal Leave of Absence and Family and Medical Leave Act of 1993 can be found on eJMC for your review.

By signing below, you acknowledge that you have been informed of your rights pursuant to the FMLA of 1993, as stated above.

Team Member Signature

Date

Print Name
