

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

EMPLOYEE ENTITLEMENT

An eligible employee may take up to twelve weeks (26 weeks to care for a covered servicemember with a serious injury or illness under (e) below) of Family and Medical Leave during each consecutive 12-month period for which eligibility criteria have been met. The initial 12-month period is measured forward from the date the employee first takes FMLA leave. The next 12-month period begins the first time FMLA leave is taken after completion of any previous 12-month period. Family and Medical Leave shall be granted for (a) the birth or placement of a child for adoption or foster care; (b) for the care of an immediate family member (child, spouse, or parent) with a serious health condition; (c) when an employee is unable to perform the functions of his or her position due to a serious health condition; (d) because of a qualifying exigency arising out of the fact that a family member (child, spouse, or parent) is a member of the Reserves or the regular Armed Forces and is deployed to a foreign country on covered active duty.; or (e) for the care of an immediate family member (child, spouse, parent, or next of kin) who is a covered servicemember with a serious injury or illness. For leave taken for the birth or placement of a child for adoption or foster care, entitlement expires at the end of the twelve-month period following the date of the birth or adoption placement.

EMPLOYEE ELIGIBILITY

To be eligible for FMLA benefits, a University of Illinois employee must:

- (1) have worked for the University of Illinois for at least twelve months;
and
- (2) have worked at least 1250 hours of service during the previous twelve months.

SERIOUS HEALTH CONDITION

Serious health condition means an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical facility;
- any period of incapacity requiring absence of more than three full consecutive calendar days from work, school, or other regular daily activities that also involves continuing treatment (or under the supervision of) a health care provider;
- any continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days;
- prenatal care; or
- an injury or illness incurred by a covered servicemember: (a) in the line of duty on covered active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces); and (b) that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating. In the case of a veteran, this injury or illness could have "manifested itself before or after the member became a veteran".

APPLICATION PROCEDURES

Employees should complete the *TO BE COMPLETED BY EMPLOYEE* portion of the FMLA Leave Form and submit it to their supervisor. The supervisor or department designee completes the *TO BE COMPLETED BY DEPARTMENT* portion and returns to the employee. A copy should be retained in the department separate from the employee's personnel file. **DO NOT SEND A COPY TO THE HUMAN RESOURCES OFFICE except under the following circumstances:**

- **UIUC Academic Professionals (AP) and Faculty** must receive approval for **unpaid** FMLA leaves. Forms should be submitted to the Academic Human Resources office.
- **University Administration (UA)** employees should submit the completed FMLA application and Medical Certification (if applicable) to Employee Relations and Human Resources (ER/HR). ER/HR completes the *TO BE COMPLETED BY DEPARTMENT OR ER/HR* portion.

- **UIC Medical Center (UICMC)** employees should submit the completed FMLA application and Medical Certification (if applicable) to HR/UICMC Leave Coordinator. HR/UICMC Leave Coordinator completes the To Be Completed By Department portion.

MEDICAL CERTIFICATION

Certification issued by the employee's or the family member's health care provider is required to support a request for Family and Medical Leave due to a serious health condition (see Medical Certification forms). Requests for paid leaves shall be in accordance with the University's sick leave/vacation policies. Departments may require employees to provide the opinion of a second health care provider designated or approved by the University, but not employed by the University. The opinion of a third provider may be required when there are differing opinions. The opinion of the third provider shall be considered final and shall be binding on the University and employee. Any expenses associated with obtaining second and third opinions shall be the responsibility of the employing department.

CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

Certification issued by the employee is required for an employee seeking FMLA leave due to a qualifying exigency. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's covered active duty or call to covered active duty status.

RETURN FROM FAMILY AND MEDICAL LEAVE

The department may require an employee to obtain a statement from a health care provider that he/she is able to resume work. Employees are expected to contact employing departments at least thirty calendar days in advance of the anticipated date of return. A staff employee who has been absent for Family and Medical Leave shall be restored to the position of employment held by the employee when the leave commenced; or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.

USE OF PAID AND UNPAID LEAVE

Birth or Placement of a Child for Adoption or Foster Care: Employees have the option to take FMLA leave with or without pay. An employee may request to apply accrued vacation and/or sick leave during the FMLA period in accordance with Policy and Rules for Civil Service Staff or with campus Academic policies. Any portion of the FMLA period for which accrued leave is not applied shall be without pay.

Serious Health Condition, Family Member or Employee: Employees have the option to take the leave with or without pay. For care of a spouse, child, or parent with a serious health condition or because of an employee's own serious health condition, the leave is provided under the University Sick Leave policy (Policy 10, Sick Leave) and the campus Academic sick leave policies. If an employee's sick leave is exhausted, the employee may elect to use accrued vacation leave to continue in pay status during the FMLA period. Sick and vacation leave used for this purpose will be counted towards the FMLA entitlement.

In addition, employees with a serious health condition, who exhaust their accrued sick leave balances, may be eligible to receive disability benefits through SURS. Employees may request an APPLICATION FOR DISABILITY BENEFITS from the campus HR office. Any portion of the FMLA period for which accrued vacation, sick leave, or disability benefits are not applied shall be without pay.

INSURANCE COVERAGE AND RETIREMENT CONTRIBUTIONS DURING UNPAID LEAVE

Coverage of group health and dental insurance shall be continued by the University at the same level that coverage would have been provided if the employee had remained in continuous employment. Employees are responsible for paying the employee-paid portion of any insurance premiums presently paid by payroll deduction.

If the employee does not make required payments during the leave period, the CMS-Group Insurance Division (GID) will terminate the member's coverage the first day of the current month. These members are ineligible to continue coverage under COBRA and will not receive a COBRA notification letter (eligible or ineligible). CMS will take action to collect all outstanding premium(s), which may include involuntary withholding. Employees are encouraged to contact the Benefits Service Center for information on changes in status and to arrange for billing prior to their last day of work.

Employees pay the entire premium plus a 2% administrative fee for COBRA coverage. Central Management Services (CMS) mails monthly billing statements to the employee's home address on or about the tenth of each month. Bills for the current month are due by the twenty-fifth of that month and are paid to CMS. Individuals electing COBRA coverage have 45 days from the date coverage is elected to pay currently due premiums. Failure to submit payment by the due date terminates COBRA rights.

The University may recover any premiums paid for maintaining coverage for the employee if the employee fails to return from Family and Medical Leave for a reason other than continuation, recurrence, onset of a serious health condition (employee or family), or other circumstances beyond the control of the employee. Certification of such conditions may be required by the University.

To determine the effect of Family and Medical Leave on the accumulation of service time for retirement and to assure continuation of contributions, the employee should contact SURS at 1-800-ASK-SURS.

QUESTIONS

Employees should discuss questions or disagreements about leave under the Family and Medical Leave Act with their immediate supervisors. If concerns are not resolved at the supervisory level, the unit head should review the issues. If the unit head is unable to resolve the issue, the dean or director should be consulted. Should questions remain, the campus human resources office will provide assistance to both the employee and the unit.

Interpretation of specific requirements of the Family and Medical Leave Act policy is subject to provisions contained in the full text of the Act. Questions regarding the provisions of the FMLA and the Department of Labor Regulations for its implementation should be directed to the campus human resources office.

NOTE: University Administration (UA) employees should contact Employee Relations and Human Resources if there are questions or disagreements about leave under FMLA.

Urbana-Champaign

- Staff Human Resources (217) 333-3105
- Academic Human Resources (217) 333-6747

Chicago

- Faculty Affairs Human Resources (312) 355-2412; fahr@uic.edu
- HR, Academic Professionals and Civil Service
 - Medical Center (312) 996-3750
 - All Other Colleges/Units – Labor and Employee Relations (312) 355-3055

Springfield

- Human Resources (217) 206-6652

Global Campus

- Human Resources (217) 333-2211

University Administration

- Employee Relations and Human Resources (217) 333-2600; ERHRCommunications@uillinois.edu

UNIVERSITY OF ILLINOIS

FAMILY AND MEDICAL LEAVE FORM

Effective August 5, 1993, the University of Illinois implemented the Family and Medical Leave Policy in compliance with the federal Family and Medical Leave Act (FMLA) of 1993 and amended the policy in 2009 due to regulation revisions effective January 16, 2009. Such leaves shall be granted to eligible employees (a) for the birth or adoption of a child; (b) for the care of a child, spouse, or parent who has a serious health condition; (c) when an employee is unable to perform the function of his or her position due to a serious health condition; (d) because of a qualifying exigency arising out of the fact that a family member (child, spouse, or parent) is on covered active duty or call to covered active duty status as a member of the Reserves or the regular Armed Forces; or (e) for the care of an immediate family member (child, spouse, parent, or next of kin) who is a covered servicemember with a serious injury or illness. FMLA leaves are granted by the department/unit. Eligible employees are entitled to up to twelve workweeks (26 weeks to care for a covered servicemember with a serious injury or illness) of unpaid family and medical leave during each consecutive twelve-month period for which eligibility criteria have been met. Employees may substitute accrued sick leave and vacation leave for unpaid FMLA. The initial 12-month period is measured forward from the date the employee first takes FMLA leave. The next 12-month period begins the first time FMLA leave is taken after completion of any previous 12-month period. **If foreseeable, requests for Family and Medical Leave should be made at least thirty days in advance of the leave or as soon as practicable. If the need for leave is not foreseeable, requests should be made within two business days of learning of the need for leave.**

TO BE COMPLETED BY EMPLOYEE	
Employee Name: _____	UIN: _____
Dept./Unit: _____	Office Phone: _____
Title: _____	
Supervisor's Name: _____	
REASON FOR LEAVE	
<input type="checkbox"/> Serious illness of employee*	
<input type="checkbox"/> Serious illness of spouse, child or parent*	
Name of individual: _____ Relationship: _____	
<input type="checkbox"/> Birth of a child	
<input type="checkbox"/> Placement of a child with employee for adoption or foster care (attach legal confirmation)	
Anticipated date of delivery, adoption or placement: _____	
<input type="checkbox"/> Qualifying exigency for spouse, child, or parent on covered active duty or call to covered active duty**	
Name of individual: _____ Relationship: _____	
<input type="checkbox"/> Serious illness or injury of a covered servicemember (spouse, child, parent, or next of kin)*	
Name of individual: _____ Relationship: _____	
*Medical Certification is required.	
**Certification of Qualifying Exigency for Military Family Leave is required.	

REQUEST TO USE BENEFITS		
<p style="text-align: center;">IF NO AMOUNTS ARE ENTERED, THE LEAVE WILL BE UNPAID (MARK ALL THAT APPLY)</p> <p> <input type="checkbox"/> Apply all vacation leave OR <input type="checkbox"/> hours/days of vacation to this leave <input type="checkbox"/> Apply all sick leave OR <input type="checkbox"/> hours/days of sick leave to this leave <input type="checkbox"/> Apply parental leave <input type="checkbox"/> Apply as unpaid leave <input type="checkbox"/> Other: _____ </p>		
EXPECTED DURATION		
<p>LEAVE WILL BE TAKEN AS (check one):</p> <p> <input type="checkbox"/> a block of time from _____ to _____ <div style="text-align: center; font-size: small;">(month/day/year) (month/day/year)</div> <input type="checkbox"/> intermittently (e.g., separate blocks of time due to single illness) (please describe on separate sheet) <input type="checkbox"/> temporarily reduced work schedule (please describe on separate sheet) </p> <p>I have read the “Employee Rights and Obligations Under FMLA” attached and understand all my rights and obligations under this policy. I also understand that any leave taken as designated FMLA leave (paid and/or unpaid) counts toward my FMLA leave entitlement.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Employee Signature</p> </div> <div style="width: 45%;"> <p>_____ Date</p> </div> </div>		
TO BE COMPLETED BY DEPARTMENT, ER/HR (FOR UA EMPLOYEES), OR HR/UICMC (FOR MEDICAL CENTER EMPLOYEES) <i>{SEE EMPLOYEE RIGHTS AND RESPONSIBILITIES}</i>		
<p>1. Has the employee worked for the employer for at least 12 months? (If no, the employee is not eligible for FMLA.)</p> <p>2. Has the employee worked 1250 hours (64% appointment/37.5 hour workweek; 60% appointment/40 hour workweek) during the previous 12 months? (If no, the employee is not eligible for FMLA.)</p> <p>3a. Is the reason for the leave because of the employee’s serious health condition?</p> <p>3b. Is the reason for the leave because of the employee’s parent, child, or spouse’s serious health condition?</p> <p>3c. Is the reason for the leave because of the birth, adoption, or placement of foster care of a child by the employee?</p> <p>3d. Is the reason for the leave because of a qualifying exigency arising out of the fact that a family member (child, spouse, or parent) is on covered active duty or call to covered active duty as a member of the Reserves or the regular Armed Forces?</p> <p>3e. Is the reason for the leave because of the serious injury or illness of a covered servicemember?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>

4. Does the employee's medical certification (which is required for employee's own or family member's serious health condition, including the serious injury or illness of a covered servicemember) support the request for leave? Yes No
5. If requesting qualifying exigency leave for spouse, child, or parent on covered active duty or call to covered active duty, has the appropriate documentation been provided to support the request for leave? Yes No
6. The employee has _____ number of weeks/hours of FMLA leave entitlement remaining at the time of this leave request.

Based on the answers above, is the employee eligible for FMLA? Yes No

If no, state reason.

The department acknowledges that benefits will be applied as shown on the first page of this form:

_____ vacation leave hrs _____ sick leave hrs _____ parental leave hrs _____ unpaid hrs
_____ vacation leave days _____ sick leave days _____ parental leave days _____ unpaid days
_____ other: _____

Please sign below to indicate your review of this FMLA request.

Authorized Signature (Department, Unit, ER/HR, HR/UICMC)

Date

If the department believes that the employee is not eligible for FMLA, please consult your campus Human Resources office before denying the leave. You may also contact HR if you have additional questions.

The department is responsible for tracking FMLA usage on an FMLA Usage Report available at

https://nessie.uihr.uillinois.edu/pdf/leave/fmla_usage.pdf