

FAMILY AND MEDICAL LEAVE

HR ADMINISTRATIVE PROCESS TRAINING – NOVEMBER 2017

OVERVIEW

- When you or a loved one experiences a serious health condition that requires you to take time off from work, the stress from worrying about keeping your job may add to an already difficult situation.
 - The Family and Medical Leave Act (FMLA) may be able to help. Whether you are unable to work because of your own serious health condition, or because you need to care for your parent, spouse, or child with a serious health condition, FMLA provides unpaid, job-protected leave.
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ELIGIBILITY

- Employed at least half-time, regular assignment.
 - Worked for the university for at least 12 months in total, and for at least 1,250 hours during the 12-month period immediately preceding the commencement of leave.
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UP TO TWELVE WORKWEEKS OF UNPAID LEAVE IN A 12-MONTH PERIOD FOR:

- The birth of a child and to care for the newborn
- The placement with the employee of a child for adoption or foster care and to care for the newly placed child
- A serious health condition that makes the employee unable to perform the essential functions of his or her job
- To care for the employee's spouse, child, or parent who has a serious health condition
- Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;"

DURATION OF LEAVE

Determined by Physician

- Certification of Health Care Provider for Employee's Serious Health Condition
 - Certification of Health Care Provider for Family Member's Serious Health Condition
 - Leave may be taken as an unbroken period or may be taken cumulatively.
 - When it is medically necessary or otherwise permitted, employee may take leave intermittently or on a reduced schedule. Doctor's certification note is necessary.
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FMLA Time Tracking Tool for Qualifying Employees

Employee Name: _____

Employee Number: _____ **ID #** _____

Standard Work Hours Per Week: _____ **40**

Standard FMLA Hours Available: _____ **480**

Start Date: _____ **11/13/2017**

Has employee used any FMLA time during this calendar year? **NO**

Note: The red triangles in several cells have comments that tell you more about what to enter in those cells/columns. Place your mouse pointer close to each triangle to see the comments.

Date		# FMLA Hours Taken	Type of Absence (S, V, U)	FMLA Time Available	Notes/Activities
11/13/2017	Mon	8.00		472.00	Start day of FMLA
11/14/2017	Tue	8.00		464.00	
11/15/2017	Wed	8.00		456.00	
11/16/2017	Thu	8.00		448.00	
11/17/2017	Fri	8.00		440.00	
11/18/2017	Sat			440.00	
11/19/2017	Sun			440.00	
11/20/2017	Mon	8.00		432.00	
11/21/2017	Tue	8.00		424.00	
11/22/2017	Wed	8.00		416.00	
11/23/2017	Thu	8.00		408.00	
11/24/2017	Fri	8.00		400.00	
11/25/2017	Sat			400.00	
11/26/2017	Sun			400.00	
11/27/2017	Mon	8.00		392.00	
11/28/2017	Tue	8.00		384.00	
11/29/2017	Wed	4.00		380.00	Dr's request to work only for 4 hours
11/30/2017	Thu	4.00		376.00	
12/1/2017	Fri	4.00		372.00	
12/2/2017	Sat			372.00	
12/3/2017	Sun			372.00	

INTERMITTENTLY FMLA

Week	Date	Time	Activity	Hours
1	Aug 28	10:00 - 12:00	Office hours, miscellaneous department	2
	Aug 29	10:00 - 12:00	Office hours, miscellaneous department	2
	Aug 30	3:00 - 4:00	Curriculum Review	2
	Aug 31	3:30 - 5:00	Weekly communication management	3
			Weekly Total Hours:	9

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Supervisor's Signature

Applicant's Signature

BOTH SPOUSES EMPLOYED

- Where the University employs both spouses, the leave is for a combined total of twelve (12) weeks for both employees during the 12-month period, **except for a leave because of a serious health condition of the employee or child.**
 - **Exception will be reviewed by HR.**
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REMUNERATION DURING LEAVE

- Leave may or may not be with pay depending on the employee's sick leave, vacation, or paid leave bank status.
 - The employee will be required to use all those benefits during any or all of the FMLA period.
 - If the employee's paid benefits are exhausted, the remainder, if any, of the FMLA period will be unpaid.
 - The use of paid leave benefits will not extend the duration of a family or medical leave determined by the physician.
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APPLICATION PROCESS

- Inform HR Benefits Office if you will be or have been out of the office for more than five business days.
 - Application must be submitted at least thirty 30 days **prior to the beginning of the leave.**
 - If you realize your need for leave less than 30 days in advance, you must notify our office as soon as you can.
 - You will receive an email from Benefits providing you with the necessary documents and information to complete the process.
 - Employee must provide medical certification within 15 calendar days. Failure to provide the requested medical certification could prevent your application from being approved.
 - Benefits will send you an email notifying you the duration of the FMLA leave, according to doctor's certification period.
 - If the leave is expected to be more than 12 weeks, the employee must apply for Long Term Disability at the 60th day of the illness and provide the information to Benefits for continuation of the process.
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RETURNING TO WORK

Return to work certification from your physician must be submitted to the Benefits office before beginning work.

- Inform supervisor of restrictions set by physician
 - Determine accommodation needed
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U.S. Department of Labor
Wage and Hour Division
1-866-4-USWAGE
www.dol.gov/whd