

FMLA Leave Notice of Designation, Request, & Approval

FMLA - Form #1

SECTION 1: FMLA Request – to be completed by the employee OR the department:

This Family and Medical Leave of Absence is for the following **qualifying reason**:

- Due to the birth of a child and/or to care for a newborn child of the employee, spouse as defined by Indiana law, or qualified same sex domestic partner OR placement of a child through adoption or foster care
- Due to the employee's serious health condition
- Due to a covered servicemember with a serious injury or illness who is the spouse/same-sex domestic partner, child/child of the same-sex domestic partner, parent, or next of kin of an employee
- Due to care of the employee's spouse/same-sex domestic partner, child or child of the same-sex domestic partner, parent who has a serious health condition
- Due to a qualifying exigency arising out of the fact that your spouse/same-sex domestic partner, child/child of the same-sex domestic partner, parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

A medical or qualifying exigency certification will be required for all FMLA leave requests except those for birth, care of a newborn, or placement of a child.

Anticipated date FMLA leave is to begin _____ to end _____ (if known)

Employee Staff ID#: _____ Employee's Occupational Group/Rank _____

Employee full name (please print)

Date

SECTION 2: FMLA Time Designation – to be completed by the EMPLOYEE:

- You will be required to use all time off accruals during the FMLA. All compensatory time (if available) will be used prior to other time off accruals.
- **Please designate the order** of using other time off accruals:
___ PTO/Vacation ___ Sick/Income Protection ___ Holiday

SECTION 3: To be completed by the DEPARTMENT. Return a completed copy of this form to the employee within **five business days** of the employee notifying the department of knowledge of the need for FMLA.

- Leave of absence approved for birth of child or placement of child (FMLA eligibility met)
- Leave of absence conditionally approved pending receipt of certification (FMLA eligibility met)
Certification due by _____ (allow at least 15 calendar days)
- Certification provided is not complete or sufficient to determine whether the FMLA applies. You must provide further information no later than _____ (allow at least calendar 7 days) or your leave may be delayed or denied. Information needed to make the certification complete and sufficient is:

- Certification was received on _____ (date), has been reviewed and **final approval** is granted. All leave taken for this reason will be designated as FMLA leave.

- Leave of absence **denied** because:
 - Employee has not been employed by IU for 12 months (does not need to be continuous), only ___ months have been worked
 - Employee has not worked 1250 actual work hours in past 12 months prior to this leave, only ___ hours have been worked
 - Employee did not provide supporting certification
 - Employee's allotment of FMLA has been exhausted
 - Employee's leave request does not qualify for an FMLA leave

Department/RC Point of Contact (Name and number)

Department Signature

Date

SECTION 4: FMLA Information, Rights and Responsibilities for the Employee:

Basic Leave Entitlement

Indiana University provides up to 12 weeks of unpaid, job-protected leave in a calendar year to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- 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.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months.

A same sex relationship must be certified through IU's Affidavit of Domestic Partnership in order to be eligible for FMLA.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy,

or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

You will be required to use accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

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

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

FMLA information may be attained at www.indiana.edu/~uhrs and www.wagehour.dol.gov.

Copy Distribution: 1) Original sent to your campus Human Resources office 2) Department copy 3) Employee gets copy