FAMILY AND MEDICAL LEAVE OF ABSENCE (FMLA)

PURPOSE: To ensure compliance with the provisions of the Family and Medical Leave Act and to afford eligible employees with FMLA leave, reinstatement rights and other benefits for the Act.

POLICY: This policy provides the guidelines for requesting and the terms of a leave of absence granted in accordance with the Family and Medical Leave Act to employees who must be out of work due to their own or a family member's illness, injury or physical or mental disability, childbirth, new baby care, foster placement or adoption.

DATE APPROVED: AUGUST 1, 2005
REVIEWED: SEPTEMBER 1, 2007

PRACTICES AND PROCEDURES:

I. ELIGIBILITY

Employees who have been employed with the University continuously for twelve (12) months and who have worked at least 1,250 hours during the previous twelve (12) month period are eligible for up to twelve (12) work weeks of unpaid leave on a rolling twelve month basis measured backward from the date the employee uses any leave under this policy and subject to the applicable criteria set forth in and as defined by the Family and Medical Leave Act to:

- care for an employee’s child within the first year after birth or placement for adoption or foster care;
- care for an employee’s son, daughter, spouse or parent with a serious health condition; or
- when a serious health condition makes an employee unable to do his/her job.

REQUESTING/DESIGNATION OF FMLA LEAVE

When the reason for leave is foreseeable, a “Request for Leave Of Absence Form” must be submitted to Human Resources at least thirty (30) days prior to the intended date upon which the leave will begin. If the need for leave is not foreseeable the request must be made at the earliest time possible and when possible, a “Request for Leave of Absence Form” should be submitted to HR by the employee. If the employee can not complete the form, it will be completed by HR and so noted.

A FMLA leave request must include the anticipated length of absence and a brief description of the circumstances giving rise to the request. If the need for leave is due to the employee’s or a family member’s serious health condition, the leave request must include or be supplemented by a "Certification of Health Care Provider Form" completed by the treating health care provider or equivalent documentation. Employees may also be asked to provide other verifying documentation (e.g. certification of foster child placement). In the absence of a Leave of Absence Request Form, the University can
and will designate an employee’s continuous or intermittent leave as FMLA leave, when the reason for the employee’s absence is FMLA qualifying.

Human Resources will provide written notification to an employee whose leave is granted/designated as FMLA leave.

RE-CERTIFICATION

An employee who is out on FMLA leave may be required to provide additional reports regarding his/her status and intent to return to work, as well as recertification(s) from a health care provider as to the status of condition, verification of inability to perform job functions and the need for a continued FMLA leave of absence.

PAY, USE OF SICK, VACATION AND PERSONAL TIME, BENEFITS CONTINUATION DURING FMLA LEAVE.

FMLA leave is unpaid. However, if FMLA leave is due to an employee's own serious medical condition, the employee may be entitled workers' compensation or short-term disability benefits. Employees should contact Human Resources for information and claims forms if applicable.

Employees are required to use accrued unused sick, vacation and/or personal time during an FMLA leave. Available sick, vacation and personal time (“paid time off”) will be substituted for FMLA leave and will be counted toward an employee’s total FMLA leave entitlement until all paid time off is exhausted. The University will begin drawing upon an employee’s paid time off as follows: First all sick days will be used (if applicable to the need for leave); then all personal time will be exhausted, and then vacation time.

When an employee receives or short-term disability benefits, the amount of paid time off required to be used will be limited to the amount needed to bring the employee to 100% pay (but not to exceed it) until all earned time is exhausted. An employee whose FMLA leave is intermittent will be required to use available earned time to supplement his/her hours worked to bring the employee to 100% pay (but not to exceed it) until all paid time off is exhausted.

Group health insurance benefits will continue during an FMLA leave and employees are required to continue making co-pay contributions at the employee’s pre-leave contribution rate. If any period of an FMLA leave is substituted for paid time off, any co-pay contributions will continue to be paid by payroll deduction.

However, if the employee is not receiving paid time off monies, insurance payments and payment for other benefits (e.g. voluntary benefits) must be made in the manner designated by the University. Employees will be notified in writing of the terms and conditions under which payments must be made.

In the event an employee does not return to work at the conclusion of a FMLA leave, the employee may be required to reimburse the University for health insurance premiums paid, as permitted under federal law.
Employees do not accrue sick, personal or vacation time while on continuous FMLA Leave. When on intermittent leave, if the FMLA is for over 80 hours in any given month, the employee does not accrue paid time off during that month.

EXPIRATION OF FMLA/RETURN TO WORK

Employees on FMLA because of their own injury or illness will not be permitted to return to work without a work release from his/her physician. This information must be provided to Human Resources before the expiration of the FMLA, preferably 2 days before the anticipated return to work date.

At the expiration of an employee’s FMLA, the employee will be returned to his/her same or an equivalent position unless the employee would not otherwise have been employed at the time reinstatement is requested, for example, s/he would have been laid-off during the FMLA period.

If an employee is unable to return to work at the expiration of his/her FMLA leave entitlement, his/her reinstatement right under the FMLA ends.

Employees, who, after having exhausted their FMLA leave entitlement, are unable to return to work; or, who cannot be returned to their former or equivalent position; or, have not been granted an extension of their leave of absence, may be separated from employment. Should this occur, however, the employee remains eligible to apply for any available positions for which they are qualified.

REQUESTING ADDITIONAL LEAVE

At the expiration of an employee’s 12-week FMLA leave entitlement; the employee may be eligible for additional leave under the University’s Non-FMLA leave policy. (Leave of Absence Policy). Additional leave requests must be made at least 5 business days before the expiration of the employee’s current leave by completing another “Leave of Absence Request Form” and submitting the completed form along with any supporting medical or other documentation to Human Resources.

INTERMITTENT FMLA LEAVE

An eligible employee may take FMLA leave in 12 consecutive weeks or intermittently for a total of 12 workweeks (480 hours). Intermittent leave can take the form of days or weeks taken periodically or a reduced workweek or workday, or a combination thereof.

The University may temporarily transfer an employee to an available position if the alternative position would better accommodate the intermittent leave schedule.

If the employee is to remain in his/her pre-leave position while on intermittent leave, the employee must take all reasonable efforts to arrange his/her schedule so that it causes as little disruption as possible. The employee and his/her supervisor should discuss the employee’s need for intermittent leave and the department’s and reach an agreed upon schedule. Depending on the needs of the department, the schedule of an employee on intermittent leave may be revised in accordance with his/her, or a family member’s, physician imposed leave requirements.
Employees will be paid for hours worked and must use available paid time off as described above.

TIME CARD ENTRIES WHILE ON FMLA

Employees on intermittent leave should record intermittent leave time away from work as “FMLA” in addition; the time card should reflect the total number of hours absent each workday due to FMLA. The employee’s paid time off will be drawn upon as described above, until all paid time off is exhausted. When an employee on intermittent FMLA has used all paid time off, FMLA hours are unpaid.
# Family & Medical Leave Request Form

## Employee Information

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security Number</th>
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<table>
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<tr>
<th>Employee Address</th>
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</table>

Name of person who completed the form, (if not the employee)

## Purpose of the Family & Medical Leave:

### Purpose of Family & Medical Leave: Check all that apply

- [ ] For the birth of a child or to care for a newly-born child
- [ ] To care for newly-placed adopted or foster child
- [ ] To care for an immediate family member (spouse, employee’s child, or employee’s parent) with a serious health condition
- [ ] Because of the employee’s own serious health condition, disability, or work-related illness or injury

## Dates of Leave Requested

<table>
<thead>
<tr>
<th>Anticipated Starting Date</th>
<th>Anticipated Ending Date</th>
<th>Today’s Date</th>
<th>Was the employer notified about the leave at an earlier date?</th>
<th>How was the employer notified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>□ No □ Yes, date of earlier notice: / /</td>
<td></td>
</tr>
</tbody>
</table>

Does the employee request intermittent leave or a reduced work schedule due to a serious health condition or disability of the employee or the serious health condition of an immediate family member? □ No □ Yes

Has 30 days advance notice been given?

- [ ] Yes
- [ ] No - Give explanation for delay in providing notice to employer:

## Acknowledgment & Signature

I certify that the above information is true and correct to the best of my knowledge.

I have received a copy of the Family and Medical Leave policy and I have read it and understand it.

First Name ____________________________ Middle Initial ____________________________ Last Name ____________________________

(Name of person completing form; please print)

__________________________________________ ____________________________

Signature of person completing form Date

Revised 2.2.04