

Arkansas State University

Request for Family And Medical Leave

Employee Name: _____

Department: _____ Supervisor: _____

I request a leave of absence from ___/___/___ to ___/___/___ for:

- The birth of a child or placement of a child with me for adoption or foster care.
- A serious health condition that makes me unable to perform the essential functions of my job. Certification will be required.
- A serious health condition affecting my spouse, child, or parent for which I am needed to provide care. Certification will be required.

I understand that during my leave I may receive compensation in the form of sick leave, comp time, or annual leave, if available. Should I exhaust all forms of paid leave and be placed on leave without pay status, I understand that it is my responsibility to continue to pay my portion of any insurance premiums I normally am responsible for. I further understand that if I fail to do so, my coverage may be canceled after 30 days.

A serious health condition is an illness, injury, impairment or physical or mental condition which involves in-patient care in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider and which does (or could if untreated) result in a period of incapacity of three or more consecutive days. Conditions for which cosmetic treatments are administered, routine dental, orthodontia or periodontal problems or illnesses such as colds, the flu, upset stomach, etc. are not ordinarily considered serious health conditions.

_____/_____/_____
Employee's Signature Date

Supervisor Checklist:

- FMLA Handout given to employee (copies made).
- Physician Certification Form given to employee
- Human Resources notified.

_____/_____/_____
Supervisor's / Administrator's Signature Date

Your Rights Under the Family And Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

Reasons For Leave

Leave must be granted for *any* of the following reasons:

- 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 (up to age 18), 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.

*State of Arkansas employees are required to use any available sick or annual leave before unpaid leave is granted. Paid leave runs concurrently with FMLA leave.

Advance Notice and Medical Certification

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable”.
- An employer may require a medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.

Job Benefits and Protection

- For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan”.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

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

- The US Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

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 and medical leave rights.

Additional Information

For additional information regarding FMLA, you may contact the Department of Human Resources or the Wage and Hour Division or the US Department of Labor.

Employee Acknowledgment

I have received a copy of this notice.

_____/_____/_____
Employee Signature Date

Original to Employee

Copy to Personnel File