What Every Employee Needs to Know About the Family & Medical Leave Act of 1993

Presented by:
Human Resources
Objectives

Upon completion of this session, employees will be able to:

- Understand the importance of open communication with your supervisor on leave issues
- Understand your FMLA rights and responsibilities
- Complete necessary forms/paperwork
- Work with supervisor to determine how time should be recorded
New FMLA Regulations 1/16/09

- Changes that impact CMU
  - Eligible Employee
  - Covered Conditions
  - Employee Obligations
  - Employer Obligations
  - Service Member Leave
What is the Family & Medical Leave Act (FMLA) of 1993?

- Requires employers to:
  - provide up to 12 (26 for injured service member family leave) workweeks of job-protected leave (either unpaid and/or paid using accrued leave balances) per 12 month period.
  - maintain group health insurance coverage (CMU contribution only).
  - restore the employee to the same or equivalent job upon returning from an FML qualifying leave.
Family & Medical Leave (FML) is not a standalone or separate leave. It runs concurrently with paid sick leave, vacation, personal leave; unpaid leave of absences; workers’ compensation or short term disability (STD).

CMU has designated the FML year to run from January 1 to December 31. Each January, eligible employees are entitled to a new allocation of 12 workweeks of FML (Exception is injured servicemember family leave).
In order for your supervisor to determine if your leave qualifies as FML, you will need to request FMLA leave or give him/her enough information (what leave is for, timing and duration) to determine whether your leave could qualify as FMLA.

This is not a HIPAA issue
Step 1: Determine if employee is eligible for FMLA

1) EMPLOYEE ELIGIBILITY:
   - Employed at least 12 months at CMU (The 12 months need not be consecutive)
   - Has worked at least 1250 hours in the last 12 months (Does not include paid vacation, sick or personal time)
   *If either box is not checked, see #5 for notification to the employee

2) THIS LEAVE IS FOR: (Complete 2a, b, or c)
   *If 2a, b, or c do not apply, see #5 for notification to the employee
   a. Employee/Qualifying Family Member (Family or Medical Leave)
      - Employee
      - Qualifying Family Member
      - Child under 18 (18 or older if incapable of self-care due to disability)
      - Parent
      - Spouse or Other Eligible Individual (as defined in the OEI pilot program)

   b. Covered Service Member (Regular Armed Forces, National Guard or Reserves)
      Injury/Illness incurred in the line of duty that renders the servicemember medically unfit to perform the duties of their grade, rank, or rating
      - Son/Daughter (any age)
      - Parent
      - Spouse
      - OEI
      - Next of kin

   c. Qualifying Exigency for Military Family Leave
      - Son/Daughter/Parent/Spouse/OEI in the National Guard or Reserves on Qualifying Active Duty Status
      - Short-notice deployment activities
      - Financial/legal arrangements
      - Post-deployment activities
      - Non-routine military events/activities
      - Counseling activities
      - Other qualifying activities
      - Child care/school activities
      - Rest/recuperation activities

3) HAS PROPER CERTIFICATION BEEN SUBMITTED?
   Employee must submit the proper certification (1 of 4) based on leave type. (www.hrs.cmich.edu/emp/leave-forms.htm)
   - 2a Certification for Health Care Provider for Employee’s or Family Member’s Serious Health Condition
   - 2b Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave
   - 2c Certification of Qualifying Exigency for Military Family Leave

4) DETERMINE HOW TIME WILL BE CHARGED
   - Vacation, Sick, Family Sick, Personal, Unpaid or any combination. If unpaid time exceeds a full pay period an official leave of absence must be processed using an Unpaid Leave of Absence form.

5) GIVE NOTICE TO EMPLOYEE
   Complete the Eligibility & Leave Notification form within 5 business days. Staff/Student employees: send a copy of the notification to HR/Employment Services, Rowe 109. Faculty: send a copy to Faculty Personnel Services, Warriner 308.

6) RECORD TIME PROPERLY
   - If paid time, also record as LS for employee or LD for dependent, parent, OEI or spouse.

7) FOLLOW UP ON PERIODIC REPORTS, RECERTIFICATION, OR FITNESS FOR DUTY RETURN TO WORK.
STEP 1 – Determine Employee Eligibility

To be eligible for FML, employees must:

- be employed at least one year (need not be consecutive) prior to the leave, **and**;
- have worked 1250 hours during the 12 months prior to the leave.

*(1250 hours does not include any paid leave time)*
Eligibility Notification Requirements

- When an employee requests leave that may be for an FMLA-qualifying reason, the supervisor must notify the employee of his/her eligibility to take FMLA leave within five (5) business days, absent any extenuating circumstances.

- Employee eligibility is determined and must be given the first time employee requests leave or leave commences for each FMLA-qualifying reason in the calendar year.

- If the employee is not eligible for FMLA, the employee must be given at least one reason for this decision.
  - They have not met the 12-month length of service requirement and the approximate number of months they have worked towards this requirement
  - They have not met the 1,250-hours-worked requirement

- If the employee’s status has not changed upon subsequent requests for FMLA-leave, no additional eligibility notice is required.

- All FMLA absences for the same reason are considered a single leave situation and once eligibility is granted it remains for the entire calendar year.
Section 1 - Notice of Eligibility

On __________, you informed me that you needed leave beginning on ______ and ending on ______ for:

☐ The birth of a child, or placement of a child with you or adoption for foster care (Reminder: Status Change Form must be submitted to Benefits & Wellness, Rowe 108 within 30 days of the event to add the child to your health insurance);

☐ Your own serious health condition;

☐ Because you are needed to provide care for your ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition;

☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty in support of a contingency operation as a member of the National Guard or Reserves;

☐ Because you are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered servicemember with a serious injury or illness.

This is to inform you that:

☐ You are eligible for leave under FMLA.

☐ You are not eligible for leave under FMLA.

☐ You have not met the FMLA's 12-month length of service requirement. As of the date of requested leave, you will have worked approximately ______ months towards this requirement.

☐ You have not met the FMLA's 1,250-hours-worked requirement.

You will be required to furnish the following or your leave may be delayed or denied:

☐ A complete and sufficient medical certification of a serious health condition/serious injury or illness. This certification must be furnished by ______ (within 15 calendar days of this request).

☐ The certification ☐ is/ ☐ is not enclosed.

☐ A complete and sufficient certification for a qualifying exigency of a covered family member.

☐ Sufficient documentation to establish the required relationship between you and your family member.

Section 2 - Rights and Responsibilities for Taking FMLA

If your leave does qualify as FMLA leave you will be entitled to:

☐ up to 12 workweeks of paid/unpaid leave in the calendar year (January – December)

☐ up to 26 workweeks of paid/unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period begins/began on ______.

- CMU must maintain any medical, prescription drug and/or dental benefits that you currently have during the period of an unpaid Family & Medical leave under the same conditions as if you continued to work. You will be reinstated to the same or an equivalent job with the same pay, benefits, terms and conditions of employment upon your return from Family & Medical leave. If you do not return to work or work for at least 30 days following Family & Medical leave for a reason other than: the continuation, recurrence or onset of a serious health condition which would entitle you to Family & Medical leave; or other circumstances beyond your control; you will be required to reimburse the University for the health and/or dental premiums paid on your behalf during your Family & Medical leave.

☐ If approved, your family and medical leave will run concurrently with paid sick time, paid vacation time and catastrophic leave for your own medical condition and with family sick, vacation and personal time for family leaves. Upon exhaustion of all paid sick time and, if you choose, all but 40 hours of vacation, the remainder of your family and medical leave will be unpaid.

☐ You have chosen to bank ______ hours of vacation.
STEP 2: Determine if the leave is for a FML Qualifying Reason

- The birth or placement of a child for adoption or foster care (Submit status change form).
- Employee’s own serious health condition.
- Serious health condition of immediate family member.
  - Child under age 18 years*
  - Parents
  - Spouse
  - Other Eligible Individual (OEI)

  - Injured Servicemember Family Leave
  - Qualifying Exigency
<table>
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<tr>
<th>Qualifying Exigency National Guard or Reserves only</th>
<th>Injured Servicemember Family Leave</th>
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<tbody>
<tr>
<td><strong>Leave Entitlement</strong></td>
<td>Up to 12 workweeks – same process as current FMLA</td>
</tr>
<tr>
<td><strong>Family Relationship</strong></td>
<td>Service member must be spouse, son or daughter (any age), or parent of employee</td>
</tr>
<tr>
<td><strong>Military Status of Service Member</strong></td>
<td>On active duty or being called to duty (Federal) – CMU Certification of Qualifying Exigency form</td>
</tr>
<tr>
<td><strong>Connection to military service</strong></td>
<td>Employee is needed to address qualifying exigencies</td>
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What is a Serious Health Condition?

- It is an illness, injury, impairment, or physical or mental condition that involves one of the following:

  - **Inpatient care** means an overnight stay in a hospital, hospice, or residential medical care facility; or
Serious Health Condition continued.....

- **Incapacity and Treatment**
  Incapacity of more than 3 consecutive, full calendar days with one of the following:
  - Treatment *(in-person visit)* 2 or more times within 30 days of first day of incapacity
  - One treatment *(in-person visit)* plus a prescription medication or therapy

First or only treatment must be within 7 days of first day of incapacity.
More than 3 day rule scenario

Joe calls in on Thursday morning to let his supervisor know that his 9 year old son is sick and that he will not be coming to work. Joe calls again on Friday morning to let his supervisor know that his son is still sick and that he will be taking him to the doctor and won’t be in to work again. Joe calls again on Monday to inform his supervisor that his son has pneumonia and is taking medicine for it and he will have to be home with his son for a couple more days.
Joe’s son has been sick for 4 full calendar days (even though Joe has only missed 3 days of work) and his son has gone to the doctor within 7 days of incapacity and is on prescription medication for the pneumonia.

Joe’s supervisor needs to give Joe eligibility notification (verbal followed by written) and let Joe know what documentation he will need to submit (medical certification – family member) and the deadline for submitting documentation.

Joe needs to give his supervisor more information about when he plans to return to work.

Joe’s supervisor should inform Joe that based on what has been communicated this sounds like FMLA but will not be tracked as such until complete and sufficient medical certification is provided and reviewed.

Joe should receive written eligibility notification either via mail or when he returns to work depending on the number of days of absence followed by Leave Notification (designation) once the medical certification has been received.
FML may be used intermittently (treatment every Tuesday, rehab 3 times a week, allergy shots once a month, etc) and taken in increments less than a day.

An absence can qualify as FML if it is less than 3 consecutive, full calendar days.
Serious Health Condition continued…..

- **Pregnancy and prenatal care**
  - Incapacity due to pregnancy or prenatal care – includes morning sickness and prenatal doctor visits.

- **Chronic conditions**
  - Any period of incapacity (or treatment for) due to a chronic serious health condition (migraines, asthma, epilepsy, etc.)
  - A chronic serious health condition is one which
    - Requires periodic visits (at least twice a year) for treatment by a health care provider
    - Continues over an extended period of time
    - May cause episodic rather than continuing period of incapacity

Neither requires treatment by a healthcare provider during the absence
You **must** provide medical certification that a chronic serious health condition exists, but you do not have to go to the doctor every time you are absent because of this condition. You **do** need to call your supervisor and let him/her know that your absence is due to this condition. Or if you have multiple conditions, which condition has caused the absence.

Do not just call in “sick”
Serious Health Condition continued…..

- **Permanent or long-term conditions**
  - Permanent or long term incapacity for which treatment may not be effective (Cancer, severe stroke, Alzheimer’s, etc.)

- **Conditions requiring multiple treatments**
  - Absences for multiple treatments or restorative surgery for a condition that likely would result in incapacity of more than three consecutive days if left untreated (chemotherapy, physical therapy, dialysis, etc.)
STEP 3 – Has proper documentation been submitted?

- Qualifying Exigency
  - Active duty orders/military documentation which indicates active duty status & dates of active duty service
  - CMU Certification of Qualifying Exigency

- Medical certification is required by CMU for any leave associated with a serious health condition for the employee or a covered family member
  - CMU now has three medical certification forms
    - One for the employee’s serious health condition
    - One for a covered family member’s serious health condition
    - One for injured servicemember

  Employee must submit a separate medical certification form for each serious health condition where multiple conditions exist that result in work absences
CMU Medical Certification - Employee

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations. 29 C.F.R. §§ 825.306–825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

Employee’s job title: _____________________________ Regular work schedule: _____________________________

Employee’s essential job functions:

________________________________________________________________________________________

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name:

First ___________________________ Middle ___________________________ Last ___________________________

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider’s name and business address: ___________________________

Type of practice / Medical specialty: ___________________________

Telephone: (__________) _____________________ Fax: (__________)
Medical Certification

- It is the employee’s responsibility to obtain a **complete and sufficient** medical certification form from the healthcare provider/professional.

- Medical certification must be returned **within 15 calendar days after the supervisor requests it**, unless not practicable to do so despite employee’s diligent, good faith efforts. **If the certification is not received within the 15 days and the employee is not making a good faith effort to obtain the requested certification, the requested leave will not be counted as FMLA.**

- Employees are responsible for any costs associated with the completion of the form.

- Employee needs to provide certification of ability to return to work after the employee’s own medical leave if this information has not already been provided on the medical certification form prior to going on leave.
Medical Certification

Must be complete and sufficient

- **Incomplete** = one or more of the applicable entries has not been completed
- **Insufficient** = the information provided is vague, ambiguous, or non-responsive (uses terms like “lifetime”, “unknown” or “indeterminable”)

If the medical certification is incomplete or insufficient, the employee must be given seven (7) calendar days to cure the deficiencies and the deficiencies must be identified in writing.

Incomplete/Insufficient Medical Certification Notification form

If employee fails to submit a complete and sufficient medical certification within the seven (7) days and he/she is not making a good faith effort to do so, leave will not be counted as FMLA.
Central Michigan University
Incomplete/Insufficient Medical Certification Notification

To: ____________________________________

Date: ________________________________

We have reviewed your request for leave under the FMLA and any supportive
documentation that you have provided. We received your most recent information on
_________________.

The certification you have provided is not complete and sufficient to determine whether
the FMLA applies to your leave request. You must provide the following information no
later than ___________________________ (provide at least seven calendar days), unless
it is not practicable under the particular circumstances despite your diligent good faith
efforts, or your leave may be denied.

Specific information needed: ________________________________________________

__________________________________________

__________________________________________
CMU can contact the employee’s health care provider for authentication and clarification of a complete and sufficient medical certification.

Contact must be made by Human Resources or Faculty Personnel Services representative.

Immediate Supervisor may not contact the employee’s health care provider.
Authentication & Clarification

- **Authentication** = requesting verification that the information contained on the form was completed and/or authorized by the health care provider

- **Clarification** = understanding the handwriting on the form or understanding the meaning of a response. HIPAA consent may be required by the employee’s health care provider to talk to the CMU representative

- Leave can be denied if employee fails or refuses to provide consent to the health care provider.
Recertification

May be required every 30 days except:

- If the medical certification indicates the minimum duration of the condition is more than 30 days – must wait until minimum duration expires

- Less than 30 day requests:
  - Request for leave exceeds what was specified on previous medical certification
  - Either the duration or the frequency of the absences or the severity of the condition changes significantly
  - There is information that casts doubt on the employee’s stated reason for the absence or the continuing validity of the certification
  - Annually – Every January or upon the first request for leave in the new calendar year
If the medical certification indicates that the employee will need intermittent leave or reduced schedule leave for a period in excess of 6 months, CMU may request recertification every 6 months in connection with the absence.
STEP 4 – Determine how time will be charged

- Supervisor should check all paid leave balances including any FML leave used to date
- FML runs concurrently with paid/unpaid leave time
  - **Sick Leave** for employee’s own serious health condition
  - **Family sick, vacation and/or personal leave** for serious health condition or military family leave for a covered family member
- Prior to going on an unpaid leave of absence CMU requires employees to:
  - exhaust all sick time and all but 40 hours of vacation/personal time for the employee’s own illness
  - use all but 40 hours vacation/personal time for a family leave
- Upon exhaustion of paid leave, the remainder of the leave will be unpaid.
- If the unpaid leave exceeds a full pay period, your supervisor will complete an **Unpaid Leave of Absence form**.
UNPAID LEAVE OF ABSENCE
CENTRAL MICHIGAN UNIVERSITY

GENERAL INFORMATION – TO BE COMPLETED ON ALL TRANSACTIONS

Employee: __________________________ Date: __________________________
Campus Address: __________________________ Phone: __________________________
Job Title: __________________________ Staff Pay Level: __________________________ Personnel No.: __________________________
Department: __________________________

TO BE COMPLETED BY AUTHORIZED MANAGER/SUPERVISOR

TYPE OF LEAVE:
[ ] Personal (If personal leave request is for caring for an immediate family member, you must submit a completed Medical Certification – Family Member form, per the Family and Medical Leave Policy)
[ ] Medical (Medical certificate with Diagnosis and expected length of Disability MUST BE FORWARDED to Appropriate Personnel Office)
[ ] Military
[ ] FTE or % of leave time
[ ] Other

Effective Dates:
From: __________________________
To: __________________________

[ ] Leave Granted
[ ] Leave Denied/Reason: __________________________
[ ] Leave Job Vacant
[ ] Fill Temporarily
[ ] Fill Permanently

Supervisor/Manager Name: __________________________ Date: __________________________

REQUEST FOR EXTENSION

[ ] Extension:

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<tr>
<th>Request</th>
<th>From:</th>
<th>To:</th>
<th>Supervisor Initials</th>
<th>Date</th>
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<tbody>
<tr>
<td>1st Request</td>
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<td>2nd Request</td>
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<td>3rd Request</td>
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(If extension is for a Medical Leave of Absence or for family medical reasons, a new medical certificate is required)

RETURN FROM LEAVE OF ABSENCE

Date of Return: __________________________
Doctor’s Release Received by Supervisor/Manager on: __________________________
Restrictions, if any: __________________________

Supervisor/Manager Name: __________________________

Note: After form is completed, please save and email as an attachment to one of the following:
For Faculty: fos@cmich.edu or mail to 308 Warriner Hall, Mount Pleasant, MI 48859
For Staff: emplsvcs@cmich.edu or mail to 109 Rowe Hall, Mount Pleasant, MI 48859
STEP 5 – Give Notice to the Employee

- FMLA requires the following employer notification:
  - General Notice
  - Eligibility Notice
    - within five (5) business days of requesting leave
  - Rights and Responsibilities Notice
    - Given each time an eligibility notice is required
    - If the info changes – within 5 days after changes occur
    - Explains what is needed from them, how things will work while on leave, concurrent use of paid time, etc.
  - Designation Notice
    - once adequate information has been obtained, need to communicate whether leave qualifies as FMLA within 5 business days

Eligibility & Leave Notification form
Section 1 - Notice of Eligibility

On __________, you informed me that you needed leave beginning on ________ and ending on ________ for:

☐ The birth of a child, or placement of a child with you or adoption for foster care  (*Reminder: Status Change Form must be submitted to Benefits & Wellness, Rowe 108 within 30 days of the event to add the child to your health insurance.*)

☐ Your own serious health condition;

☐ Because you are needed to provide care for your ☐ spouse; ☐ child; ☐ parent; ☐ other eligible individual (OEI) due to his/her serious health condition

☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent; ☐ OEI; next of kin of a covered servicemember with a serious injury or illness.

This is to inform you that:

☐ You are eligible for leave under FMLA.

☐ You are not eligible for leave under FMLA.

☐ You have not met the FMLA’s 12-month length of service requirement. As of the date of requested leave, you will have worked approximately ________ months towards this requirement

☐ You have not met the FMLA’s 1,250-hours-worked requirement

You will be required to furnish the following or your leave may be delayed or denied:

☐ A complete and sufficient medical certification of a serious health condition/serious injury or illness. This certification must be furnished by __________ (within 15 calendar days of this request).

☐ The certification ☐ is/ ☐ is not enclosed.

☐ A complete and sufficient certification for a qualifying exigency of a covered family member

☐ Sufficient documentation to establish the required relationship between you and your family member.

Section 2 - Rights and Responsibilities for Taking FMLA

If your leave does qualify as FMLA leave you will be entitled to:

☐ up to 12 workweeks of paid/unpaid leave in the calendar year (January – December)

☐ up to 26 workweeks of paid/unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period begins/began on __________.

• CMU must maintain any medical, prescription drug and/or dental benefits that you currently have during the period of an unpaid Family & Medical leave under the same conditions as if you continued to work. You will be reinstated to the same or an equivalent job with the same pay, benefits, terms and conditions of employment upon your return from Family & Medical leave. If you do not return to work or work for at least 30 days following Family & Medical leave for a reason other than: the continuation, recurrence or onset of a serious health condition which would entitle you to Family & Medical leave; or other circumstances beyond your control; you will be required to reimburse the University for the health and/or dental premiums paid on your behalf during your Family & Medical leave.

• If approved, your family and medical leave will run concurrently with paid sick time, paid vacation time and catastrophic leave for your own medical condition and with family sick, vacation and personal time for family leaves. Upon exhaustion of all paid sick time and, if you choose, all but 40 hours of vacation, the remainder of your family and medical leave will be unpaid.

☐ You have chosen to bank ________ hours of vacation.
• Unpaid leave of absence:
  a. If you normally pay a portion of the benefit premium for your group health benefits for medical, prescription drug and dental coverage, these premium payments must continue during the period of any unpaid Family & Medical leave in order for coverage to be continued.
  b. University contributions toward medical, prescription and dental coverage will be continued, however, payback will not continue to employees who elect "no coverage."
  c. The initial benefit premium payment includes the cost of coverage for the reminder of the month in which the unpaid family medical leave began as well as the full month following. The initial payment is due within 30 days of the effective date of the unpaid leave. If payment is not received by the due date, benefits will be cancelled retroactively to the first day for which payment was due.
  d. Subsequent monthly benefit premium payments must be received in the Benefits & Wellness office on or before 5:00pm on the 1st day of each month for which coverage is continued.
  e. Failure to pay the benefit premium within a 30 day grace period of the payment due date will result in a retroactive cancellation of benefits effective the first day for which the payment was due. Any claims that have already been paid by the plan for service dates that occur after the effective date of the termination of coverage may be billed to the participant and will become the responsibility of the participant to re-pay the plan.
  f. The University will provide written notice to the employee that payment has not been received at least 15 days before the group health coverage will cease and advise the employee that coverage will be cancelled unless payment is received.
  g. The University will not pay your portion of the benefit premiums while you are on leave.
  h. The University will not continue any benefit contributions for other benefits, which may include flexible spending accounts (health care and dependent day care), employee life insurance, long-term disability, short-term disability, spouse life insurance and child life insurance, during your unpaid Family & Medical leave of absence.

• If your Family & Medical leave is for your own serious health condition, you will be required to present fitness-for-duty documentation prior to resuming employment. Your return to work will be delayed until the documentation is provided.
  □ Your job description/essential functions are attached.

• While on leave you □ will □ will not be required to furnish us with periodic reports of your status and intent to return to work as indicated in the box below. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the first page of this notice you will be required to notify your supervisor as soon as possible, prior to the date you intend to report to work.

• You will be required to furnish medical recertification as noted below (explain what is needed, intervals between certification, etc):

If you have any questions about this leave or your rights under the FMLA, please contact [name] or view the poster located in Rowe or Warriner halls or on-line at [URL].
It is your supervisor’s responsibility to provide you with verbal and written notification regarding FML.
STEP 6 – Record Time Properly on Timesheet*

- For paid leaves
  - Indicate hours of paid time to be used – sick for employee’s own medical leave or family sick, vacation or personal for qualifying family leaves.
  - Also record hours in LS (employee) or LD (dependent, spouse or parent) column.

* Employees using the Timelink system should make sure that their supervisor is putting in FML leave with paid/unpaid leave time – check your earnings statement
Supervisor’s Responsibilities

- Determine eligibility – give notice within 5 business days (*Eligibility & Leave Notification from*)
- Request necessary documentation
- Determine if your leave is for an FML qualifying reason
- Work with you to determine how time will be recorded
- Give you written designation notification within 5 business days of receiving complete and sufficient information
- Record hours and maintaining records of FMLA time taken by each employee
Employee’s Responsibilities

- Give advance notice (at least 30 days) to supervisor when leave is foreseeable, i.e. planned surgery, pregnancies, etc.
- Give adequate notice or as much notice as practicable for unforeseeable leaves.
- Request FMLA leave or provide sufficient information to your supervisor so he/she can determine if it is a FMLA-qualifying reason.
- Submit complete and sufficient certification as requested by your supervisor within 15 days of request.
- For intermittent chronic conditions, must let supervisor know it is for your documented FMLA condition or if multiple conditions which condition is causing the absence.
If you are an eligible employee and your leave qualifies as FML, your leave will be recorded as FML, as required by the law.

FML is not a choice!
Where can I find the forms?

- Human Resources website

  Search keywords “Human Resources” or select widget/icon as a favorite on Central Link.

Who can I call for assistance?

- Human Resources for staff and student employees

  774-3753
Questions?

Thank you all for attending and for your participation!