Family and Medical Leave Request

SECTION 1: FMLA Request – To be completed by the employee OR the department
This Family and Medical Leave of Absence request 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, OR placement of a child through adoption or foster care.

___ Due to the employee’s serious health condition.

___ Due to a covered service member with a serious injury or illness who is the ( ) spouse, ( ) child, ( ) parent, or ( ) next of kin of an employee.

___ Due to care of the employee’s ( ) spouse, ( ) child, ( ) parent who has a serious health condition.

___ Due to a qualifying exigency arising out of the fact that your ( ) spouse, ( ) child, ( ) parent is on active duty of 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 may be required for 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 Name (please print) __________________________________________ Date ______________________

SECTION 2: FMLA TIME DESIGNATION (does not apply to faculty members)
You will be required to use all time-off accruals during the FMLA, prior to using leave without pay.

Please designate by “1” or “2” the order of using time-off accruals: ___ Sick Leave ___ Vacation

SECTION 3: To be completed by the department or Human Resources. Provide a completed copy of this form to the employee after the employee has notified the department of the need for FMLA.

___ Leave of absence approved for birth of child or placement of child (FMLA eligibility met)

___ Leave of absence approved without certification (FMLA eligibility met)

___ Leave of absence conditionally approved pending receipt of certification (FMLA eligibility met)

Certification due by ______________________ (allow at least 15 days)

___ Certification provided is not complete or sufficient to determine whether the FMLA applied. You must provide further information no later than __________________________ (allow at least 7 days) or your leave may be delayed or denied. Information needed to make certification complete and sufficient is:

________________________________________________________

___ Certification was received on __________________________ (date), has been reviewed and final approval is granted.

Leave of absence denied because:

___ Employee has not been employed by BYU-I for 12 months (does not need to be continuous, only ___ months have been worked

___ Employee has not worked 1250 work hours in past 12 months prior to 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 Signature __________________________________________ Date ______________________

Copies to: 1) Employee 2) Human Resources
SECTION 4: FMLA Information, Rights and Responsibilities for the Employee

Basic Leave Entitlement
BYU-Idaho 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 or leave to care for a covered 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 service member medically unfit to perform his or her duties for which the service member 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 leave 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.

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 leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal leave policies.

Employee Responsibilities
Employees must provide 30 days 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 healthcare provider, or circumstances supporting the need for military family leave. Employees must also inform the employer if the requested leave is for a reason for which FMLA 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 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.

FMLA information may be attained at www.byui.edu/Policies, www.wagehour.dol.gov, or BYU-I Human Resources, ext 1700.