

Andrews University

FMLA Leave Notice or Request

Employee Name _____ ID # _____

Employee's Department _____ Supervisor Name _____

I hereby notify you that under the provisions of the Family and Medical Leave Act of 1993 (FMLA)

I will be on leave beginning _____ and expect to continue the leave until on or
(date)
about _____.
(date)

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

- The birth of your child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your spouse, child, or parent, for which you are needed to provide care

I understand that I am required to complete a Certification of Health Care Provider form and submit it to Benefits Office in HR before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12-week leave maximum under FMLA. Upon approval, I am required to utilize all appropriate paid time available to me prior to going into an unpaid status. In the event that I go into an unpaid status while on leave, I understand that I must contact the Benefits Office in the Administration Building to make arrangements to pay my portion of health insurance premiums.

I understand that the Certification of Health Care Provider form should be returned to the Benefits Office within 15 days after receiving the notification. If I am not able to return the form within the allowed time frame, I will contact Employee Benefits Specialist for assistance.

If this information is not received in the time frame, my leave may be considered unauthorized.

When the need for leave is foreseeable, the employee must apply in advance, if possible, 30 days in advance. If the need for leave is unforeseen, the employee must provide such notice as is practicable (within 1-2 business days or when the need for leave becomes known).
Failure to request Family and Medical Leave in a timely manner could result in the delay of your request.

Submitted: _____
(Signature of employee) (Date)

Completed forms must be returned to the Benefits Office –0840 in the Human Resources

FMLA Information for the Employee:

- You have a right under the FMLA for up to 12 weeks of leave in a calendar year for the reasons listed. This absence will be counted as a part of your annual FMLA leave entitlement of 12 weeks per calendar year.
- You are required to furnish medical certification for a serious health condition for yourself or a family member. You must furnish this certification within 15 days after you apply for Employee/Family Medical Leave. For your own medical leave, the certification must include information that you are or will be unable to perform one or more of the essential functions of your job.
- If your medical leave is due to your a serious health condition other than intermittent absences, you will be required to present to your supervisor a fitness-for-duty certificate from your attending physician prior to being restored to employment. If such certification is not received, your return to work may be delayed until such certification is provided.
- Andrews University requires that employees use all accrued paid time (i.e., vacation, holidays, sick leave) during FMLA leave and before any unpaid time. Check with your department to designate which paid time you want to use first.
- If you now pay a portion of the premiums for health insurance and other benefits, these payments will continue during the period of FMLA leave if you remain in pay status. If you are in an unpaid status, you must make arrangements to pay your usual contribution. Contact the Benefits Office concerning continuation of insurance and premium payments. Failure to follow instructions provided may cause your health care and benefits coverage to be cancelled.
- You may be required to furnish recertification relating to a serious health condition (per CFR Section 825.308 of the FMLA regulations).
- At the conclusion of FMLA leave, you will be reinstated to the same position held at the time the leave began or to an equivalent position with equivalent pay, benefits, and working conditions.
- If you do not return to work following FMLA leave for a reason other than 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or 2) other circumstances beyond your control, you may be required to reimburse the University for its share of health insurance premiums paid on your behalf during FMLA leave.
- FMLA information can be obtained at:
http://www.andrews.edu/HR/ben_leave.html
<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>
If you cannot access these documents, please contact the Benefits Office for copies.