OVERVIEW

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.
ELIGIBILITY

• All regular University employees working a minimum 20 hours per week.

• Effective Date: After 12 months of service at AU.

• AU Eligible Employee:
  • Employed at least half-time, regular assignment.
  • Worked for the university for at least 12 months in total, and for at least 1,250 hours during the 12-month period immediately preceding the commencement of leave.
UP TO TWELVE WORKWEEKS OF UNPAID LEAVE IN A 12-MONTH PERIOD FOR:

• The birth of a child and to care for the newborn
• The placement with the employee of a child for adoption or foster care and to care for the newly placed child
• To care for the employee’s spouse, child, or parent who has a serious health condition
• A serious health condition that makes the employee unable to perform the essential functions of his or her job
• Any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a covered military member on “covered active duty;”
DURATION OF LEAVE

Determined by Physician
  • Certification of Health Care Provider for Employee’s Serious Health Condition
  • Certification of Health Care Provider for Family Member’s Serious Health Condition

If eligible employees have accrued paid leave benefits, they will be required to use those accrued benefits to provide compensation during all or any part of the 12 weeks leave. The use of accrued benefits will not extend the duration of a family or medical leave.
BOTH SPOUSES EMPLOYED

The leave is for a combined total of twelve weeks for both employees during the 12-month period, except for a leave because of a serious health condition of the employee or child.
INTERMITTENT OR REDUCED LEAVES

- Mutual agreement between the University and the employee.
- Employee may be required to temporarily transfer to an alternate position with equal pay and benefits.
- Employee is required to make a reasonable effort to schedule treatment so as to unduly disrupt the operations of the University.
APPLICATION PROCESS

• Submit application if you will be out of the office for more than five business days.

• Application must be submitted at least thirty 30 days prior to the beginning of the leave.

• If you learn of your need for leave less than 30 days in advance, you must notify our office as soon as you can.

• When you need FMLA leave unexpectedly, you MUST inform the HR office as soon as you can.

• Employee must provide medical certification within 15 calendar days.
  • Failure to provide the requested medical certification could prevent your application from being approved.
MEDICAL CERTIFICATION WILL INCLUDE:

• Date the serious health condition began
• Probable duration of condition
• Appropriate medical facts regarding the condition
• Statement that the employee is needed to care for the family member or that the serious health condition prevents the employee from performing his/her job.
• Estimate of the time needed off work
• Intermittent leave or a leave on a reduced schedule for planned medical treatment the application is to state:
  • Dates when the leave is expected to be given
  • Duration of the treatment.
COMMUNICATION WITH THE HR DEPARTMENT

• Facilitate the FMLA process
• Keep track of any changes regarding you leave
• Help prepare for when you are ready to return to work
• Communicate your rights and responsibilities
BENEFITS EMAIL

- FMLA Guide Lines
- FMLA Application
- Certification of Health Care Provider Form
- Paid or Medical Leave available
- Communicate your rights and responsibilities
REMUNERATION DURING LEAVE

• Leave may or may not be with pay depending on the employee’s sick leave, vacation, or paid leave bank status.

• The employee will be required to use all those accrued benefits during all or any part of the 12 weeks leave.

• If the employees paid benefits are exhausted, the remainder, if any, of the FMLA leave will be unpaid.
  • The use of accrued benefits will not extend the duration of a family or medical leave determined by the physician.
MAINTENANCE OF BENEFITS

• The employee is entitled either to be
  • Restored to the position held when the leave commenced
  • To an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

• The employee is entitled to any right, benefit, or position to which the employee would have been entitled had him/her not taken the leave.
  • The employee will be responsible to pay his/her portion of the health care premium throughout the period of the leave to maintain their benefits.
RETURNING TO WORK

Return to work certification from your physician must be submitted to the Benefits office before beginning work.

• Inform supervisor of restrictions set by physician
• Determine accommodation needed