

Leave of Absence Request

A7917 04/99

White Pages - Human Resources
 Pink Pages - Employee Retains
 Yellow Pages - Health Care Provider
 Return To Human Resources

Employer Name				COID		Preliminary Designation Date	
Last Name		First		M.I.		Social Security No.	
Department Name		Department No.		Position Title		Date of Hire	
Address		City		State	Zip Code	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Type Of LOA Requested: <input type="checkbox"/> General Medical* <input type="checkbox"/> Educational <input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Family/Medical* <input type="checkbox"/> Other: _____						Time Period Requested From _____ To _____	
* Detach Certification of Health Care Provider for completion. Return to Human Resources.							

REASON FOR REQUEST

- The birth of a child, or the placement of a child with me for adoption or foster care.
 - A serious health condition that renders me unable to perform the essential functions of my job.
 - A serious health condition affecting my spouse child parent for whom I need to provide care.
- I have provided below an estimate of the period during which care will be needed, including a schedule if leave is to be taken intermittently or if it will be necessary for me to work less than a full schedule:

Other (explain)

Complete this section for General Medical, Personal, Military, and Educational Leaves

I understand that if granted an approved leave of absence, the facility cannot guarantee my position upon return to work (except military LOA). I also understand that the facility may require me to furnish the necessary medical certification. A second or third opinion may also be required at the facility's discretion and expense. Failure to do so may result in the denial of the LOA.

I understand that I will be required to use all PTO/Vacation and EIB/Sick/MDP as stipulated in the related policies, and that additional time off benefits do not accrue during an unpaid LOA.

I understand that I am responsible for notifying my supervisor two weeks prior to the expiration of the leave as to my intent to return to work. I also understand that I may be required to furnish a fitness-for-duty certificate before being returned to my position. I further understand that I must reapply, in memo form, for a leave to be extended beyond the original period requested.

I understand that if I am enrolled in the Insurance Plans, I will be responsible for payment of my coverage premiums if I choose to continue coverage during my LOA. I also understand that if I am in arrears, my coverage will be canceled. If I choose to cancel my coverage during my LOA, I understand that I can be reinstated in the plan when I return to work.

I wish to continue not continue insurance coverage.

Employee Signature	Date
Supervisor/Department Head Signature	Date

Complete this section for Family and Medical Leave Only (To be Completed by Supervisor/HR & Signed by Employee)

I understand that I have the right under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid leave in a 12-month period for the reason(s) listed on page 1, except as explained below. Also, my health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon my return from leave. The taking of FMLA leave does not entitle employee any greater or lesser right to be returned to position or an equivalent position than otherwise would have been had if FMLA leave were not taken. If I 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 me to FMLA leave; or (2) other circumstances beyond my control, I may be required to reimburse the facility for its share of health insurance premiums paid on my behalf during my FMLA leave.

I understand that:

1. I am eligible not eligible for leave under FMLA. (Hours worked Previous 12 Months: _____)
2. My FMLA entitlement will be calculated using the following methodology:
 Rolling backwards calendar year Rolling forwards calendar year Calendar Year A fixed 12 month leave year
3. The requested leave will be counted against my annual FMLA leave entitlement Yes No
4. I will will not be required to furnish medical certification of a serious health condition. If required, I must return certification to HR by ___/___/___ (must be at least 15 days after you are notified of this requirement) or the facility may delay the commencement of my leave until the certification is submitted or may result in the leave not being designated FMLA.
5. I may elect to substitute accrued paid leave for unpaid FMLA leave. The facility will will not require that I substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply:

6. (a). If I normally pay a portion of the premiums for my health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with me and it is agreed that I will make premium payments according to the following schedule:

- (b). I have a minimum 30-day grace period in which to make premium payments. If timely payment is not made, the facility will will not pay my share of health insurance premiums while I am on leave, and recover these payments from me upon my return to work. If the facility chooses NOT to pay my premiums, and has notified me in writing at least 15 days before the date that my health coverage will lapse, my group health insurance may be canceled.
- (c). The facility will will not do the same with other benefits (life insurance, disability insurance, etc.) while I am on FMLA leave. If the facility pays my premiums for other benefits, when I return from leave I will will not be expected to reimburse the facility for the payments made on my behalf.
7. I will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until certification is provided.
8. (a). I am am not a "key employee" as described and explained in §825.218 of the FMLA regulations. If I am a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the facility.
- (b). The facility has has not determined that restoring me to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to the facility.
9. While on leave, I will will not be required to furnish periodic reports every _____ weeks of my status and intent to return to work (see §825.309 of the FMLA regulations). If the circumstances of my leave change and I am able to return to work earlier than the date indicated on this form, I will will not be required to notify the facility at least two work days prior to the date I intend to report for work.
10. I will will not be required to furnish recertification relating to a serious health condition as prescribed in §825.308 of the FMLA regulations. I have explained below any intervals between certifications.

Final designation is contingent upon review of completed appropriate documentation.

Employee Signature

Date

Complete this section for Family and Medical Leave Only (To be Completed by Supervisor/HR & Signed by Employee)

I understand that I have the right under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid leave in a 12-month period for the reason(s) listed on page 1, except as explained below. Also, my health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon my return from leave. The taking of FMLA leave does not entitle employee any greater or lesser right to be returned to position or an equivalent position than otherwise would have been had if FMLA leave were not taken. If I 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 me to FMLA leave; or (2) other circumstances beyond my control, I may be required to reimburse the facility for its share of health insurance premiums paid on my behalf during my FMLA leave.

I understand that:

1. I am eligible not eligible for leave under FMLA. (Hours worked Previous 12 Months: _____)
2. My FMLA entitlement will be calculated using the following methodology:
 Rolling backwards calendar year Rolling forwards calendar year Calendar Year A fixed 12 month leave year
3. The requested leave will be counted against my annual FMLA leave entitlement Yes No
4. I will will not be required to furnish medical certification of a serious health condition. If required, I must return certification to HR by ____/____/____ (must be at least 15 days after you are notified of this requirement) or the facility may delay the commencement of my leave until the certification is submitted or may result in the leave not being designated FMLA.
5. I may elect to substitute accrued paid leave for unpaid FMLA leave. The facility will will not require that I substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply:

6. (a). If I normally pay a portion of the premiums for my health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with me and it is agreed that I will make premium payments according to the following schedule:

- (b). I have a minimum 30-day grace period in which to make premium payments. If timely payment is not made, the facility will will not pay my share of health insurance premiums while I am on leave, and recover these payments from me upon my return to work. If the facility chooses NOT to pay my premiums, and has notified me in writing at least 15 days before the date that my health coverage will lapse, my group health insurance may be canceled.
- (c). The facility will will not do the same with other benefits (life insurance, disability insurance, etc.) while I am on FMLA leave. If the facility pays my premiums for other benefits, when I return from leave I will will not be expected to reimburse the facility for the payments made on my behalf.
7. I will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until certification is provided.
8. (a). I am am not a "key employee" as described and explained in §825.218 of the FMLA regulations. If I am a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the facility.
- (b). The facility has has not determined that restoring me to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to the facility.
9. While on leave, I will will not be required to furnish periodic reports every _____ weeks of my status and intent to return to work (see §825.309 of the FMLA regulations). If the circumstances of my leave change and I am able to return to work earlier than the date indicated on this form, I will will not be required to notify the facility at least two work days prior to the date I intend to report for work.
10. I will will not be required to furnish recertification relating to a serious health condition as prescribed in §825.308 of the FMLA regulations. I have explained below any intervals between certifications.

Final designation is contingent upon review of completed appropriate documentation.

Employee Signature

Date

Certification of Health Care Provider

A7917 04/99

Employee Name	Patient Name (if different from employee)	Preliminary Designation Date
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1. Described on the reverse is what is meant by a "serious health condition" under the Family and Medical Leave Act (FMLA), General Medical Leave. Does the patient's condition qualify under any of the categories described yes no (check one). If yes, please check the number which correlates to the category of "serious health condition" described on the reverse side.
 1 2 3 4 5 6 None listed

2. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories.

3. (a). State the approximate date and probable **duration** of the patient's present incapacity.*

____/____/____ to ____/____/____.

(b). Will it be necessary for the employee to take work only **intermittently** or to work on a less than full schedule as a result of the condition (including treatment described in Item 6 below)? Yes No

If yes, what work schedule is recommended: _____

(c). If the condition is a **chronic** condition (condition # 4) or **pregnancy**, is the patient presently incapacitated.* Yes No

If yes, give the likely duration and frequency of episodes and incapacity.* _____

4. (a). Are additional treatments required? Yes No If yes, estimate the number of such treatments. _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, provide an estimated **number of treatments and interval** between such treatments, including actual or estimated dates of treatment if known, and period required for recovery if any. _____

(b). If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments: _____

(c). If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment): _____

5. (a). If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work of any kind**? Yes No

(b). If able to perform some work, is the employee **unable to perform any one or more of the essential functions** of the employee's job (the employee or the employer should supply you with information about the essential job functions)? Yes No If yes, please list _____

(c). If neither (a) nor (b) applies, is it necessary for the employee to be absent from work for treatment? Yes No

6. (a). If leave is required to care for a family member with a serious health condition, does the patient require **assistance for basic medical or personal needs, safety, or transportation**? Yes No

(b). If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery? Yes No

(c). If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: _____

**"Incapacity" for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment for or recovery from.

Signature of Health Care Provider	Type of Practice
Address	Telephone

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (a) Treatment¹ two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (b) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment² under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatment

A chronic condition which:

- (a) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (b) Continues over an extended period of time (including recurring episodes of a single underlying condition); and,
- (c) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Example includes Alzheimer's, a severe stroke or the terminal stages of a disease.

6. Multiple Treatment (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period or recovery therefrom) by a health care provider or by a provider or health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or any injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

¹ Treatment includes examinations to determine if a serious health condition exists and evaluations of the conditions. Treatment does not include routine physical examinations, eye examinations or dental examinations.

² A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Labor Department Fact Sheet Summarizing Family and Medical Leave Act Requirement

Fact Sheet No. ESA 95-

A7917 04/99

THE FAMILY AND MEDICAL LEAVE ACT OF 1993

The U.S. Department of Labor's Employment Standards Administration, Wage and Hour Division, administers and enforces the Family and Medical Leave Act (FMLA) for all private, state and local government employees, and some federal employees. Most Federal and certain congressional employees are also covered by the law and are subject to the jurisdiction of the U.S. Office of Personnel Management or the Congress.

FMLA became effective August 5, 1993, for most employers. If a collective bargaining agreement (CBA) was in effect on that date, FMLA became effective on the expiration date of the CBA or February 5, 1994, whichever was earlier.

FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. The employer may elect to use the calendar year, a fixed 12-month leave or fiscal year, or a 12-month period prior to or after the commencement of leave as the 12-month period.

The law contains provisions on employer coverage; employee eligibility for the law's benefits: entitlement to leave, maintenance of health benefits during leave, and job restoration after leave; notice and certification of the need for FMLA leave; and, protection for employees who request or take FMLA leave. The law also requires employers to keep certain records.

EMPLOYER COVERAGE

FMLA applies to all:

- public agencies, including state, local and federal employers, local education agencies (schools), and private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year and who are engaged in commerce or in any industry or activity affecting commerce -- including joint employers and successors of covered employers.

EMPLOYEE ELIGIBILITY

To be eligible for FMLA benefits, an employee must:

- (1) work for a covered employer;
- (2) have worked for the employer for a total of 12 months;
- (3) have worked at least 1,250 hours over the previous 12 months; and
- (4) work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

LEAVE ENTITLEMENT

A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- for the birth and care of the newborn child of the employee;
- for placement with the employee of a son or daughter for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Spouses employed by the same employer are jointly entitled to a *combined* total of 12 workweeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, and to care for a parent who has a serious health condition.

Leave for birth and care, or placement for adoption or foster care must conclude within 12 months of the birth or placement.

Under some circumstances, employees may take FMLA leave intermittently -- which means taking leave in blocks of time, or by reducing their normal weekly or daily work schedule.

- if FMLA leave is for birth and care or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval.
- FMLA leave may be taken intermittently whenever *medically necessary* to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

Also, subject to certain conditions, employees or employers may choose to use accrued *paid* leave (such as sick or vacation leave) to cover some or all of the FMLA leave.

The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave, based on information from the employee.

"*Serious health condition*" means an illness, injury, impairment, or physical or mental condition that involves either:

- any period of incapacity or treatment connected with inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider which includes any period of incapacity (*i.e.*, inability to work, attend school, or perform other regular daily activities) due to:
 - (1) A health condition (including treatment therefore, or recovery therefrom) lasting more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that *also* includes:
 - treatment two or more times by or under the supervision of a health care provider; or
 - one treatment by a health care provider with a continuing regimen of treatment; or
 - (2) Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence; or
 - (3) A chronic serious health condition which continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity (*e.g.*, asthmas, diabetes). A visit to a health care provider is not necessary for each absence; or
 - (4) A permanent or long-term condition for which treatment may not be effective (*e.g.*, Alzheimer's, a severe stroke, terminal cancer). Only supervision by a health care provider is required, rather than active treatment; or
 - (5) Any absences to receive multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity for more than three days if not treated (*e.g.* chemotherapy or radiation treatments for cancer).

"Health care provider" means:

- doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; or
- podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, under state law; or
- nurse practitioners, nurse-midwives and clinical social workers authorized to practice, and performing within the scope of their practice, as defined under state law; or
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts; or
- Any health care provider recognized by the employer or the employer's group health plan benefits manager.

MAINTENANCE OF HEALTH BENEFITS

A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.

In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

JOB RESTORATION

Upon return from FMLA leave, an employee must be restored to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment.

In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave, nor be counted against the employee under a "no fault" attendance policy.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, an employer may refuse to reinstate certain highly-paid "key" employees after using FMLA leave during which health coverage was maintained. In order to do so, the employer must:

- notify the employee of his/her status as a "key" employee in response to
- the employee's notice of intent to take FMLA leave;
- notify the employee as soon as the employer decides it will deny job restoration, and explain the reasons for this decision;
- offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice; and
- make a final determination as to whether reinstatement will be denied at the end of the leave period if the employee then requests restoration.

A "key" employee is a salaried "eligible" employee who is among the highest paid ten percent of employees within 75 miles of the work site.

NOTICE AND CERTIFICATION

Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need for leave when the need is foreseeable and such notice is practicable. Employers may also require employees to provide:

- medical certification supporting the need to take FMLA leave due to a serious health condition affecting the employee or an immediate family member.

- second or third medical opinions (at the employer's expense) and periodic recertification; and
- periodic reports during FMLA leave regarding the employee's status and intent to return to work.

When intermittent leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

Covered employers must post a notice approved by the Secretary of Labor explaining rights and responsibilities under FMLA. An employer that willfully violates this posting requirement may be subject to a fine of up to \$100 for each separate offense.

Also, covered employers must inform employees of their rights and responsibilities under FMLA, including given specific written information on what is required of the employee and what might happen in certain circumstances, such as if the employee fails to return to work after FMLA leave.

UNLAWFUL ACTS

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

ENFORCEMENT

The Wage and Hour Division investigates complaints. If violations cannot be satisfactorily resolved, the U.S. Department of Labor may bring action in court to compel compliance. Individuals may also bring a private civil action against an employer for violations.

OTHER PROVISIONS

Special rules apply to employees of local education agencies. Generally, these rules provide for FMLA leave to be taken in blocks of time when intermittent leave is needed or the leave is required near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA - exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to "eligible" employees' use of leave required by FMLA.

The FMLA does not affect any other federal or state law which prohibits discrimination, nor supersede any state or local law which provides greater family or medical leave protection. Nor does it affect an employer's obligation to provide greater leave rights under a collective bargaining agreement or employment benefit plan. The FMLA also encourages employers to provide more generous leave rights.

FURTHER INFORMATION

The final rule implementing FMLA is contained in the January 6, 1995, *Federal Register*. (An interim final rule was published in the *Federal Register* on June 4, 1993.) For more information, please contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor, Employment Standards Administration.