

APPLICATION FOR FAMILY AND MEDICAL LEAVE

(Family and Medical Leave Act of 1993)

Employee Information

Name: _____ Department: _____

Preferred Email: _____ Supervisor's Name: _____

Preferred Phone: _____ Supervisor's Campus Ext: _____

Reason for FMLA Request

- Bond with a Healthy Newborn Child, Adoption or Foster Care.
- Serious Health Condition including Maternity, Paternity*
 - Employee
 - Employee's Spouse
 - Employee's Parent
 - Employee's Child
- A completed Certification of Physician or Practitioner is Required

Type of FMLA Request

Check One:

- Continuous Leave
- Reduced Work Schedule*
- Intermittent*

**Not available for Maternity, Paternity, Adoption or Foster Care Placement*

**Available if Health Care Provider Certifies Medical Necessity*

Begin Date of Requested Leave: _____/_____/_____

End Date of Requested Leave, if known: _____/_____/_____

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician. (Certification of Physician or Practitioner Form)

Additional Information: _____

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Weber State University. Such failure to return to work may entitle WSU to recover health insurance premiums paid during the period of the leave.

Employee Signature: _____ Date: _____/_____/_____

Supervisor Acknowledgment

I have reviewed this Request and discussed the proposed leave with the employee. My signature confirms my knowledge of the employee's request for leave.

Supervisor Signature: _____ Date: _____/_____/_____

Dean Signature (faculty leave only) _____ Date: _____/_____/_____

DELIVER COMPLETED FORM TO:
 Human Resources Department
 Miller Administration Building, Room 111

OR FAX TO:
 Weber State University
 Human Resources Department
 801-626-6925

FOR HR USE ONLY:
 Eligibility Confirmed by: _____

 Human Resources Representative

Copies routed to:

- Employee
- Supervisor

Family and Medical Leave Act of 1993

Reasons for Taking Leave

The Family and Medical Leave Act requires employers, including Weber State University, to provide an eligible employee with a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- ◆ The birth and care of the newborn child of the employee.
- ◆ The 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.
- ◆ To take medical leave when the employee is unable to work because of a serious health condition.

A “serious health condition” is defined as “an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider and requires a completed *Certification of Physician or Practitioner Form*. More detailed information on qualifications is available in the Policies and Procedures Manual 3-29a, in the Human Resources Office or on the U.S. Department of Labor web site www.dol.gov.

Eligibility

Employees are eligible to take leave under the FMLA if they have been employed by Weber State University for at least 12 months and have worked for at least 1,250 hours during the previous 12-month period.

Advance Notice

Employees are required to provide notice to Weber State University of the need to take FMLA leave at least 30 days before FMLA leave is to begin, or as soon as possible (usually within one or two business days.) Failure to provide advance notice for a foreseeable leave may result in the leave being delayed.

Medical Certifications

Employees are required to have a licensed health care provider complete a *Certification of Physician or Practitioner Form* with regard to a serious health condition. In accordance with the Americans with Disabilities Act, all medical information will be kept separate from the employee’s personnel file. Employers have the right to request second or third opinions (at the employer’s expense). Employers also have the right to request subsequent recertification’s on a reasonable basis. If the FMLA leave is because of an employee’s own serious health condition, upon return to work the employee must present a health care provider certification that the employee is able to return to work.

Job and Benefits Protection

For the duration of FMLA leave, the employer must maintain the employee’s health coverage under the conditions coverage would have been provided if the employee had continued in employment continuously. If the employee’s share of premiums is not paid through payroll deductions, the employee is responsible to make arrangements for payment of premiums owed. The FMLA also requires that, upon return to work, the employee be restored to his/her original or an equivalent position with equivalent pay and benefits.

Unlawful Acts by Employers and Enforcement

The FMLA makes it unlawful for any employer to interfere with, restrain, or deny the exercise of any right under the FMLA, or to discharge or discriminate against any person for opposing any practice made unlawful by the FMLA or for involvement in any proceeding under or relating to the FMLA. The U.S. Department of Labor is authorized to investigate and resolve complaints of violation. An eligible employee may bring a civil action against an employer for violations.

For Additional Information

Contact Weber State University Human Resources Department at 801-626-6032 or the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.