

<b>Family and Medical Leave Request</b>			
Reference Number 3.00 Forms	Board Approval 5/2006	Effective Date 07/01/2018	Page 1 of 2

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_ Department \_\_\_\_\_  
 Most recent hire date \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

(Must be employed at least 12 months immediately prior to this request for leave. If part-time, must have worked 1250 hour during the 12 months immediately prior to the request for leave.)

I wish to be considered for a Leave of Absence as outlined in the Family and Medical Leave Policy because of:

- \_\_\_\_\_ Birth or Care of My Child (Health Care Provider form needed)
- \_\_\_\_\_ Adoption/Foster Care of a Child (Agency documentation needed)
- \_\_\_\_\_ Family Illness (Health Care Provider form needed)
- \_\_\_\_\_ Personal Illness (Health Care Provider form and statement needed)
- \_\_\_\_\_ Call to Duty or Military Exigency Leave
- \_\_\_\_\_ Caregiver Leave for Military member

Date Leave is to Begin \_\_\_\_\_ Date Leave is to End \_\_\_\_\_  
 (If Leave is intermittent or reassignment of position is required, requested schedule needs to be attached.)

- I have read and understand the published policy provided by the University and agree to abide by the terms and conditions of this policy.
- I understand that this Leave is without pay and that the maximum term for any allowable Leaves in a “rolling” 12-month period is 12 weeks absence except for Caregiver Leave for Military Member and then it is without pay and it is maximum term in a “rolling” 12-month period is 26 weeks absence.
- If I continue to pay the same premiums as I paid while actively working and if I have been approved for no more than 12 or 26 weeks Leave as applicable during a 12-month period, the University will continue to maintain my current health-care benefits. I understand that I will be reinstated into my current position or an equivalent position if I return to work within the time allowed for this Leave. A Fitness for Duty statement release is required for return to duty.
- An appointment with Human Resources to discuss this Leave and the Leave Policy is available to me on the Tusculum University website or upon my request. I must contact the Human Resources Department to make this appointment.

\_\_\_\_\_  
 Employee Signature \_\_\_\_\_  
 Date

Family and Medical Leave Request: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
 Human Resources Representative Signature \_\_\_\_\_  
 Date

*Original to Human Resources department*

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2 of 2**EMPLOYEE RIGHTS AND RESPONSIBILITIES  
UNDER THE FAMILY AND MEDICAL LEAVE ACT****Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave 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, 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 whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status 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 of leave to care for a covered service member during a single 12-month period. A covered service member is:

(1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".**

**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 employees 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 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

**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**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

**Employee Responsibilities**

Employees must provide 30 days advance 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 health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave 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 the exercise of any right provided under FMLA; and
- 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, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**

