**REQUEST FOR FAMILY MEDICAL LEAVE**

Family Medical Leave is provided under the Family Medical Leave Act of 1993. Please review additional FMLA information on the following page. Please contact the Benefits Specialist in our office for further assistance. Email HCHumanResources@helenacollege.edu

**I am requesting Family Medical Leave for the following reason:**

**[ ]** My own serious health condition.

**[ ]** The birth of a child.

**[ ]** Placement of a child with me for adoption or foster care.

**[ ]** Care for my: **[ ]** Spouse, **[ ]** Child, **[ ]** Parent, **[ ]** Immediate family member with a serious

 health condition as specified by federal regulation. (*Please contact HRS for assistance in*

 *determining eligibility*).

**[ ]** A qualifying exigency arising out of the fact that my: **[ ]** Spouse, **[ ]** Child, **[ ]** Parent is on

 military active duty or called to military active-duty status in support of a contingency

 operation as a member of the National Guard or Reserves.

**[ ]** I am the: **[ ]** Spouse, **[ ]** Child, **[ ]** Parent, **[ ]**  Next of kin of a covered military service

 member with a serious injury or illness.

**The leave is requested for the following period**:

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Up to 12 work weeks in a 12-month period for certain family and medical reasons, and qualified exigency for an eligible military active service member, up to 26 work weeks in a 12-month period for care of a covered military service member with a serious injury or illness).

Please check all that are applicable: **[ ]** Intermittent **[ ]**  Workers’ Compensation

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UM EMPLOYEE ID# (790): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If employee is unavailable to sign, please indicate, NAFS “Not Available For Signature”).

Supervisor’s Acknowledgement (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Approval of your leave will occur after the appropriate medical confirmation has been received.

**YOUR RIGHTS UNDER THE FAMILY MEDICAL LEAVE ACT OF 1993**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons, and qualified exigency leave for a covered military service member. Care of a covered military service member with a serious illness or injury may be provided to covered employees up to 26 work-weeks of unpaid leave in a 12-month period. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,040 hours over the previous 12 months. [UM FMLA Policy](https://www.umt.edu/human-resources/employee-resources/benefits/family-medical-leave.php)

**REASONS FOR TAKING LEAVE**

Unpaid leave must be granted for any of the following reasons:

* For a serious health condition that makes the employee unable to perform the employee’s job.
* To care for the employee’s child after birth, or placement for adoption or foster care.
* To care for the employee’s spouse, child, or parent who has a serious health condition.
* For a qualifying military exigency of the employee’s spouse, child or parent.
* To care for the employee’s spouse, child, parent or next of kin who is a covered military service member.

**GETTING PAID WHILE ON FMLA**

FMLA leave is unpaid. However, the statute provides that employees may take, or employers may require employees to take, any accrued paid vacation, personal, family or sick leave, as offered by their employer, concurrently with any FMLA leave. This is called the “substation of paid leave”. University of Montana’s policy states that:

* Employee will be required to use any accrued sick leave that the employee has during their FMLA leave period.
* Once the employee has exhausted their sick leave balance, the employee may choose to use any annual leave or comp hours that they have accrued.
* The employee may choose to apply for donated sick leave from other employees, or from the sick-leave fund, if the employee is already a member of the sick leave fund for at least 90 days.

**ADVANCE NOTICE and MEDICAL CERTIFICATON**

The employee may be required to provide advance leave notice and medical certification. Leave may be denied if the requirements are not met.

* The employee must ordinarily provide 30 days’ notice when the leave is “foreseeable”.
* An employer will require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.
* Any required medical certification must be provided within 15 days from the date the leave is requested, unless it is not possible despite the employee’s diligent efforts.

**JOB BENEFITS and PROTECTION**

* For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan”. If the employee has any out-of-pocket expenses for benefits, these costs are owed to the University of Montana, if the employee is in an unpaid status.
* The use of FMLA leave cannot result in the loss of any employment benefits that accrued prior to the start of an employee’s leave.

**UNLAWFUL ACTS BY EMPLOYERS**

* Interference with, restrain or deny the exercise of any right provided under FMLA.
* Discharge or discrimination against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**ENFORCEMENT**

* The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
* An eligible employee may bring a civil action against an employer for violations. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State, local or collective bargaining agreement which provides greater family or medical leave rights.

**REFERENCE INFORMATION**

Link: [Family Medical Leave](https://www.umt.edu/human-resources/employee-resources/benefits/family-medical-leave.php)

Human Resource Services – Email HCHumanResources@helenacollege.edu or call: 406-447-6925