



**UNIVERSITY OF UTAH
REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE**

Employee Information

Name: _____ Employee ID # _____ Social Security #: _____
 Address: _____ City: _____ St: _____ Zip: _____
 E-mail Address: _____ Work Phone: _____ Home Phone: _____
 Supervisor's Name: _____ Supervisor's Email Address: _____
 Department: _____ Supervisor's Phone Number: _____
 Payroll Reporter's Name: _____ Payroll Reporter's Phone Number: _____

Reason for FMLA Request

Type of FMLA Request

Check All That Apply:

- Maternity, Paternity, Adoption, or Foster Care Placement
- Serious Health Condition – *A Completed Certification of Health Care Provider is Required*
 - Employee
 - Employee's Spouse
 - Employee's Parent
 - Employee's Child

Check One:

- Continuous Leave
- Reduced Work Schedule*
- Intermittent*

** Available if Health Care Provider Certifies Medical Necessity*

Begin Date of Requested Leave: ____/____/____

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

Notice To Employee Regarding Use of Accrued Sick/Vacation During Family and Medical Leave

In accordance with University of Utah Policy and Procedure 2-21, an employee must substitute any accrued paid leave, (i.e., sick and vacation) for any unpaid Family and Medical Leave time, except that an employee may retain up to ten (10) days of vacation leave. Upon exhaustion of any accrued leave, the remainder of any Family and Medical Leave will be unpaid.

I wish to retain **days of vacation leave. Please initial here:** _____

Additional Information: _____

Employee Signature: _____ **Date:** _____

Supervisor Acknowledgment

I have reviewed this Request and discussed the proposed leave with the employee. If possible, the requested leave has been scheduled for a time that will not unduly disrupt the business operations. My signature confirms my knowledge of the employee's request for leave, but does not approve the employee's request for leave.

Supervisor Signature: _____ **Date:** _____

SEND COMPLETED FORM TO:
 University of Utah Human Resources Department
 420 Wakara Way, Suite 105, Salt Lake City, UT 84108

OR FAX TO:
 (801) 581-6466

Family and Medical Leave Act of 1993

Reasons for Taking Leave

The Family and Medical Leave Act requires employers, including the University of Utah, 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 of a child of the employee and in order to care for such child after birth.
- ◆ The placement of a child with the employee for adoption or foster care.
- ◆ To care for the employee's spouse, parent, or child, who has a serious health condition.
- ◆ For an employee's serious health condition that makes the employee unable to perform the essential functions of the employee's job.

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. More detailed information on qualifications are available in the Human Resources Department 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 the University of Utah 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 the University of Utah 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 or the time not being protected.

Medical Certifications

Employees are required to have a licensed health care provider complete a Certification of Health Care Provider 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 recertifications 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 are 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 the University of Utah Human Resources Department or the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.