

DEPARTMENT NOTIFICATION TO EMPLOYEE OF FAMILY MEDICAL LEAVE ACT (FMLA) STATUS

DATE: _____

TO: _____
Employee Name/Employee Identification No. (Do not use social security number)

FROM: _____
Name/Job Title/Department

The following qualifying event has been reviewed for designated time off under the Family and Medical Leave Act (FMLA):

- Birth of a child
- The placement of a child with you for adoption or foster care
- A serious non-work-related health condition that makes you unable to perform the essential functions of your job
- A serious work-related health condition that makes you unable to perform the essential functions of your job
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

This letter is provided:

- In response to your request dated _____
- As a department initiated action

Your time off under FMLA is:

Approved in accordance with the provisions of FMLA. You will be required/ not be required to provide medical certification of a serious health condition. If required, you must provide the certification no more than 15 days after you are notified of this requirement or your FMLA period will be delayed until the certification is provided. You may also be required to provide re-certification during your FMLA period relating to a serious health condition. **The effective date of your FMLA period begins on _____ and ends on _____.**

Disapproved because:

- You are not eligible for FMLA
- The basis of your request does not meet the criteria under FMLA
- You have already exhausted your 12 week FMLA entitlement in the past 12 months
- Other: _____

Please read the following information regarding FMLA

ADDITIONAL INFORMATION

You have a right under FMLA to take up to 12 weeks of leave in a 12-month period for the reason(s) checked on the previous page of this letter. Your health benefits must be provided to you during any period of FMLA under the same conditions as if you continued to work. The Health Science Center will reinstate you to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA in accordance with the provisions and limitations of the law.

If at the end of your FMLA period you have not returned to work and you have exhausted all of your leave and FMLA entitlements, your employment with the Health Science Center may be terminated.

You are required to use your accrued paid sick, vacation, and personal leave, as applicable, during your FMLA period. The exception is for Workers' Compensation cases where you have the option to use or not use your accrued leave.

You may be required to present a work release notice prior to being restored to employment. If such notice is required but not received, your return to work may be delayed until the work release notice is provided.

During your FMLA period, you may be required to provide your department with periodic reports regarding information about your status and intent to return to work.

If the circumstances of your approved time off under FMLA change and you are able to return to work earlier than the date indicated on previous page of this letter, you may be required by your supervisor to notify your department at least two work days prior to the date you intend to report for work.

If you have reason to believe your rights under FMLA have been violated or you dispute the denial of your FMLA request, there are remedies available to you. These remedies are found in the Health Science Center Handbook of Operating Procedures, section 4.7.17.

EMPLOYEE INSURANCE INFORMATION

If you normally pay any out of pocket expense for your health insurance, this payment must continue during the FMLA period to maintain your current coverage. **Arrangements for payments must be made with the Employee Benefits section in the Office of Human Resources by calling (210) 567-0123.** You have a 30 day period from the due date in which to make premium payments. If payment is not made timely, your group health insurance may be reduced or cancelled.

If you have any questions about FMLA or your benefits under FMLA, please contact the Office of Human Resources at (210) 567-2590.

Department Authorized Signature

Date

cc: Department file
Human Resources, Debbie Cash