

FAMILY AND MEDICAL LEAVE REQUEST

EMPLOYEE NAME:

DEPT. CONTACT NAME & PHONE NUMBER:

1.) I am requesting a leave of absence from _____ to _____
for the following reason: Begin Date End Date (*if unknown, please estimate)

- A. Birth of a child
- B. Placement of a child for adoption or foster care
- C. To care for an immediate family member with a serious health condition*

Please indicate family member: spouse child parent

- D. Because of my own serious health condition *
Is health condition work related? Yes No

* (Certification of Health Care Provider Statement is required)

- E. Military Family Leave (Certification required)

2.) Type of leave requesting:

Full-time leave Reduced-schedule leave (**see below) Intermittent leave (**see below)

****For reduced schedule or intermittent leave, please describe proposed schedule and reason (please be specific):**

Schedule: _____

Reason: _____

For continuation of pay during leave of absence, accrued sick, vacation or holiday hours must be used.

Please note: For maternity, paternity or adoption leave, please refer to the Parental Leave Policy.

If needed, I hereby authorize a Human Resources representative to contact my health care provider for clarification regarding my requested Family & Medical Leave. I understand that 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 by Creighton University.

Employee Signature

Date

PART II: FMLA RIGHTS AND RESPONSIBILITIES

Eligibility Requirements

Employees are eligible if they have worked for the University for at least one year and for 1,040 hours over the 12 months prior to requesting leave.

Spouses who are both employed by the University, and meet the definition of “eligible employee”, are entitled to 12 workweeks of leave each for FMLA qualifying events.

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. .

An absence for a job-related injury or illness will be considered leave under this policy if the injury or illness is considered a serious health condition under the FMLA.

Responsibilities 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. If leave is unpaid, it is the employee’s responsibility to ensure that all premium payments are made regularly.

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

Creighton University requires use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the University’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 a ***Certification of Health Care Provider*** form to include 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.

Prior to being restored to employment, employees must present a release to return to work if leave was due to own serious health condition.

If employee does not return to work on the first working day following the expiration of leave, employment may be terminated.

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.

Military Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation 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 servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

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;
- 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.