

## Family Medical Leave Act Summary Sheet

Human Resources, Station 21, 575.562.2115

The purpose of the Family Medical Leave Act (FMLA) is to provide up to 12-weeks of unpaid, job-protected leave within a 12-month period for certain family, medical and military-related reasons, to maintain eligible employees' pre-existing group health insurance coverage during periods of FMLA, and to restore eligible employee to their same or equivalent position at the conclusion of their FMLA leave.

*This is a summary. For more detailed information regarding employee rights and responsibilities concerning the FMLA process, please read the Family Medical Leave Act Policy (AGP&P 40-7-12) or contact Human Resources (HR) at 562.2115.*

<b>Who is eligible?</b>	<p>An employee will be eligible for FMLA if they:</p> <ul style="list-style-type: none"> <li>• Have been employed at the University for at least 12 months in total, as a regular, part-time, temporary or on-call employee and</li> <li>• Have worked at least 1,250 hours at the University during the 12-month period preceding the start of the leave, and</li> <li>• Have reason for medical and or military leave of absence that meets the required criteria under the FMLA.</li> </ul>
<b>Do I have to take FMLA or can I just use hours from my sick and/or annual leave?</b>	<p>Yes, it is a federal law that applies to all public agencies, including state, local and federal employers, local education agencies (schools), and private-sector employers. If you are out for a period of incapacity lasting more than three consecutive, full calendar days, for your own serious health condition or caring for an immediate family member for medical reasons or certain military reasons and you meet the eligibility requirements listed above, you must apply for benefits under the FMLA. Under the AGP&amp;P leave policy 40-7, the University requires employees to use sick leave and/or annual leave hours to provide compensation while out on FMLA. FMLA provides job protection, meaning the University cannot fill an employee's position while out on FMLA and must reinstate the employee returning from FMLA to the same or equivalent position with equivalent pay, benefits and other employment terms and conditions.</p>
<b>When do I apply for FMLA benefits?</b>	<p>When the need is foreseeable, such as birth or adoption of a child or planned medical treatment, an employee should submit the "Request for Family or Medical Leave" form to HR and notify their immediate supervisor 30 days before the start of the leave period. When the leave is unforeseeable, the employee must provide notice to HR and their immediate supervisor as soon as practical—generally, either the same or next business day. When possible, the employee should make efforts to schedule leave so as not to disrupt University operations. The employee must comply with their departmental usual and customary notice and procedural requirements for requesting leave.</p>
<b>Certification</b>	<p>Employees requesting leave for their own or a covered eligible family member's serious health condition will be required to provide to HR a completed "Certification of Healthcare Provider" form within 15 calendar days of the onset of the absence. Employee will also be required to complete a "Request for Family or Medical Leave" form. All medical records and documentation relating to medical certifications and/or medical histories will be maintained in separate FMLA files in HR. The employee's immediate supervisor shall maintain information regarding any restrictions or accommodations and notices from HR acknowledging FMLA leave. They will not maintain any personal health information.</p>
<b>Eligible circumstances</b>	<p>The University must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>• For the birth and care of a newborn child of the employee;</li> <li>• For placement with the employee of a son or daughter for adoption or foster care;</li> <li>• To care for a spouse, son, daughter or parent with a serious health condition;</li> <li>• To take medical leave when the employee is unable to work because of a serious health condition of their own; or</li> <li>• For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.</li> </ul> <p><i>Note: If both parents are employees of the University, FMLA taken to care for a child upon birth or to care for a child placed with the employees for adoption or foster care is limited to a combined total of 12 weeks. FMLA taken for the serious health condition of the employee or child would not be subject to the combined limit.</i></p>

<b>Serious health condition</b>	A serious health condition means an illness, injury, impairment or physical/mental condition which involves any period of incapacity or treatment connected with inpatient care in a hospital, hospice, or residential medical care facility, or any period of incapacity requiring continuing treatment by a health care provider. Serious health conditions do not include short term conditions such as a minor illness which lasts a few days and surgical procedures which typically do not involve hospitalization and require only a brief recovery period.
<b>Intermittent family medical leave (IFMLA)</b>	<p>If an employee is approved for intermittent leave under the FMLA, it is the employee's responsibility to:</p> <ul style="list-style-type: none"> <li>• Follow departmental call-in procedure</li> <li>• Inform HR each time there is a need to utilize IFMLA. Notification must be received in HR no later than the day there is a need to use IFMLA. If after hours, your absence must be reported to HR on <b>the next business day</b>. Notifications may be sent via email to <a href="mailto:HR@enmu.edu">HR@enmu.edu</a> or a message can be left at 562.2115.</li> <li>• Make a reasonable effort to schedule the treatment, either for himself/herself or for an eligible child, spouse, or parent so as not to disrupt the University's operations, or be willing to transfer temporarily to an alternate position or shift which better accommodates recurring periods of absence or a part-time schedule, provided that the position has equivalent pay and benefits.</li> <li>• Obtain clearance through HR if an IFMLA event is three consecutive days or longer (if for their own serious health condition). The employee will need to present a physician's statement certifying that the employee can return to work and perform the essential functions of the job, with or without reasonable accommodation.</li> </ul> <p><i>Note: Failure to notify as specified above may result in corrective action up to and including termination of employment.</i></p>
<b>Pay/Benefits</b>	<p>The University requires employees to use medical and annual leave accruals concurrently with FMLA/IFMLA. However, FMLA may extend beyond leave accruals.</p> <p>The University is required to maintain group health insurance coverage for an employee on FMLA whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If employee does not have any accrued leave hours to use to cover their costs for benefits employee will need to contact HR. The University may bill the employee for their portion of the benefit premiums normally withheld from the employee's paycheck.</p> <p>Employees do not accrue annual and sick leave during the period in which the employee is on unpaid FMLA. Employees out on unpaid FMLA shall not be eligible for holiday pay if a holiday occurs while out on unpaid FMLA.</p>
<b>How does a leave affect my retirement?</b>	The University does not pay the employer portion of the retirement plan during the period in which the employee is on unpaid FMLA. The period in which the employee is on unpaid FMLA may not count as earned service time for retirement formula calculations.
<b>Benefits will cease?</b>	<ul style="list-style-type: none"> <li>• If the Certification of Healthcare Provider form is not received in HR within 15 calendar days of the onset of the absence.</li> <li>• Reason for medical leave of absence does not meet the required criteria under the FMLA.</li> <li>• If Certification of Healthcare Provider form on file has expired.</li> </ul>
<b>How to get forms?</b>	Forms are available in HR or online at Inside ENMU/Forms/Human Resources
<b>Return to work (RTW)</b>	<p>Employee returning from a full FMLA event:</p> <ul style="list-style-type: none"> <li>• Employee will need to obtain a clearance to return to work from HR and provide a physician's statement (if for their own serious health condition) that certifies that the employee can return to work and perform the essential functions of the job, with or without reasonable accommodation.</li> <li>• If employee has restrictions and the department is unable to accommodate the restricted duty the employee will remain out on FMLA until they have been cleared to return to work at full duty. If employee has exhausted FMLA leave and any accrued leave they need to request a "leave without pay" per AGP&amp;P policy 40-7-8.</li> <li>• Employee shall notify and give their immediate supervisor appropriate notice of their anticipated return date.</li> </ul>
<b>Failure to return</b>	If an employee fails to return within three work days after an approved leave, including any approved extensions, the employee shall be considered to have voluntarily resigned.
<b>Misuse of FMLA benefits</b>	Employees are expected to provide appropriate medical documentation and to follow the terms of their medical certification. Intentional misuse of leave benefits under FMLA/IFMLA can lead to corrective action up to and including termination of employment.



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# Request for Family or Medical Leave

Human Resources, Station 21, 575.562.2115

## Instructions for the Employee

- Complete the form and submit to Human Resources. (HR)
- You will be notified as to whether the leave is approved or not.

## Employee Information

Employee name: \_\_\_\_\_

ENMU ID or SSN: \_\_\_\_\_ Title: \_\_\_\_\_

## Type of Leave

I hereby request the following type of leave:

Family leave for the:

Birth of my son or daughter

Placement of a child with me for

adoption

foster care

Anticipated date of birth or placement: \_\_\_\_\_

Family leave to care for a spouse, son, daughter or parent with a serious health condition

Family member's full name: \_\_\_\_\_

Relationship to you:

spouse

parent

son or daughter

other (if applicable)

Medical leave for my own serious health condition (specify): \_\_\_\_\_

Servicemember Care

Exigency Leave

*Note: An employee requesting leave for the employee's serious health condition or the serious health condition of the employee's spouse, child or parent **must** submit a verifying medical certification from a physician within 15 calendar days of request for leave.*

## Amount of Leave

1. I request that the leave be granted for the following period of time (full FMLA event)

Beginning on (date): \_\_\_\_\_ Ending on (date): \_\_\_\_\_

2. I request that the leave be granted for the following reduced or intermittent leave schedule: \_\_\_\_\_

## Employee Certification and Signature

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination. I hereby authorize a health care provider representing Eastern New Mexico University to contact my physician to verify the reason for my request for family and medical leave. I also acknowledge that I have received a copy of the University's leave policy (AGP&P 40-7) and FMLA Summary Sheet. I further understand that a 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 and approved in writing by Eastern New Mexico University.

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

HR director signature: \_\_\_\_\_ Date: \_\_\_\_\_