

**REQUEST FOR FAMILY MEDICAL LEAVE**

Please complete all areas:

<b>Name</b>	<b>Home Address and Zip Code</b>	<b>Home Telephone #</b>
<b>Campus Address, Telephone #</b>	<b>Start Date for Family Medical Leave</b>	<b>Anticipated Return Date</b>

**1. Reason for Family/Medical Leave:**

- The birth of my child or the placement of a child with me for adoption or foster care
- A serious health condition that prevents me from performing the essential functions of my job
- A serious health condition affecting my spouse, child or parent, or those bearing the same relationship to my spouse, for whom I need to provide care. Please specify relationship: \_\_\_\_\_
- Any qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ child; \_\_\_ parent is a covered military member on "covered active duty;" **or**
- Twenty-six work weeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

**2. If this leave is to be paid or to be a combination of paid and unpaid leave, please show the number of hours of vacation, floating holiday and/or sick leave to be taken:**

Sick: \_\_\_\_\_ Vacation: \_\_\_\_\_ Floating Holiday: \_\_\_\_\_ Unpaid Hours: \_\_\_\_\_

**Please note that you must have positive leave balances under these plans to receive payment. Your use of any leave time must be appropriate to the situation and consistent with the current UNO leave policy.**

**Please note that leave of five or more consecutive scheduled workdays, taken for any of the above reasons, applies toward the twelve weeks/480 hours (prorated for part-time FTE) of leave eligibility provided by the Family/Medical Leave Act.**

**3. This leave to be:** Intermittent  Consecutive  Combination

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's name & telephone (please print)

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Date

Date Received in HR \_\_\_\_\_

**Return this form. Page 1 and 2 to Human Resources – EAB 205 – for processing.**

**For additional Family/Medical Leave Information, please review the other side of this document.**

**Complete information is available in the UNO Employee Handbook:**

<http://www.unomaha.edu/humanresources/employeehandbookA-Z.php>

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

### Family Medical Leave Request

1. You will be required to provide a *Healthcare Provider's Certification* form or other documentation for the reason for your absence. If you wish to return to work earlier than the date stated on the reverse side of this form, you must notify us prior to the date you plan to report. You may be required to present a *Fitness for Duty* certificate to be restored to employment when your leave is due to your own serious health condition, to include maternity. The *Fitness for Duty* certificate should be given to your supervisor the first day you return to work. If you do not have your return to work certificate with you on your first day back at work, you will not be allowed to work that day.
  2. You will be required to continue your contributions for your benefits and will be responsible for arranging premium payment by contacting Esther Scarpello in the Benefits Department in EAB 205 (402-554-3660).
  3. Newly eligible dependents must be added to your benefits within 31 days of eligibility. Contact the benefits office at 402-554-3660.
  4. **If you fail to return to work by the end of your requested leave or fail to make other arrangements with your manager to extend the leave, work reduced hours, etc., you will be separated from UNO.**
  5. If you believe you may have a serious medical condition that could impact your ability to perform your job, you may be eligible for accommodation under the Americans with Disabilities Act ("ADA"). Please contact the ADA specialist in Human Resources for additional information.
- 

#### **POLICY:**

**The Family Medical Leave Act of 1993 entitles each eligible employee to a maximum of 12 weeks of unpaid leave for certain family and medical reasons in a rolling 12-month period. The University of Nebraska complies with this Act.**

---

#### **The employee's responsibility:**

1. Complete the UNO "Request for Family/Medical Leave" form and a *Healthcare Provider's Certification* form or other documentation well in advance of the date needed.
  2. Discuss the "Request for Family/Medical Leave" form with the manager/supervisor.
  3. Obtain the necessary approval/signature.
  4. Return the FMLA request form and *Healthcare Provider's Certification* form, in a legible and completed format, to Human Resources – EAB 205 (Fax: 402-554-3777).
  5. It is the responsibility of the employee to make any benefits changes/arrangements needed or required (Benefits – Phone number: 402-554-3660).
- 

#### **The supervisor's responsibility:**

1. Follow normal procedures and communication channels in the department.
  2. Obtain additional information and clarification from the employee and from Human Resources.
  3. Sign the "Request for Family/Medical Leave" for department approval.
  4. **Your department is accountable for documenting all leave hours taken in relation to this approved FMLA.**
  5. Provide copy of *Fitness for Duty* certification to HR when employee returns to work.
- 

#### **Human Resources' responsibility:**

1. Approve and/or interpret the request if accompanied by *Healthcare Provider's Certification* form or other documentation.
  2. Return the form to the manager/supervisor or designated person with a written approval or denial of the request.
- 

**Questions about this form or about UNO's Family Medical Leave policy may be directed to Human Resources - 402-554-3660 during normal business hours or faxed to 402-554-3777. Return this form, Pages 1 and 2, to Human Resources – EAB 205 – for processing.**