



REQUEST FOR LEAVE OF ABSENCE

Name: _____ CWID: _____ Date _____
 Department: _____ Extension: _____
 Supervisor Name: _____ Extension: _____
 Supervisor Email: _____

- Birth of Child** Expected Birth of Child: _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Adoption of Child** Expected Adoption Date of Child: _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Placement of Child for Foster Care** Expected Placement Date of Child: _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Employee Serious Health Condition**
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Family Serious Health Condition** Child Spouse Other **Name** _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Military Exigency Leave** Spouse: Name _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No
- Covered Service Member Leave** Member Name _____ Relationship _____
 Leave to Start: _____ Expected Return Date: _____
 Spouse employed by Loyola Yes No

Certification of Physician or Practitioner Form (available in the HR office) must be returned to Human Resources Benefits Department within 15 days of the date of your request for leave. If it is not provided within 15 days from the date of request, your leave will be cancelled.

Have you taken family medical leave in the past 12 months? Yes No
 If yes, how many work days? _____

I understand and agree to the following provisions:

1. To be eligible for unpaid 12-week Family Medical Leave (26-week Covered Service Member Leave, please contact HR) I must have worked for my employer at least one year and at least 1,250 hours in the previous 12 months. _____ **Initials**
2. I am required to use my accrued sick and vacation leave according to University policy (for a serious medical condition for myself and may use up to 20 days of sick time for a spouse, child, or parent) as part of an eligible 12 weeks of Family Medical Leave. _____ **Initials**
3. To be eligible for Parental Leave I must have worked for my employer at least six months. I am required to use my sick and vacation leave after paid parental leave according to University policy (for birth, adoption, or foster placement of a child) as part of an eligible 12 weeks of Family Medical Leave. _____ **Initials**
4. After my allowed leave, if I do not return to work or contact my supervisor or manager on or before the date my physician releases me to return to work, it will be considered that I have abandoned my job. _____ **Initials**

Signature _____ Date _____

Loyola University New Orleans
Family Medical Leave Act Employee Checklist

1. You understand the **eligibility requirements** for requesting Family Medical Leave (FML) under the Family Medical Leave Act (FMLA). _____ **Initials**

- To be eligible for FML under the FMLA, employees must:
 - Work for a covered employer;
 - Have worked 1,250 hours during the 12 months prior to the start of leave;
 - Work at a location where the employer has 50 or more employees within 75 miles; and
 - Have worked for the employer for 12 months. The 12 months of employment are not required to be consecutive in order for the employee to qualify for FMLA leave. Only employment within seven years is counted unless the break in service is (1) due to an employee's fulfillment of military obligations, or (2) governed by a collective bargaining agreement or other written agreement.

2. You are aware of your responsibility to provide Loyola University New Orleans with **30 days advance notice** of your FML request when your need for leave is foreseeable. _____ **Initials**

If you are unable to provide the University with 30 days advanced notice of your intention to seek FML, then you must provide notice as soon as possible. You must comply with the University's normal call in procedures. _____ **Initials**

3. You understand it is appropriate to **coordinate with a supervisor** regarding your FML. _____ **Initials**

4. You understand the difference between **specific and intermittent medical leave**, and when it is appropriate to request either form of leave. _____ **Initials**

- Specific medical leave is leave that occurs continuously over a specified, fixed period of time.
- Intermittent medical leave is leave that occurs in separate blocks of time for a single qualifying reason or on a reduced leave schedule (reducing an employee's daily or weekly work schedule).

5. You are aware of your duty to provide **sufficient information** to the University for the University to accurately determine

- Whether you qualify for FMLA protection and
- The length of your leave.

_____ **Initials**

'Sufficient information' may comprise the following:

- An inability to perform certain job functions;
- A family member's inability to perform daily activities;
- A need for hospitalization or continuing treatment by a healthcare provider; and
- Circumstances that call for military family leave.

6. The University has the **authority to transfer** you temporarily to an alternative job in the event that your recurrent periods of FML disrupt the University's operations. _____ **Initials**

7. You understand your obligation to report your **absences** to the University during your FML by complying with departmental call-in procedures.

_____ **Initials**

8. You are aware that the FMLA requires employers to provide unpaid, job protected leave to eligible employees. However, the University can require you to use your (1) paid vacation leave, or (2) paid accrued sick/family leave, for some or all of your FMLA leave period on the condition that you meet applicable requirements of the University's leave policy.

- If an employee decides to receive paid leave during their FMLA leave, the University's share of group **health insurance premiums** must be paid by the method normally used during any paid leave, presumably as a payroll deduction.
- If an employee's FMLA leave is unpaid, an employer has several options for receiving payment from an employee for group health insurance premiums.¹ The employer may require the employee to pay the employer directly or the insurance carrier. However, the employer cannot add additional charges to the employee's premium payment for administrative expenses.

_____ **Initials**

9. The University can request a **medical certification** from your health care provider to determine your FML eligibility. _____ **Initials**

10. The University is entitled to request a **second and third medical opinion** to determine your eligibility for FML. _____ **Initials**

11. The University can request that you present a **fitness for duty certification**, prepared by your health care provider, to prove that you are capable of returning to work following your FML.

_____ **Initials**

12. You are aware that a University administrator, including a health care provider, a human resource professional, a leave administrator, or a management official other than your direct supervisor, can contact your health care provider for **authentication or clarification** of your medical certification. _____ **Initials**

13. You understand that the University can seek **re-certification** of your medical condition every 30 days, unless your condition is expected to last longer than 30 days. _____ **Initials**

¹ (a) Payment would be due the same time as it would be made if by payroll deduction; (b) Payment would be due on the same schedule as payments are made under COBRA; (c) payment would be prepaid pursuant to a cafeteria plan at the employee's option; (d) the employer's existing rules for payment by employers with unpaid leave would be followed provided that these rules do not require pre-payment of the premiums that will become due during a period of unpaid FMLA leave or payment of higher premiums than if the employee had continued to work instead of taking leave; or, (e) another system voluntarily agreed to between the employer and the employee (i.e. prepayment of premiums – through increased payroll deductions when the need for the FMLA leave is foreseeable).

If your condition is expected to last longer than 30 days, then the University must wait to request re-certification of your medical condition until the specified period has lapsed. _____ **Initials**

The University may request re-certification of your medical condition every six months in connection with an absence by the employee, regardless of how long your condition is expected to last. _____ **Initials**

The University can also request recertification of your medical condition in less than 30 days, if

- You request an **extension of leave**;
- The circumstances described in your previous medical certification have changed significantly; or
- The University receives information that casts doubt on the employee's credibility for requesting FML.

_____ **Initials**

The University can also request re-certification of your medical condition annually if your medical condition lasts more than one year. These medical certifications can be subject to second and third opinions.

_____ **Initials**

14. You understand what constitutes **FMLA misrepresentation, fraud, and misuse**.

- FMLA fraud and misuse occurs when an employee
 - Uses approved FMLA leave for non-FMLA purposes; or
 - Misrepresents their medical condition, such as altering medical documentation.
 - Misrepresents their condition to employers or medical professionals.

_____ **Initials**

15. You understand that

- An ADA accommodation differs from FML under the FMLA.
 - **ADA accommodation** –ADA accommodations require employers to provide reasonable accommodations to qualified employees with disabilities, unless doing so would pose an undue hardship to the employer.
 - **FMLA leave** –
 - (a) Provides eligible employees with up to 12 weeks of unpaid leave for specified qualifying conditions², and
 - (b) Requires that group health benefits be maintained on the same basis as if the employee would have continued to work during the leave period. Therefore, if the employee paid for employer group- health insurance premiums prior to their FMLA leave, the employee would be obligated to continue paying these premiums during their leave. Moreover, fluctuations in the price of health insurance premiums do not preclude employees from paying employer group health insurance premiums. Additionally, employee health insurance policies that are not a part of the employer group health insurance plan are the sole responsibility of the employee.

² (1) For childbirth, to bond with the new born child. (2) For the placement of an adopted child with an employee, to bond with the child. (3) To care for a family member with a serious health condition. (4) For medical leave when an employee suffers from a serious health condition. (5) For qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status as a member of the National Guard, Reserves, or Regular Armed Forces.

(c) Entitles employees to return to their same or equivalent job at the end of their FMLA leave.

_____ **Initials**

- An ADA accommodation may be more appropriate than FMLA depending on the intended purpose of your request.

_____ **Initials**

**Loyola University New Orleans
Human Resources Representative (Print Name & Title)**

Employee (Print Name)

Signature: _____

Signature: _____

Date: _____

Date: _____