

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

### A. Eligible Employees

Employees of the University who have worked for the University for at least 12 months and have worked at least 1,250 hours during that time may request a Family Medical Leave to a total of 12 work weeks of leave during any 12-month period when leave is taken for one or more of the following circumstances.

- (1) The birth of a son or daughter of an employee and to care for the child;
- (2) The placement of a son or daughter with an employee for adoption or foster care

**C. Highlights of the 2009 Military Family Leave:**

1. Military Caregiver Leave: The first of these new military family leave entitlements, eligible employees who are family members of covered service members will be able to take up to 26 workweeks of leave in a “single 12-month period” to care for a covered service member with a serious illness or injury incurred in the line of duty on active duty. Eligible employees include the spouse, son, daughter, parent, or next of kin of a covered service member.
  
2. Qualifying Exigency Leave: The second new military leave entitlement provides eligible employees who are family members of any current member of the Armed Forces, including member of the National Guard or Reserves, or a member of the Armed Forces, National Guard, or Reserves who is on the temporary disability retired list up to 12 workweeks of leave during any 12 month period for one or more qualifying exigencies. Qualifying exigencies include such things as: (a) short-notice deployment; (b) military events and related activities; (c) c

**E. Certification**

When leave is requested based on a family member's or employee's own serious health condition, the employee must provide, in writing, a medical certification of the condition and the need for leave from the employee's health care provider within fifteen (15) days of the written request for leave. "Health care provider" includes physician's assistant. The certification must contain:

1. The name, address, telephone number, and fax number of the health care provider and type of medical practice/specialization;
2. The approximate date on which the serious health condition began;
3. A statement of the health care provider's opinion that the employee's condition is a serious health condition.

the medical condition every thirty (30) days unless the original certification stated that the condition would last longer than thirty (30) days in which case the recertification is required