

# Family and Medical Leave Act (FMLA) Employee Information Packet

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- ❖ Employee Rights and Responsibilities



***Lander University***  
***Office of Human Resources***

864.388.8310



# Family and Medical Leave Act (FMLA)

## Introduction and Qualifications

Lander University recognizes that during an **employee's** career, situations requiring prolonged or intermittent absences from work can occur. Under the Family and Medical Leave Act of 1993 (FMLA), Lander University provides up to 12 weeks of unpaid, job-**protected leave to "eligible" employees for specified family and medical reasons.**

Lander University and FMLA provide you with the right to take job-protected leave with continued employee benefits (subject to benefit plan limits). To ensure all FMLA requests are reviewed and processed appropriately, if you or someone you supervise is out of the office for more than three (3) consecutive days, you are required to notify the Office of Human Resources immediately.

### Who Can Use FMLA?

In order to take FMLA leave, you must work for a covered employer such as the State of South Carolina and have met these additional criteria:

- You must have been employed by a State of South Carolina agency for at least 12 months.
  - These 12 months must not be consecutive, but your break in service cannot have been more than a seven-year period.
- You must have worked for the State of South Carolina agency for at least 1250 hours in the last 12 months before you take leave.
  - This minimum 1250 hours calculation includes actual hours worked, including overtime hours worked.
  - This minimum 1250 hours calculation excludes annual, sick, personal, holiday, or compensatory time.

### When Can You Use FMLA?

If you are an eligible employee, you can take up to 12 weeks of FMLA leave in a calendar year for a variety of reasons, including:

#### Serious Health Condition

- You are unable to work because of your own serious health condition.
- You need to care for your spouse, child or parent who has a serious health condition.

#### Military Family Leave

- Your leave is for specified reasons related to certain military deployments.
- You need to care for a covered service member with a serious injury or illness.

#### Expanding Your Family

- You are unable to work because of the birth of a child and to bond with the newborn child.
- You are unable to work because of the placement of a child for adoption or foster care and to bond with that child.

### What Can the FMLA Do for You?

Approved FMLA leave offers you the following:

- 12 weeks of leave in a calendar year period.
- Uninterrupted health care insurance. The University will continue to pay the employer portion of your insurance premiums, and you will continue to pay your portion of the insurance premiums.
- Job protection. As long as you are able to return to work before you exhaust your FMLA leave, you will be returned to the same job (or one nearly identical to it).
- Flexibility:
  - You can take FMLA leave as a single block of time or in multiple, smaller blocks of time, or on a part-time basis if the need to do so has been medically documented.

- o By itself, FMLA leave is unpaid leave. However, if you are eligible for paid leave and have sick leave, annual leave, or other paid leave available, you will be allowed to use your available accrued balances concurrent with the FMLA leave.

### Application Requirements

- Thirty-day advance notice of the need to take FMLA leave when the need is foreseeable (for example planned surgeries, or normal births), or immediate notification in cases of emergency.
- Medical certifications supporting the need for leave due to a serious health condition affecting the employee or an immediate family member.
- Second or third medical opinions and periodic re-**certifications (at Lander's expense)**.
- Periodic reports during FMLA leave regarding the **employee's status and intent to return to work**.

**Step I** Review the Department of Labor "Employee Rights and Responsibilities under the Family and Medical Leave Act" flyer included in this packet.

**Step II** Complete and sign the enclosed "FMLA Employee Request Form," obtain your **supervisor's** signature within form, and submit the completed form to the University FMLA leave administrator, London Thomas, within the Office of Human Resources.

**Step III** If the need for FMLA is a serious health condition, include a statement from the treating physician that states the date the condition began, the expected duration of the condition and an anticipated return to work date.

**Step IV** Provide prompt follow-up. Supply the University FMLA leave administrator with any completed documents requested for approving and processing your leave, including the "Medical Certification Form" and/or any additional documentation to support your application.

### What You Can Expect

You will receive two communications from the Office of Human Resources throughout the request process. These communications will be mailed to your home address listed in the employee information system:

1. **Within five business days of receiving your "Employee Request Form," the Office of Human Resources** will notify you whether you are **eligible** for FMLA leave and if additional documentation is needed to determine if your leave qualifies as FMLA leave. Documentation must be provided in a timely manner.
2. Within five business days of receiving all requested documentation, the Office of Human Resources will notify you if your leave has been **approved** as FMLA leave and the final decision regarding your request.

### Questions

If you have any questions regarding the Family Medical Leave Act, please contact the University's FMLA leave administrator, London Thomas, at [lthomas@lander.edu](mailto:lthomas@lander.edu) or call at (864) 388-8310.

**LANDER UNIVERSITY  
FAMILY and MEDICAL LEAVE ACT (FMLA)  
EMPLOYEE REQUEST FORM**

Family medical leave is governed by the Dept. of Labor's Family and Medical Leave Act of 1993. This request for leave must be completed to initiate the medical certification process.

**Employee Name:** \_\_\_\_\_ **L#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Purpose of Leave (check one):**

- Employee's personal illness    Nature of illness: \_\_\_\_\_
- Childbirth     Adoption     Foster Child    Expected date: \_\_\_\_\_
- Military Caregiver Leave (Employee's spouse, child, parent, or next of kin)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Military Qualifying Exigency Leave (Employee's spouse, child, or parent)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Care of seriously ill family member (Employee's spouse, child or parent)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FMLA Request Begin date:** \_\_\_\_\_ **FMLA Request End date** (if known): \_\_\_\_\_

**Types of leave which may be taken concurrently during FMLA, in accordance with Lander University policy:**

- |                         |   |
|-------------------------|---|
| Paid Sick Leave:        | During FMLA period for personal illness.  |
| Paid Family Sick Leave: | During FMLA period taken for the care of a seriously ill family member for a maximum of ten calendar days per year.   |
| Paid Annual Leave:      | During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.  |
| Paid Compensatory Time: | During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.  |
| Unpaid Leave:           | During any FMLA period after which all other types of leave have been exhausted. (Employee will be required to pay Lander any benefit plan premiums up to plan limits.) |

I certify that the information above is accurate. I understand that I must provide medical documentation for any FMLA period requested and that I must notify my department and/or the Office of Human Resources immediately if any of the information above changes.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the supervisor of the employee named above, I am aware that the employee is applying for family medical leave.

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division

