

## FMLA Leave Notice or Request

When the need for leave is foreseeable, the employee must apply in advance, if possible, 30 days in advance. If the need for leave is unforeseen, the employee must provide such notice as is practicable (within 1-2 business days or when the need for leave becomes known). Failure to request Family and Medical Leave in a timely manner could result in the delay of your request or your leave may be considered unauthorized.

Employee Name \_\_\_\_\_ ID # \_\_\_\_\_

Employee's Department \_\_\_\_\_ Supervisor Name \_\_\_\_\_

I hereby notify you that under the provisions of the Family and Medical Leave Act of 1993 (FMLA) I will be on leave beginning \_\_\_\_\_ (date) until on or about \_\_\_\_\_ (date). I understand that FMLA is a 12-week (maximum) **unpaid** leave per benefit year.

This Family/Medical Leave of Absence is for the following **qualifying reason** (check one):

- The birth of your child, or the placement of a child with you for adoption or foster care  
*Any available vacation time must be used, and any remaining eligible leave days beyond the vacation days will be unpaid.*
- A serious health condition that makes you unable to perform the essential functions of your job
- A serious health condition affecting your  spouse,  child, or  parent, for which you are needed to provide care

*For serious health condition reasons, must complete a Certification of Health Care Provider form and submit it to Benefits Office **before leave commences**. Upon approval, any paid sick leave time benefits will be used. Any additional FMLA time off (above dates) needed after the use of paid sick leave time will come from any available vacation/paid-leave time, with any remaining FMLA time needed beyond the available vacation time to be unpaid. Unpaid status: must contact the Benefits Office to make arrangements to pay benefit premiums to maintain coverage.*

I understand the above information **and** will be communicating my leave plans with my supervisor.

Submitted: \_\_\_\_\_  
(Signature of employee) (Date)

## **FMLA Information for the Employee:**

- You have a right under the FMLA for up to 12 weeks of leave in a benefit year for the reasons listed. This absence will be counted as a part of your annual FMLA leave entitlement of 12 weeks per benefit year.
- You are required to furnish medical certification for a serious health condition for yourself or a family member. For your own medical leave, the certification must include information that you are or will be unable to perform one or more of the essential functions of your job.
- If your medical leave is due to your a serious health condition other than intermittent absences, you will be required to present to your supervisor a fitness-for-duty certificate from your attending physician prior to being restored to employment. If such certification is not received, your return to work may be delayed until such certification is provided.
- Andrews University requires that employees use all accrued paid time (i.e., vacation, holidays, sick leave) during FMLA leave and before any unpaid time. Check with your department to designate which paid time you want to use first.
- If you now pay a portion of the premiums for health insurance and other benefits, these payments will continue during the period of FMLA leave if you remain in pay status. If you are in an unpaid status, you must make arrangements to pay your usual contribution. Contact the Benefits Office concerning continuation of insurance and premium payments. Failure to follow instructions provided may cause your health care and benefits coverage to be cancelled.
- You may be required to furnish recertification relating to a serious health condition (per CFR Section 825.308 of the FMLA regulations).
- At the conclusion of FMLA leave, you will be reinstated to the same position held at the time the leave began or to an equivalent position with equivalent pay, benefits, and working conditions.
- If you do not return to work following FMLA leave for a reason other than 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or 2) other circumstances beyond your control, you may be required to reimburse the University for its share of health insurance premiums paid on your behalf during FMLA leave.
- FMLA information can be obtained at:  
[https://www.andrews.edu/services/hr/current\\_employees/handbook/timeoff.html#44140](https://www.andrews.edu/services/hr/current_employees/handbook/timeoff.html#44140)  
<https://www.dol.gov/general/topic/benefits-leave/fmla>