



FAMILY MEDICAL LEAVE OF ABSENCE REQUEST FORM

I request to be placed on UAB's Family / Medical leave of absence based on the attached certification/documentation. The attached medical certification must be submitted within 15 days of the leave of absence request. In the event that the leave is spontaneous the Supervisor must submit the leave of absence request as soon as possible.

Full Name: _____ Employee#: _____ Department: _____

Office Phone #: _____ Home # _____ Email: _____

Requested Leave Start Date: ____ / ____ / ____ Requested Leave End Date: ____ / ____ / ____

Please check one: _____ Continuous / Blocked Leave _____ Intermittent Leave

REASON FOR LEAVE OF ABSENCE: (Maximum time allowed for eligible employees is 12 weeks in a rolling 12-month period, even if there is more than one qualifying reason.)

Employee Medical Condition:

_____ Medical leave of absence for a serious health condition that makes me unable to work. (Attach certification from health care Provider. See additional provisions in the You and UAB Handbook)

Family-Related Reasons:

_____ Birth of a child (including pregnancy-related absences prior to delivery as well as prenatal care) or to care for the baby. (Attach certification from a health care provider or a copy of the birth certificate. Employee's entitlement to leave of absence expires twelve months from the child's date of birth.)

_____ Adoption of a child by the employee. (Attach a copy of the adoption papers. Employee's entitlement to leave of absence expires twelve months from the date of adoption.)

_____ Placement of a child with the employee for foster care. (Attach a copy of the foster care placement papers. Employee's entitlement to leave expires twelve months from the date of foster care placement.)

_____ Care of my Child, Age _____ Child of Sponsored Dependent, Age _____ Spouse Parent (but not in-laws) Sponsored Dependent* having a serious health condition. (Attach certification from a health care provider. Children 19 years or older are not included unless they are incapable of self-care due to mental or physical disabilities.)

I understand that I must first use all of my eligible accrued benefit time at the beginning of my family/medical leave of absence as a part of my leave of absence. I understand that if I do not return to work after the leave, UAB may recover payments for health insurance made by the UAB during my leave of absence. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement at the UAB.

Employee Signature: _____ Date: ____ / ____ / ____

* Affidavit must be on file in the HR Benefits Office

Acknowledgement of Request:
Department Supervisor: _____ Date: ____ / ____ / ____
Supervisor Phone Number: _____ Supervisor Email: _____
Employee has accrued time to be paid through: Date: ____ / ____ / ____ (Complete only for blocked leave of absence)
 Sponsored Dependent (Adult or Child) affidavit verified by HR Records - Date: ____ / ____ / ____

Send completed forms to UAB: HR Records AB254 or via fax 205.996.9954



YOUR RIGHTS AND RESPONSIBILITIES under the FAMILY MEDICAL LEAVE ACT (FMLA)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintroduction briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. In 2010 the definition of a Covered Service Member was expanded to include veterans who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including National Guard or Reserves) at any time during the five year period preceding the date on which the veteran undergoes that medical treatment, recuperation or therapy.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block.

Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

Any inquiries or complaints concerning the application of the Family and Medical Leave Act and its implementing regulations as they relate to the University of Alabama at Birmingham should be directed to the following office:

Human Resources Office
205/934-4408

The University of Alabama at Birmingham encourages individuals who have complaints to contact Human Resources prior to contacting an outside agency. If you desire to utilize UAB's internal complaint procedure contact: Human Resources Relations.