

Family Member Instructions - FMLA

INSTRUCTIONS

FAMILY

Family Member of Employee Family and Medical Leave (FMLA)

Family Members Family and Medical Leave (FMLA) is for an eligible employee who needs to care for a family member who has a serious health condition. This leave provides an eligible employee up to 12 weeks of leave in a 12 month rolling calendar period.

Step 1	Eligibility Requirements
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To be considered eligible, employees must have worked 1 year (need not be continuous) and have 1,250 hours worked in the last 12 months. Eligible members include:

- Spouse
- Parent
- Son
- Daughter

Step 2	Employee Obtains Forms Below
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Request for FMLA Form

Certification of Health Care Provider for Family Members Serious Illness/Injury Form

- The employee will complete Sections 1 and 2 of the Request for FMLA Form and submit to department for authorization/signature (section 3).
- If partial eligibility (hours worked and time of service) is met, employee will submit the Certification of Health Care Provider for Family Members Serious Illness/Injury Form with the attached Request for FMLA Form to the physician.
- **The employee will describe the specific care they will provide to the family member (appointments, etc.). The employee will note the estimated duration and time needed to provide care (hours and days per week).**
- After completion by the physician, **both forms** will be returned to Employee Health & Wellness (EH&W) via e-mail, fax, or in person.

TIME REQUIREMENTS:

Scheduled FMLA Event: It is the responsibility of the employee to notify the department manager/supervisor at least 30 days prior to a scheduled FMLA event.

- The employee is responsible for obtaining an FMLA packet and presenting it to their director/supervisor for signature to initiate the FMLA process. This must be completed prior to taking the packet to the health care provider for completion. Forms with inadequate information will not be accepted by EH&W for processing.



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- The employee must submit to EH&W the **Request for Medical Leave Form** and the **Certification of Health Care Provider for Family Members Serious Illness/Injury Form** at least 15 days prior to the start date of the FMLA leave. **THESE FORMS MUST REMAIN ATTACHED AT ALL TIMES.**

Unscheduled/Emergent FMLA Event: The employee is allowed 15 days from the date that the departmental manager/supervisor signs the **Request for Medical Leave Form** to submit the **Certification of Health Care Provider Form** to EH&W.

- The employee or his/her representative is responsible for obtaining an FMLA packet and presenting it to their director/supervisor for signature to initiate the FMLA process. This must be completed prior to taking the packet to the health care provider for completion. Forms with inadequate information will not be accepted by EH&W for processing. **THESE FORMS MUST REMAIN ATTACHED AT ALL TIMES.**
- If the information provided is insufficient, the **Certification of Health Care Provider for Family Members Serious Illness/Injury Form** will be returned to the employee. If the employee does not correct the deficiency within a 7 day period the leave can be denied.
- Recertification is required every 12 months and recertification may be requested every 6 months when associated with a leave. A recertification can also be required at any time if an extension to a leave is requested, circumstances described in the last certification have changes (such as pattern of absences around an employee’s scheduled days off), or the employer receives information casting doubt on the employee’s stated reason for an absence or the continuing validity of the last certification (such as an employee observed in activities that are inconsistent with a need for time off due to the certified condition). The employee will be allowed 15 days from the date of the request for recertification.

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Step 3	Determine if FMLA is a Qualifying Event/Benefits Available
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When the forms are received by EH&W, a representative will determine:

- If absence is an FMLA qualifying event
- If FMLA benefits are available based on past usage
- And**
- Complete Section 4 of Request for FMLA Form



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Qualifying Events: FMLA of 1993

- Overnight as inpatient
- Absence for more than 3 days plus treatment
- Birth and care of the newborn child of an employee
- Placement with the employee of a child for adoption or foster care
- Care for an immediate family member (spouse, child or parent) with a serious health condition
- Chronic conditions requiring treatments
- Permanent/long term conditions requiring supervision
- Multiple treatments (non- chronic)

Step 4	Notice of FMLA Eligibility and Rights & Responsibility
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- If the employee does or does not meet the requirements for FMLA, EH&W will send (via SAMC Email) a copy of the Request for FMLA Form and the Notice of Eligibility and Rights and Responsibilities Form to the employee, Human Resources, the departmental timekeeper and the departmental representative within 5 days of the date that the employee submitted the FMLA certification paperwork.
- Employee information related to FMLA can be located in the employee **ReadySet** account after the completion of formal processing.

Step 5	Employee Communication Requirements
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The employee MUST maintain communication with their department regarding any changes in their FMLA status.

- The employee MUST communicate to their department and EH&W any change in health status and change in the expected return date (early, as scheduled or late) as soon as the employee is made aware.
- **If employee requests FMLA due to maternity/paternity, the employee must communicate if the leave will exceed the time period noted on the Certification of Health Care Provider for Family Members Serious Illness/Injury Form.**

Step 6	FMLA May be Taken – Consecutive or Intermittent (or combination)
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The manner in which FMLA is taken will depend on medical guidance provided by the employees’ family member’s healthcare provider and, if necessary, confirmed by EH&W. When leave is necessary for scheduled treatments by a health care provider, the employee is required to make reasonable efforts to schedule the treatments so as not to unduly disrupt hospital operations.

The department must track the number of hours used in a 12 month rolling period. The following tool is used to track FMLA hours:

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Tracking Form/Excel

Whenever an employee takes FMLA, he or she will use accrued ETO and EIB before the employee will take unpaid leave. (Note: EIB may only be used for self, spouse or children. Please refer to EIB Policy for definition of child.)

Consecutive Leave: Fulltime for up to a consecutive 12 week period

Eligible employees may take up to 12 weeks (the employee's normal work week) or 480 hours of unpaid FMLA in a rolling 12 month period. Eligible FMLA hours are prorated based on FTE status. See timekeeper for tracking information.

Intermittent Leave: It is regularly based on medical needs, caregiver demands, appointments, etc. Intermittent leave is taken on a reduced work schedule by decreasing the number of hours in a workday or workweek. Intermittent leave may not be permitted for adoption or paternity leave (see SAMC FMLA Policy), except in extenuating circumstances. See timekeeper for tracking information.

Example:

1.0 FTE = 480 hours unpaid FMLA

.9 FTE = 432 hours unpaid FMLA

If Intermittent Leave is Disruptive to Operations:

- Department managers may temporarily transfer the employee to an alternate position for which the staff member is qualified and receives equal pay and benefits. Consult Human Resources.

Step 7	Record Keeping
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EH&W stores the Request for FMLA Form, Certification of Health Care Provider for Employee Serious Illness/Injury Form and any other FMLA related information. It is a HIPAA violation for the records to be stored in the employee's departmental employee file.

FORMS FOR EMPLOYEE USE:

Certification of Health Care Provider for Family Members Serious Illness/Injury Form
Request for FMLA Form

FORMS FOR DEPARTMENTAL USE:

Tracking Form/Excel

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Step 8	Upon Employee's Return from Leave
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At the conclusion of FMLA, the employee must communicate the final date to EH&W and their department via e-mail or by written notification.

EMPLOYEE MUST COMMUNICATE ANY UPDATES/CHANGES TO FMLA

Step 9	Employee Exhausts FMLA
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If the employee needs to be out of work for a period longer than 12 weeks allotted to them by FMLA, the employee should be informed that their leave will need to be transitioned to another type of non-FMLA leave. Consult the HR Leave of Absence Policy and Department Manager/Supervisor to determine which leave will apply.