



# Unified Government Human Resources Guide

Effective 03-29-06

## FMLA NOTICE TO EMPLOYEE AND EMPLOYEE ACKNOWLEDGMENT

I have requested, or am currently using a leave of absence that the Unified Government has determined qualifies under the Family and Medical Leave Act (FMLA) and will be counted against my FMLA leave entitlement. I understand that the FMLA and the Unified Government's FMLA policy create certain rights and duties for me concerning FMLA leave.

I also acknowledge the following:

1. I understand that paid or unpaid leave, when taken for any of the following FMLA reasons, will be counted against my annual 12-week FMLA leave entitlement:
    - a. Birth of a son or daughter or to care for such son or daughter, placement of a son or daughter for adoption or foster care; or
    - b. To care for a permitted family member who has a serious health condition; or
    - c. For a serious health condition that makes me unable to perform my job.
  2. **I understand that I must give 30 days notice for leave that is foreseeable and make a reasonable effort to schedule treatment so as not to unduly disrupt Unified Government operations.**
  3. **I understand that when giving notice of the need for FMLA leave I must explain the reason for the leave to allow the supervisor to determine that the leave qualifies under the Act, and that if I fail to explain the reason, leave may be denied.**
  4. I understand that I must provide the following medical certification:
    - a. In the case of FMLA leave to care for a serious health condition of a permitted family member, I am required to submit a certification issued by the health care provider of the family member that I am needed to care for such family member. **I will complete and sign a portion of the certification showing the care I will provide before giving the certification to the health care provider.**
    - b. In the case of FMLA leave due to my own serious health condition I must submit a certification issued by my health care provider that the condition makes me unable to perform the essential functions of my position. My department will give me a description of the essential functions of my position which I must give to my health care provider.
    - c. If I have notified the Unified Government that my FMLA leave will be on an intermittent or reduced schedule basis, the certification issued by the applicable health care provider must include
      - (1) either
        - (a) a statement that such type of leave is a medical necessity, or
        - (b) a statement that such type of leave is necessary for me to care for the family member or will assist in the family member's recovery; and
      - (2) the expected duration and schedule of such leave.
    - d. **Intermittent leave for birth or adoption is allowed only with the approval of the department head.**
    - e. No certification is required in the case of leave taken on account of the birth or placement of a child.
    - f. If I fail to provide any certification required under this section within a reasonable time under the circumstances, the Unified Government may deny leave until certification is provided or may deny continuation of the leave. **If I fail to provide required certification, I will not be protected by FMLA statutes.**
    - g. **I must provide recertification if requested under the provisions of the policy. Recertification is required a year from the date of which I was initially approved for FMLA Leave.**
  5. Regarding the relationship of FMLA leave to paid leave, I understand that:
    - a. I am entitled to a total of 12 weeks FMLA leave, either paid, unpaid, or a combination of the two.
    - b. Before any unpaid FMLA leave is taken, I must use all accrued vacation leave and sick leave. Paid leave which is classified as FMLA Leave constitutes part or all of the 12 weeks of FMLA for which I am entitled.
  6. I understand regarding maintenance of my benefits that:
    - a. During any period of unpaid FMLA leave, I will accrue seniority, but no other employment benefits.
    - b. I will be responsible for paying my share for group health plan coverage during FMLA leave in the same amount I would pay if I did not take leave. If the Unified Government provides a new health plan or benefits or changes health benefits or plans while I am on FMLA leave, I am entitled to the new or changed plan or benefits to the same extent as if I were not on leave.
      - (1) In order to maintain coverage during unpaid leave, I am required to pay all contributions to medical and dental insurance which would ordinarily be deducted from my paychecks. I must contact the Benefits Administrator in Human Resources to make arrangements to pay the premiums.
      - (2) If premiums are raised or lowered for the group of employees of which I am a member while I am on FMLA leave, I will be required to pay the new premium rates.
      - (3) If I fail to make payments, the result will be cancellation of the particular coverage. A payment which is more than 30 days late is considered to be a failure to pay.
      - (4) Cancelled medical and dental coverages will be reinstated upon my request when I return to work, on the same terms as prior to taking the leave, without any qualifying period, physical examination, or exclusion of pre-existing condition.
    - c. I understand the Unified Government's obligation to maintain health benefits under this policy ceases
      - (1) if and when I inform the Unified Government of my intent not to return from leave; or
      - (2) if I fail to return from leave and thereby terminate employment; or
      - (3) if I exhaust my FMLA leave entitlement.
    - d. If I do not return to work after the period of leave has expired, I must reimburse the Unified Government for its share of the health care coverage premium during the period of unpaid FMLA leave, unless the reason I do not return to work is
      - (1) the continuation, recurrence, or onset of a serious health condition, either of myself or a permitted family member, or
      - (2) other circumstances beyond my control.
  7. **Regarding fitness for duty, I understand that if my FMLA leave (continuous) is due to my own serious health condition, upon my return to work I must submit a certification from my health care provider that I am able to perform the essential functions of my job.**
  8. I understand regarding job restoration that upon return from FMLA leave I shall be entitled to be restored by the Unified Government to
    - a. the position of employment held when the leave began; or
    - b. an equivalent position with equivalent benefits, pay and other terms and conditions of employment.
  9. **Concerning status reports, I understand that while on FMLA leave, I must contact \_\_\_\_\_ on the \_\_\_\_\_ of each month to advise the Unified Government of my status and intent to return to work. Supervisor signature \_\_\_\_\_**
  10. I understand that inquiries regarding FMLA leave should be directed to the FMLA Compliance Officer in Human Resources at 573-5661 and that a copy of the complete policy is available upon request.
- \_\_\_\_\_  
Employee signature
- \_\_\_\_\_  
Date