University of Houston-Victoria Family and Medical Leave / Parental Leave Request

	rployee's Email Address*: *All Communications from HR regarding your FML will be made to this E-mail address.	lress	
Но	me Address: StateZipTelephone#: _		
	partment: Campus:	=	
Suj	pervisor's Name: Telephone		
Pay	y Type: _ Monthly _ Biweekly Normal Months Worked Per Year: _ 12 months _ 9 months In		
I a	m requesting: Family and Medical Leave or Parental Leave		
1.	Is this ajoint application with a spouse who is also a UH System employee?	Yes	N
2.	Is the qualifying condition due to the birth or placement of a care of a child with you for adoption or foster care? Please Indicate: Birth Adoption Foster Care Anticipated Birth/Placement Date:	Yes	N
3.	Is the qualifying event due to Military Leave: ☐ Active Duty Leave ☐ Military Caregiver Leave Active Duty: Qualifying exigency Relationship:	Yes	N
	Military caregiver: Certification of health care provider?	Yes	N
	Certification for Next of Kin?	Yes	N
1.	Is the qualifying condition due to the serious health condition of a child, parent, or spouse of the employee? If leave is requested for a serious health condition of a dependent, please provide the following information: Name: DOB (if child)	Yes	N
5.	Is the qualifying condition due to the serious health condition of the employee? Date of event or onset of condition:// Duration: Last Day worked://	Yes	N
	A		
	Are you requesting intermittent leave? If yes, please provide: Duration of Leave Work/Leave Schedule apployee understands and agrees to the following provisions:	Yes	N
Em	If yes, please provide: Duration of Leave Work/Leave Schedule inployee understands and agrees to the following provisions: A Health Care Provider Certification must be provided within 15 calendar days or my FML will be denied. If university medical certification is incomplete, I will be informed in writing what additional information is necessary to make the ce and sufficient. I will report periodically during FML leave (at least once per week) to my supervisor on my leave status and intention to respect to the following provisions:	determine rtification to v	es than com
Em•	If yes, please provide: Duration of Leave Work/Leave Schedule mployee understands and agrees to the following provisions: A Health Care Provider Certification must be provided within 15 calendar days or my FML will be denied. If university medical certification is incomplete, I will be informed in writing what additional information is necessary to make the ce and sufficient. I will report periodically during FML leave (at least once per week) to my supervisor on my leave status and intention to r I must exhaust all sick, vacation, or other paid leave accumulations while taking FMLA leave. Once my paid leave i be placed on leave without pay. After 12 weeks or the amount of approved leave, if I do not return to work or contact my supervisor or manager on or be	determine rtification eturn to v s exhaust	es than com work.
Em	If yes, please provide: Duration of Leave Work/Leave Schedule Inployee understands and agrees to the following provisions: A Health Care Provider Certification must be provided within 15 calendar days or my FML will be denied. If university medical certification is incomplete, I will be informed in writing what additional information is necessary to make the ce and sufficient. I will report periodically during FML leave (at least once per week) to my supervisor on my leave status and intention to r I must exhaust all sick, vacation, or other paid leave accumulations while taking FMLA leave. Once my paid leave i be placed on leave without pay.	determine rtification eturn to v s exhaust fore that	es tha a comvork. ed, I date,
En	If yes, please provide: Duration of Leave Work/Leave Schedule	determine rtification eturn to v s exhaust fore that I will be I werage wi o the con-	es tha a com vork. ed, I v date, billed dition deny
Em • • • • • • • • • • • • • • • • • • •	If yes, please provide: Duration of Leave Work/Leave Schedule	determine rtification eturn to v s exhaust fore that I will be I werage wi o the con-	es that a comvork. I date, billed dition deny

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993, AS AMENDED

The Family Medical Leave Act (FMLA) requires covered employers to provide up to 12 weeks (up to 26 weeks for military caregiver leave) of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. If less than that amount, the employee is eligible for Parental Leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION

- The employee may be required to provide advance leave notice and medical certification. FMLA leave may be denied or delayed if documentation and certification requirements are not met.
- The employee must provide 30 days' notice when the leave is "foreseeable".
- The University of Houston-Victoria requires medical certification to support a request for leave because of a serious health condition, may require a second or third opinion (at the university's expense), and requires certification of fitness to return to work.

JOB BENEFITS AND PROTECTION

- For the duration of FMLA leave, the University of Houston-Victoria must allow the employee to maintain the employee's health coverage under any "group health plan".
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

ENFORCEMENT

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against the employer for violations.
- 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.

FOR ADDITIONAL INFORMATION

Contact the FMLA Coordinator, University of Houston-Victoria

Phone: (361) 570-4803Email: prescottd@uhv.edu

Mail: Office of Human Services Attn: FMLA Coordinator University of Houston-Victoria 3007 N. Ben Wilson Victoria, Texas 77901

This Section To Be Completed By Human Resources Office

Employee's Job Title:	FTE:	Hire Date:/		
Vacation Balance as of last day:	Sick Leave Balance as of last day:			
\Box FMLA –or- \Box Parental Leave is <u>approved with pay</u> from:	to			
☐ FMLA –or- ☐ Parental Leave is <u>approved without pay</u> from	n://	_to/		
Total weeks of approved FMLA or Parental leave:				
\Box FMLA or \Box Parental Leave taken within the last 12 months:				
☐ If FMLA/Parental Leave is not approved, state reason:				
LID Signature	Do	nto		
HR Signature	Date:			

Note:

- HR will report any changes in the approved leave immediately to the Department
- HR will prepare an ePAR to change the employee's status from active to paid or unpaid leave.