

University of Houston System
Family and Medical Leave / Parental Leave Request

Employee Information:

Name: _____ Empl ID: _____
Home Address: _____ State _____ Zip _____
Department: _____ Campus: _____
Supervisor Name _____ Telephone # _____

Request for: Family and Medical Leave -or- Parental Leave

Leave Request Summary

Is this a joint application with a spouse who is also a UH employee? Yes No

Is the qualifying condition due to the birth or placement of a child with you for adoption or foster care? Yes No

Please indicate: Birth -or- Adoption -or- Foster Care

Anticipated birth or placement date: _____

Is the qualifying event due to Military Leave: _____ Active Duty Leave _____ Military caregiver leave? Yes No

Active duty: Qualifying exigency _____ Relationship: _____

Military caregiver: Certification of health care provider: Yes No Certification for next of kin? Yes No

Is the qualifying condition due to the serious health condition of a child, parent, or spouse of the employee? Yes No

If leave requested for serious health condition of dependent, please provide the following information:

Name: _____ Relationship _____ DOB (if child) _____

Is the qualifying condition due to the serious health condition of the employee? Yes No

Are you requesting intermittent leave? Yes No

If yes, please provide: Work/leave schedule: _____ Duration of leave: _____

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

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.

ADVANCE NOTICE AND MEDICAL CERTIFICATION

The employee may be required to provide advance leave notice and medical certification. FMLA leave will be denied if the requirements are not met.

- The employee must provide 30 days notice when the leave is "foreseeable"
- The University of Houston 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 work.

JOB BENEFITS AND PROTECTION

For the duration of FMLA leave, the University of Houston 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.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for the University of Houston to:

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

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.

Employee Section

I understand and agree to the following provisions:

- I have worked for the State of Texas at least 12 months and for the University of Houston at least 1250 hours in the previous 12 months. If less than that amount, I am eligible for Parental Leave for the birth or placement of a child.
- I must exhaust all sick, vacation, or other paid leave accumulations while taking FMLA leave. Once my paid leave is exhausted, I will 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 before that date intended, it will be considered that I abandoned my job.
- I will report periodically during the leave (*at least once per week*) to my supervisor on my leave status and intention to return to work.
- I will receive the state credit for health insurance during the Family or Medical or Parental leave and will be billed for any additional insurance premiums due. Should I fail to pay the additional premiums, my health insurance coverage will be changed to employee only level and optional coverages will be canceled. Continuation of group insurance is subject to the conditions and policies of ERS relating to coverage while on leave without pay.
- I must provide a release to return to work from my physician following my leave. Should I fail to do so, my department may deny restoration of my employment.

Employee Signature: _____ Date: _____

This Section To Be Completed By Your Department

Employee's Job Title: _____ FTE: _____ Hire Date: ____/____/____

Pay Type: Monthly Biweekly Normal months worked per year: 12 months 9 months Other

Date of event or onset of condition: ____/____/____ Last Day Worked: ____/____/____

Vacation Balance as of last day: _____ Sick Leave Balance as of last day: _____

FMLA or Parental Leave is required with pay from: ____/____/____ to ____/____/____

FMLA or Parental Leave is requested without pay from: ____/____/____ to ____/____/____

Total Weeks of Requested FMLA or Parental Leave: _____

FMLA / Parental leave taken within the last 12 months: _____

- Any changes in the approval leave must be reported immediately to the Human Resources Department.
- A Personnel Actions Request (PAR) is required to place the employee on family medical leave and should be submitted to the Human Resources department once family medical leave or parental leave commences (nothing paid and unpaid leave).
- The employee will be given state premium sharing toward the cost of health insurance while on FMLA. The employee will be billed for the amount will be deducted from any sick leave or vacation pay) for additional premiums in excess of the state premium sharing. Should the employee fail to pay the additional premiums, the health coverage will be changed to the Employee Only level and optional coverage will be terminated.
- Continuation of group insurance is subject to the conditions and policies of the 'Employee Retirement System of Texas' relating to coverage while on leave without pay.
- The Human Resources Department may request the department to provide leave records on the employee if necessary for processing benefits including but not limited to disability applications, workers compensation claims, and death claims.

Supervisor Signature: _____ College Business Administrator: _____

(You must forward this form to your College Business Administrator for signature)

Human Resources Section

Human Resources acknowledges _____ weeks of Family and Medical Leave or Parental Leave as approved by the department.

HR Signature: _____ Date: ____/____/____