Family Medical Leave Act (FMLA) FORM #1-Notice of Designation, Request, and Approval



IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Please type or print all information legibly. Once aware of an absence that may qualify under FMLA or to apply for FMLA for a new calendar year, please complete Sections 1 & 2 of this form and return to your Department Head or Supervisor. Further information on FMLA Policy & Procedures, including the terms and conditions of FMLA can be found at https://hr.nim.edu/relations/fmla_index.html.

SECTION 1—FMLA Request - To be Completed by EMPLOYEE or DEPARTMENT								
Employee Name:				10-Di	10-Digit University ID:			
Campus: Department:		Department:		Occu	pational Group/Rank:			
Anticipated Dates of FMLA Leave (if known):								
child of the employee, spouse as defined by Indiana law, or placement of a child through adoption or foster care Due to the employee's serious health condition (Form #2E Medical Certification Required)			ue to care of employee's spouse, child, or parent who as a serious health condition (Form #2F Medical Certification equired) ue to qualifying exigency arising out of the fact that your spouse, child, or parent is on active duty or call to active uty status in support of a contingency operation as a member of the National Guard/Reserves (US DOL Form WH-384 Required)					
Is this leave concurrent with Paid Parental Leave? Yes No								
Have you previously been working at IU on assignment through a temporary staffing agency? Yes No								
SECTION 2—FMLA Time Designation - To be Completed by EMPLOYEE You will be required to use ALL time off accruals during the FMLA leave. All compensatory time (if available) will be used prior to other time off accruals. Please designate the order (1, 2 & 3) in which other time off accruals should be used: PTO/Vacation Sick/Income Protection Holiday								
SECTION 3 To be Completed by DEPARTMENT								
Return comple	eted copy of fo	orm to the employee within 5 bus i	iness days of the emplo	yee no	tifying the department of knowledge of t	the need for FMLA.		
Department Point of Contact Name:					Campus Phone:			
Campus E-Mail Address:					Date Request Received:			
Leave of absence APPROVED for birth or placement of child as requested (FMLA eligibility met) Leave of absence CONDITIONALLY APPROVED pending receipt of certification (FMLA eligibility met) Certification Due By:								
will be designated as FMLA leave. (Continued Next Page)								

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SECTION 3 To be Completed by DEPARTMENT HEAD or SUPERVISOR (continued)				
☐ FMLA request has been DENIED for the following reason:				
Employee has not been employed by IU for 12 months (does not need to be continuous). Only	months have been worked.			
Employee has not worked 1250 actual work hours in past 12 months prior to this leave. Only	hours have been worked.			
Employee did not provide supporting documentation.				
Employee's allotment of FMLA has been exhausted.				
Employee's leave request does not qualify for an FMLA leave.				
Department Point of Contact Signature:	Date:			

SECTION 4 FMLA Information, Rights, & Responsibilities for the Employee

Basic Leave Entitlement

Indiana University provides up to 12 weeks of unpaid, job-protected leave in a calendar year to eligible employees for the following reasons:

- · For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care:
- To care for the employee's spouse, son, 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 on call 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 reintegration 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 service member during a single 12-month period. A covered service member 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 service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

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 Indiana University for at least 12 months (does not have to be continuous). and worked for 1,250 hours for the 12 months immediately preceding the first day of the FMLA leave.

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

You will be required to use 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 information can be found online at

hr.iu.edu and www.wagehour.dol.gov

Copy Distribution: (1) Original to your campus Human Resources office (2) copy to department (3) copy to employee.