

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 employment.

Employee Signature X _____ Date: ____/____/____

Complete and Return to Your Department

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 requested 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 approved leave must be reported immediately to the Human Resources Department.
- A Personnel Action 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 (noting 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 (or 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 coverages will be terminated.
- Continuation of group insurance is subject to the conditions and policies of the 'Employees Retirement System of Texas' relating to coverages 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 X _____ Date: ____/____/____

HUMAN RESOURCES SECTION

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

HR Signature X _____ Date: ____/____/____