

Leave Application

Employee Information

Name: _____

Employee ID: _____

Employee's Email Address: _____

Personal Email Address: _____

** All communications from HR regarding your FML will be made via Email***

Office Phone Number: _____

Other Phone Number: _____

Home Address: _____

State _____ Zip _____

Department: _____

Campus: _____

Supervisor Name: _____

Office Phone Number: _____

Pay Type: ☐ Monthly ☐ Biweekly

Normal months worked per year: ☐ 12 months ☐ 9 months ☐ Other

Regular Work Schedule:

_____ hours per day

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Leave Request Summary

Leave Request Date: From: _____

To: _____

Request for:

☐ Family and Medical Leave

Is this a joint application with a spouse who is also a UH employee?

☐ Yes ☐ No

☐ Parental Leave (Leave due to the birth or placement of a child and the employee have not worked at least 12 months or 1,250 hours over the past 12 month.)

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/placement date: _____

Is the qualifying condition due to the serious health condition of a child, parent, or spouse of the employee?

☐ Yes ☐ No

If leave is requested for a serious health condition of a 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

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

Are you requesting intermittent leave?

☐ Yes ☐ No

NOTE: Recertification is required every 6 months for intermittent leave

UNIVERSITY of HOUSTON

HUMAN RESOURCES

Please read and initial each of the following provisions

- _____ I certify that I have received the Health Care Provider Certification and must return it within 15 calendar days or my FMLA may be denied.
- _____ 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 the schedule return date it may be considered that I abandoned my job.
- _____ I will receive the state credit for **self-only** 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.
- _____ If I am taking FMLA for a personal medical matter, 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.
- _____ I have read the employee FMLA responsibilities.

Employee Signature: _____

Date: _____

Submit your FMLA leave request via the SharePoint portal
<https://uh.edu/human-resources/hr-service-center/fml/>

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.

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 return 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.

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.

Authorization for Release of Medical Information

Medical Information Release Authorization

I authorize the University of Houston Human Resources Benefits Office to obtain medical information related to my Family and Medical Leave Act (FMLA) request as described in this authorization. Please return the original with the Certification of Health Care Provider form and retain a copy for your records.

I understand that I may revoke this authorization at any time in writing; however, the revocation will not apply to information previously released in good faith.

Patient Name: _____

Health Care Provider: _____

Patient Signature: _____ Date: _____

The below section only applies to employees who may need to seek workforce accommodation with Human Resources.

Workplace Accommodation Authorization - (If Applicable)

Equal Opportunity Services Screening

If I request workplace accommodation, I authorize the University of Houston Human Resources Benefits Office to release my Family and Medical Leave Act (FMLA) medical certification and related leave documentation to the Equal Employment Services (EOS) Department for the sole purpose of evaluating and processing my reasonable accommodation request.

☐ **Yes, I authorize this disclosure**

☐ **No, I do not authorize this disclosure**

Signature: _____ Date: _____

FML Employee Responsibilities

1. It is the immediate responsibility of the employee to inform their departments that they are applying for FML including what dates they anticipate being out on FML.
2. Be aware the FML process is a 15 day/2.5 week period that will be denied if the certification is not received.
3. FMLA leave will run concurrently with paid leave (employees will be required to exhaust any paid leave to which they may be entitled i.e. sick, vacation or personal leave).
4. Once you are out on FML, you must contact your department/supervisor at least once a week during the duration of your leave.
5. Provide an email that you check regularly as this will be the communication method for HR when sending you any FML notifications including approval or denial.
6. If you are on FML and are in an unpaid status, it is your responsibility to pay your premiums to ERS directly or you will lose those benefits.