

University of Houston System

Family and Medical Leave / Parental Leave Request

Employee Information:

Name: _____ Empl ID: _____
(Last, First, MI)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the qualifying condition due to the birth of a child or care for a newborn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the qualifying condition due to the adoption or state-approved foster care of a child by the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the qualifying condition due to the serious health condition of a child, parent, or spouse of the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the qualifying condition due to the serious health condition of the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks 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.

REASONS FOR TAKING LEAVE

Unpaid leave must be granted for any of the following reasons:

- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent (but not parent-in-law), who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

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 effect 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 University of Houston Human Resources Department at your campus.
- Contact the nearest office of the Wage and Hour Division listed in most telephone directories under U.S. Government, Department of Labor.

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 approved with pay from: ____/____/____ to ____/____/____

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

Total Weeks of Approved FMLA or Parental Leave: _____

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

If FMLA or Parental Leave is not approved, state reason: _____

- 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

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

HR Signature X _____ **Date:** ____/____/____