



University of Houston-Downtown Family and Medical Leave / Parental Leave Application

Employee Information:

Name: _____ Employee ID: _____

Employee's Email Address:* _____ Telephone # _____

Home Address _____ City _____ State _____ ZIP _____

Department: _____ Division: _____

Supervisor Name: _____ Telephone # _____

Request for: Family and Medical Leave or Parental Leave

***All communications from ESO regarding your FM/Parental Leave will be made via this email address**

Leave Request Summary:

Is this a joint application with a spouse who is also a UHD 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 condition due to military family leave: Qualifying Exigency Military Caregiver Yes No

Active Duty Qualifying Exigency: _____ Relationship: _____ Active Duty Paid Vacation? Yes No

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 give 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 _____

Provisions

I understand and agree to the following provisions:

- I certify that I have received the Health Care Provider Certification and must return it within 15 calendar days or my FML will be denied.
- I understand I will be given state premium sharing toward the cost of health insurance while on FML. If on unpaid leave, I will be billed for additional premiums in excess of the state premium sharing.
- Continuation of group insurance is subject to the conditions and policies of the Employees Retirement System of Texas relating to coverage while on leave without pay.
- I will report periodically during leave (at least once per week) to my supervisor on my leave status and intention to return to work.
- I understand that I may not perform any work while on FML.
 - 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 (26 weeks for military caregiver leave) 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.
 - If applicable, I will provide a physician's re-certification for every 30 days of leave.

Employee Signature X _____

Date _____

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

FMLA requires covered employers to provide up to 12 weeks (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".
- UHD requires medical certification to support a request for leave because of a serious health condition, and may require a second or third opinion (at the university's expense),
- UHD also requires certification of fitness to work.

JOB BENEFITS AND PROTECTION

- For the duration of FMLA leave, the UHD will 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 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.

This Section to be completed by Employment Services and Operations (ESO)

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

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

ESO Signature X _____ Date _____

- NOTE:
- ESO will report any changes in the approved leave immediately to the Department.
 - ESO will prepare an ePAR to change the employee's status from active to paid or 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.
 - ESO Department may request leave records, if necessary, for processing benefits, including but not limited to disability applications, workers compensation claims, and death claims.