



DATE

NAME

ADDRESS

ADDRESS

RE: Family Medical Leave Act

Dear

Introduction

- (Employee Request): This letter is written in response to your request for information regarding Family Medical Leave (FML). Enclosed please find an Employee Rights & Responsibilities Under the Family Medical Leave Act notice and a Certification of Health Care Provider (CHCP) form. The CHCP form is to be completed by you and your health care provider and returned to university Human Resources (fax: 513-558-0676) within 15 calendar days of receipt of this letter. Please be advised that contingent upon certification of an FMLA qualifying condition we will provisionally run FMLA concurrent to any university leave or time off work to which you may be eligible effective your first day of absence.
- (Employer Put on Notice): Enclosed please find an Employee Rights & Responsibilities Under the Family Medical Leave (FML) Act notice and a Certification of Health Care Provider (CHCP) form. The CHCP form is to be completed by you and your health care provider and returned to the university Human Resources (fax: 513-558-0676) within 15 calendar days of receipt of this letter. Please be advised that contingent upon certification of an FMLA qualifying condition we will provisionally run FMLA concurrent to any University leave or time off work to which you may be eligible effective your first day of absence.
- (FMLA time off request approved): University Human Resources has confirmed your time off request under the Family Medical Leave (FML) Act. Attached you will find copies of DOL form WH 382 approving your FMLA time off request and a copy of the Medical Review form. Time off approval is for: Intermittent FMLA time off OR continuous FMLA time off commencing on _____ and ending on _____. If your time off request is continuous, you are scheduled to return on _____.
If you are unable to return as noted, it is your responsibility to contact your supervisor.



General Information

Except as explained below, you have a right under the FMLA for up to 12 work weeks (based on FTE i.e., 100% FTE is 480 hours) of leave in a rolling 12-month period of time. When you return, you will be reinstated to your former position or to an equivalent position with equal pay, benefits and other terms and conditions of employment. Your use of an FMLA leave cannot result in the loss of any employment benefit that you earned or were entitled to before the leave. This requirement applies to the 12 work weeks of FMLA leave.

This is to inform you that:

1. Your supervisor should be kept up-to-date on your time off work and return to work status.
2. Employees who will be absent due to an FMLA condition are required to provide 30-day advance notice of the need to take FMLA approved time when the need is foreseeable or “as soon as practicable” when the need is not foreseeable (“as soon as practicable” generally means at least verbal notice to the employer within one or two business days of learning of the need to take FMLA approved time).

Scheduled appointments are generally foreseeable. When intermittent FMLA approved time is needed, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer’s operation.

3. Employees are to designate when calling in and requesting time off that an absence is in relation to an FMLA qualifying event.
4. The University requires that you substitute paid sick time for periods of absence designated to be FMLA that are consistent with use of sick time. Please refer to the appropriate sick time policy or collective bargaining agreement for more information regarding your rights and responsibilities.
5. If you are eligible for and exhaust your sick time, you may be eligible to use any or all accrued vacation. Please refer to the appropriate Leave of Absence policy or collective bargaining agreement for more information regarding your rights and responsibilities. Your request must be in writing, addressed to your Supervisor, and is irrevocable.
6. Please be advised that should you choose not to elect to use vacation once sick time balances are exhausted, you will not be eligible for the University’s Leave Donation Program, if applicable. This program requires that all paid time be exhausted prior to participation.
7. FMLA will run concurrent with your university time off work policies or collective bargaining unit provisions effective the first day of leave. FMLA approved time off will be counted against your 12 work weeks of FMLA in a rolling 12-month period.



8. Please contact Human Resources, Benefits at (513) 556-6381 to discuss questions regarding FMLA, leaves of absence or to discuss any benefits to which you may be entitled. It is very important that you contact the Human Resources Benefits Office to arrange for payment of any payroll deductions that would normally occur in the event you are placed on a Leave of Absence without Pay.
9. Employees returning to work with restrictions or an accommodation request and those who have been exposed to a contagious disease are required to visit University Health Services (UHS), **Holmes Clinic** before returning to work. You are required to provide work release documentation from your health care provider at the time of the UHS visit. The document should specify your return to work date, specific work restrictions or accommodations needed, the expected duration of the restrictions and the date of next medical evaluation. The UHS medical care provider will give you a Return to Work OR Accommodation Request form that must be presented to your supervisor before returning to work. This process is to be followed until a release without restrictions is provided by UHS.
10. Employees returning to work “full duty” (or without restrictions) must provide a return to work without restrictions note to their supervisor at the beginning of their normal work day/shift. Employees who present a return to work without restrictions/full duty release note are not required to visit UHS before returning to work. This applies to ALL UC employees, including those covered by a collective bargaining agreement.

Should you have any questions about the information outlined in this letter, please do not hesitate to contact me.

Sincerely,

Enclosures: Certification of Health Care Provider form
Employee Rights & Responsibilities document

Cc: Additional department staff as appropriate



