



Family And Medical Leave Act (FMLA) Notification

ADMINISTRATOR INSTRUCTIONS This form is to be used by administrators who are responsible for providing employees with Family and Medical Leave Act (FMLA) information. This form must be submitted to the employee within five business days of the employee's request for FMLA leave, or within five business days of the department's knowledge that a FMLA condition may be present. Contact Employee Relations Department (ER) at Employee-Relations@tamu.edu or 979.862.4027 if you have questions.

Please do not use abbreviations on any fields.

SECTION I: EMPLOYEE AND DEPARTMENT CONTACT INFORMATION

Employee's Name	Date:
Department (<i>Please no abbreviations – print</i>)	UIN
FMLA Administrator	Administrator Contact Phone

SECTION II: REQUEST AND DESIGNATION OF FMLA LEAVE

Beginning Date:	Date you requested (or we became aware of) your need for FMLA leave
Ending Date:	Ending date of FMLA leave request
<input type="checkbox"/> Undetermined - Intermittent Leave	Ending date undetermined/unknown due to intermittent leave

SECTION III: YOUR REASON FOR REQUESTING FMLA LEAVE

Our records show that you may need or have requested FMLA leave due to:

- Your own serious health condition; or
- Birth of child or placement of child for adoption or foster care; or
- A serious health condition affecting your: Child¹ Spouse Parent Other Eligible Individual²
- Your status as a dependent of a covered military service member and need:
 - "Exigency Leave" due to your child, spouse, parent, or other eligible family member being on or called to active duty
 - "Caregiver Leave" to care for a qualified ill or injured service member

¹ You may take FMLA leave to care for your adult child (age 18 or over) if s/he is incapable of self-care and has a physical or mental disability as defined by the ADA. Additional practitioner information may be required to certify such FMLA leave.

² Contact your department's FMLA administrator or ER at 979.862.4027 regarding "In Loco Parentis".

SECTION IV: YOUR NOTICE OF FMLA ELIGIBILITY

Except as explained below, you have a right under The Family and Medical Leave Act (FMLA) to take up to 12 weeks of leave per fiscal year (9/1 through 8/31) for the dates listed above. You are entitled to be reinstated to the same or an equivalent position when returning from FMLA leave, provided you have accounted for your leave as required. You may, under certain circumstances, be required to reimburse Texas A&M University for its share of health insurance premiums paid on your benefit during your FMLA leave in the event you do not return to work following FMLA leave. Please note the following information regarding your FMLA leave:

FMLA Eligibility – You must have at least 12 months of total state service and must work at least 1,250 hours during the previous 12 months of your need for leave to qualify for FMLA benefits. Our records indicate the following:

<input type="checkbox"/> <u>ELIGIBLE</u> You are eligible for FMLA leave and have met the service/hour requirements above. Your leave indicated above (and any other applicable leave) will be counted against your annual entitlement, provided that you meet the documentation requirements in Section VIII.	<input type="checkbox"/> <u>NOT ELIGIBLE³</u> You are not eligible for FMLA leave at this time due to the reasons listed below in Section V; accordingly, your absences listed above will not be designated as family and medical leave. You are required to furnish medical documentation where applicable according to sick leave regulations.
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³ ADMINISTRATORS: If your employee is not eligible for FMLA leave, providing the entire packet is NOT necessary. Provide only this document and obtain the employee's signature. The employee must account for sick leave absences under TAMU sick leave policies. Provide the employee with the Certification of Health Care Provider form if needed for sick leave documentation.

SECTION V: (if applicable) YOU DO NOT QUALIFY FOR FMLA LEAVE BECAUSE:

- You do not have 12 months of state service.
- You have not worked the requisite 1,250 hours within the previous 12 months of your need for leave.
- Your FMLA leave is exhausted for this fiscal year.
- You have more than 12 months of state service, but your new hire date is following a break in service of greater than seven years; additional service is required.

SECTION VI: YOUR RESPONSIBILITIES UNDER THE FMLA

1. Please note that your *eligibility* for FMLA benefits does not necessarily ensure that your leave will be designated as FMLA leave. You must return the necessary documentation **within 15 calendar days** so that we may designate your leave accordingly. Your failure to provide sufficient documentation within that timeframe may result in the delay or denial of FMLA benefits related to this notice.

CERTIFIED MAIL

The 15-day deadline will begin with the first attempted delivery to your address on record if you received this document through certified mail.

EMAIL

You must reply without delay to the sender to acknowledge receipt of this packet if you received this document through email. The 15 day deadline will begin upon your acknowledgment of the receipt of this notice.

OTHER INFORMATION

- Your leave will be provisionally granted as FMLA leave until the requested documentation is received and reviewed. You will be notified if your leave does not qualify for FMLA benefits.
 - You must attach your position description to the certification form (if FMLA leave is for your own condition) to allow your practitioner to accurately assess your return-to-work status.
2. You will be required to present a fitness-for-duty certificate in the event you are missing work due to your own health condition and the medical information on file is unclear as to whether or not you can safely return and perform the essential duties of your position. Lack of clear documentation may result in the delay of your return to work until sufficient information is received.
 3. You will be required to remain in contact with your work area as required by the policies of your department and Texas A&M University. We will expect you to return to work as indicated by the applicable physician's statement(s). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on your latest Dr.'s statement, you will be required to notify us at least two work days prior to the date you intend to report for work so that we can make the appropriate arrangements. Your failure to provide us with the requested notice may result in a delay of your return to work.
 4. Your paid and/or unpaid leaves will run concurrently with any FMLA leave. Paid vacation and sick leave be first used before you are placed into a leave without pay status. You may take unpaid FMLA leave if your sick and vacation accruals are exhausted, or if you are otherwise not eligible for paid leave.
 5. You will be responsible for making applicable monthly payments to your portion of health insurance during FMLA leave. You have a minimum 30-day grace period in which to make premium payments. Please contact ER at 979.862.4027 if you have questions about your premium payments. Your group health coverage for dependents and optional coverage may be canceled as allowed by TAMU policies if payments are not made in a timely manner.

6. You may be required to furnish updated medical information every 30 days relative to your need for FMLA leave. In the event we require you to provide recertification, you will be given at least 15 calendar days from the date you received the request to provide the information.

SECTION VII: EMAIL NOTIFICATION (optional): Applicable Not Applicable

As you have previously discussed with your HR administrator, you have agreed to receive FMLA documents through email at the address below. **Upon your receipt of this and future emails with FMLA information, you must reply back to the administrator without delay to acknowledge receipt of this information.** This FMLA document will be sent to you through certified mail if you fail to reply back to your administrator to confirm your receipt of FMLA information within the closing of the next business day of the email delivery date.

Employee Email Address: _____

SECTION VIII: YOUR SIGNATURE PROVISIONS

Your signature below shows your acknowledgment and advises you of the following:

- a. You should review the entire contents of this document (along with any attachments) upon receipt and contact appropriate personnel in your department in the event you have questions regarding your FMLA leave.
- b. Your leave may not be designated as FMLA leave unless you follow the documentation requirements specified in Section VI. You must contact your supervisor in the event you are unable to provide the necessary documentation by the deadline requested.
- c. FMLA leave will be applied to your leave balances where appropriate and relative to your condition specified in your certification form. You must advise your FMLA administrator if an absence is related to your current certified medical condition;
- d. Your FMLA balance is available through your department’s leave program or database (LeaveTraq, KRONOS, etc.); contact your department’s leave administrator in the event you are unable to access your FMLA balances.
- e. Notify your HR administrator if you believe your FMLA balance is incorrect.
- f. System Regulation 31.03.05 – *Family and Medical Leave* governs your use of FMLA leave. You may obtain a hard copy of this regulation from your administrator, or you may contact ER at *Employee-Relations@tamu.edu* or phone 979.862.4027.
- g. Federal or other FMLA regulations may apply to your leave if unique circumstances are otherwise not covered in this document or applicable attachments.
- h. You are encouraged to contact Human Resources ER department at 979.862.4027 or *Employee-Relations@tamu.edu* if you feel your FMLA rights have been violated.

SECTION IX: FMLA ADMINISTRATOR AND EMPLOYEE SIGNATURES

FMLA Administrator Signature	
My signature indicates I have provided FMLA information to the employee below or designee:	
FMLA Administrator	Date

Employee or Designee Signature⁴	
My signature indicates I have received FMLA information from the FMLA administrator or my designee:	
Employee/Designee	Date

⁴ ADMINISTRATORS: This packet must be sent to the employee by certified mail if the employee 1) chose not, or is unable, to correspond email, 2) elected to communicate through email but did not acknowledge receipt of electronic information, or 3) is otherwise unable to be reached.

Certified Mail# : _____

Date Sent: _____

<p align="center">FORM DISTRIBUTION</p> <p>Employee: Submit to your department’s FMLA Administrator FMLA Administrator: Provide a copy to the employee after obtaining signature; attach return receipt if mailed certified or if it was emailed</p>	<p align="center">NEED HELP?</p> <p>Employee Relations Department (ER) Phone: 979.862.4027 Fax 979.862.3610 Email: Employee-Relations@tamu.edu</p>
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