



ADMINISTRATIVE SERVICES HUMAN RESOURCES
FAMILY AND MEDICAL LEAVE ACT (FMLA)
LEAVE REQUEST

SECTION 1: FMLA Request – to be completed by the employee OR HR Representative:

Family and Medical Leave of Absence is requested due to the following qualifying reason:

- Employee's serious health condition which makes the employee unable to perform the functions of his/her job
Covered military service member with a serious injury or illness who is the spouse, child, parent, or next of kin of the employee
Serious health condition affecting the employee's spouse, child, or parent for which the employee is needed to provide care
Qualifying exigency arising from employee's spouse, child, or parent called for military deployment in a foreign country
Birth of a child and/or to care for a newborn child of the employee OR for placement of a child through adoption or foster care

Medical certification will be required for all FMLA leave requests except those for normal birth, care of a newborn, placement of a child, or for workers' compensation leaves qualifying for time loss benefits.

Anticipated date FMLA is to begin and end (if known)

Employee Name (please print) Date

Contact Information (home phone) (home email)

How do you want to receive FMLA forms? by email by interoffice mail in person by mail to my home

SECTION 2: FMLA Eligibility and Designation – to be completed by the HR Representative

The employee has or has not worked for Whatcom County at least 12 months, and at least 1,250 hours in the previous 12 months and is or is not eligible for FMLA. FMLA counted from roll date:

Leave of absence conditionally approved pending receipt of medical certification due by:

HR will contact you if a medical certification is not received or is not sufficient to determine FMLA eligibility.

- Leave of absence approved and will run concurrently with Workers' Compensation time loss benefits
Leave of absence approved for birth of child or placement of child

For FMLA absences, use these pay types on your timesheet(s):

- Sick (747) Vacation/PTO (714) Personal Holiday (716) Unpaid (802)

Comments:

If workers' compensation claim, employee made irrevocable decision to:

- Receive time loss benefits only Receive time loss AND apply accrued leave to remainder

Comments:

Provided to employee on (date & delivery format):

Available on www.whatcomcounty.us

- FMLA Information & Employee Responsibilities
Medical Certification for: Employee Family member
Fitness for Duty
Flexible Spending Change Form
Teamsters Disability Application
Benefit Change Forms (HR will provide to add newborn)
Maternity Leave Choice
Calendar
Job Description (HR will provide)

HR Representative Date

Please contact me with any questions at 778-5300, extension Distribution: Original – HR, Copy - Employee

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- 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, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter, or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\* or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. \*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing

treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect 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.

[www.wagehour.dol.gov](http://www.wagehour.dol.gov)

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

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