

## UNLV EMPLOYEE'S ROLE IN REQUESTING FAMILY MEDICAL LEAVE (FML)

**Summary:** Learn about your role as an employee in requesting a leave of absence under Family Medical Leave (FML).

**What is FML?** Under FML eligible employees may take job-protected leave for up to twelve (12) weeks in a 12-month period for specified reasons relating to the employee's or qualified family or service member's serious health condition or in connection with the birth or placement of a child, or for a qualified military exigency. FML incorporates both the Federal Family Medical Leave Act (FMLA). An employee who is on FML Leave is entitled to return to his/her same or comparable position at the conclusion of the leave.

The FML 12-week entitlement is calculated on a backward rolling basis within a 12-month period, from the first date the employee's first FML leave begins. FML may also run concurrently with other employee leave entitlements.

**Under What Circumstances does FML apply?** Eligible employees are entitled to FML leave under a variety of circumstances:

- Birth or placement for a "son or daughter," to bond with a newborn or newly placed "son or daughter" for adoption or foster care; or to care for a son or daughter with a serious health condition (includes child of employee with "in loco parentis" status).
- Care for the employee's spouse, registered domestic partner, or parent with a serious health condition.
- Employee's own serious health condition that makes the employee unable to perform one or more essential functions of his/her job.
- Qualifying Military Exigency Leave (MEL) arising out of the fact that the employee's spouse, registered domestic partner, son, daughter, or parent is on active military duty in the National Guard or Reserve, or has been called to active duty in the National guard or Reserve in a "contingency" military operation.
- Service Member Care Leave (SMCL) for a covered service member with a serious injury or illness, if the employee is the spouse, registered domestic partner, son, daughter, parent, or next of kin of the service member.

**Who is an eligible employee?** All full-time and part-time employees (excluding student employees) employed for at least one academic year or 12 months (does not have to be continuous) preceding the leave are eligible. Employment includes appointments at any NSHE campus. Under FML, all prior state service is counted towards FML eligibility, regardless of any breaks in service. Additionally, any National Guard or Reserve military duty is also counted toward the 12 month eligibility requirement. Student employees are eligible for FML, if employed for at least one year (does not have to be continuous) and have worked at least 1,250 hours in the 12 months preceding the request for leave. If granted FML, students (or other employees) not otherwise eligible for benefits are entitled to unpaid leave and reinstatement rights only.

**When should I notify my employer of an impending leave?** Employees must provide 30 days' advance notice for foreseeable leave, or as much advance notice as is practicable. When 30 days' notice is not possible based upon, for example, an expected birth, placement of a child for adoption or foster care or planned medical treatment for the employee or a family member's serious health condition, the employee must give notice to the employer on the same day that s/he learns of the need for leave, or the next business day, after the need arises for unforeseeable leave, unless impracticable to do so. An

employee who takes a foreseeable leave based on planned medical treatment must make a reasonable effort to schedule planned medical treatment or necessary medical supervision so as to minimize any disruption to campus operations. The employee should provide the anticipated date upon which the leave will commence and the projected duration of the leave to the extent known at the time of providing notice.

**What information do I need to provide in order to qualify for FML?** As explained in more detail below, UNLV has the right to require employees to provide certification of his/her need for leave to care for a qualified family member with a serious health condition as well for the employee's own serious health condition from a health care provider.

**How do I go about asking for a FML?** The following chart provides guidance on the process as well as your responsibilities:

What to do:	How to Do It
<b>Request FML.</b>	<p>A. <b>Inform</b> your supervisor and UNLV's Benefits Office of the need for FML based upon the timeframes referenced above.</p> <p>B. <b>Obtain and complete</b> the necessary request and certification forms (FML Packet) provided by the Benefits Office.</p> <p>C. <b>Review</b> the FML packet provided to you by the Benefits Office upon your request for leave:</p> <ul style="list-style-type: none"> <li>a. <u>Notice of Eligibility</u> - Informs employees of their eligibility/lack of eligibility under FML. The notice also provides information on employee rights and responsibilities for taking leave.</li> <li>b. <u>Employee Rights and Responsibilities under the Family and Medical Leave Act</u> – Provides information about employee Rights and Responsibilities associated with leaves under the Family Medical Leave Act.</li> <li>c. <u>Certification of Health Care Provider (CHCP)</u> – This form must be completed by you/your family member's health care provider to certify that you/your family member's illness is considered a "serious health condition" covered under FML when leave is for a serious health condition. In the case of pregnancy, a physician's note stating the expected leave dates and expected delivery date is required. Certified placement documents will be required for placement of a child.</li> <li>d. <u>Medical Leave of Absence Request Form</u></li> </ul> <p>Contact the Benefits Office to schedule an appointment if advising and planning are required.</p>
<b>Consult your health care provider.</b>	<p>A. <b>Request</b> that you/your family member's health care provider complete the CHCP.</p> <ul style="list-style-type: none"> <li>a. The campus requires that the CHCP form include the date on which the condition commenced and the probable duration of the condition. The campus also requires a statement from the health care provider that the employee is needed to care for the family member, or, if</li> </ul>

	<p>leave is for the serious health condition of the employee, a statement that the employee is unable to perform one or more of the essential functions of his/her job.</p> <ul style="list-style-type: none"> <li>b. If the employee requests an intermittent leave or a reduced work schedule, the campus requires that the CHCP include a statement of the medical necessity for the intermittent or reduced work schedule and estimate of the frequency and duration of the episodes of incapacity.</li> <li>c. The campus also requires an estimate of the employee's modified work schedule and the expected dates and duration of treatment.</li> </ul> <p>B. <b>Complete</b> the State of Nevada - FMLA Leave of Absence Form and submit this form to Absence Management.</p> <p>C. <b>Return</b> the completed CHCP and the State of Nevada FMLA Leave of Absence Request form to the Benefits Office prior to the <b>15 calendar day</b> deadline indicated on your Notice of eligibility.</p> <p><b>DO NOT</b> submit the completed CHCP to your department. This form should be submitted directly to the Benefits Office.</p>
<p><b>It is important that you/your family member's health care provider answer fully and completely all applicable parts of the CHCP. Responses should be the provider's best estimate based upon the provider's medical knowledge, experience, and examination. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine eligibility for FML. CHCP's that are incomplete or insufficient will be returned to the employee and the employee will be directed to obtain the missing information from their health care provider. Failure to timely provide the required information may result in a delay or non-approval of leave.</b></p>	
<p><b>If Leave is Approved - Begin Your FML.</b></p>	<ul style="list-style-type: none"> <li>A. <b>Review</b> the Designation Notice provided to you by the Benefits Office upon receipt of all required documentation.</li> <li>B. <b>Begin</b> taking your leave (or continue your leave if you are already out of the office).</li> <li>C. <b>Comply</b> with all normal call in procedures and notify your department if the absence is related to your FML Leave.</li> <li>D. <b>Keep in contact</b> with your department and the Benefits Office should the dates of your leave change. You should not discuss any medical information with your department. If you are placed on a medical leave, you should not perform any work, including responding to e-mails and/or work related phone calls.</li> <li>E. <b>Report</b> to your department/supervisor any time taken under FML. You are responsible for timely notification to your supervisor regarding time missed under FML, and also identifying that the time missed is being taken under FML</li> </ul>
<p><b>Return to Work</b></p>	<p><b>Employees on leave due to their own serious health condition and returning to work <u>without</u> any restrictions:</b></p> <ul style="list-style-type: none"> <li>A. <b>Request</b> your health care provider to complete the Family &amp; Medical Leave Act (FMLA) Medical Release form (alternately, a doctor note which states the employee may return to work without restrictions is acceptable).</li> </ul>

	<p>B. <b>Submit</b> the completed Family &amp; Medical Leave Act (FMLA) Medical Release form directly to the Benefits Office <b>prior to your return to work date.</b></p> <p>C. <b>Return</b> to work on the appropriate date.</p> <p><b>Employees on leave due to their own serious health condition and returning to work <u>with</u> restrictions:</b></p> <p>A. Any restrictions will be evaluated as a request for reasonable accommodation.</p> <p>B. <b>Request that</b> your health care provider complete the Family &amp; Medical Leave Act (FMLA) Medical Release form.</p> <p>C. <b>Submit</b> the completed Family &amp; Medical Leave Act (FMLA) Medical Release form the Benefits Office for review <b>prior to your return to work date. We recommend that you provide as much advance notice as possible with regards to a request for accommodation in order to avoid a delay in your return date.</b></p> <p>D. <b>Participate</b> in the Interactive Process – The Office for Equal Opportunity will contact you to discuss your request for an accommodation.</p> <p><u>Do not</u> submit the Family &amp; Medical Leave Act (FMLA) Medical Release form to your department. Forms should be submitted directly to the Benefits Office.</p>
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Should you need to submit a request for leave or have questions about FML, please contact the Benefits Office:

HUMAN RESOURCES BENEFITS OFFICE- ABSENCE MANAGEMENT	
<p><b>Michael Villapando</b>  <b>Absence Management Coordinator</b>  <b>(702) 895-1837</b>  <b>Michael.villapando@unlv</b></p>	<p><b>Human Resources Front Desk</b>  <b>(702) 895-3504</b></p>