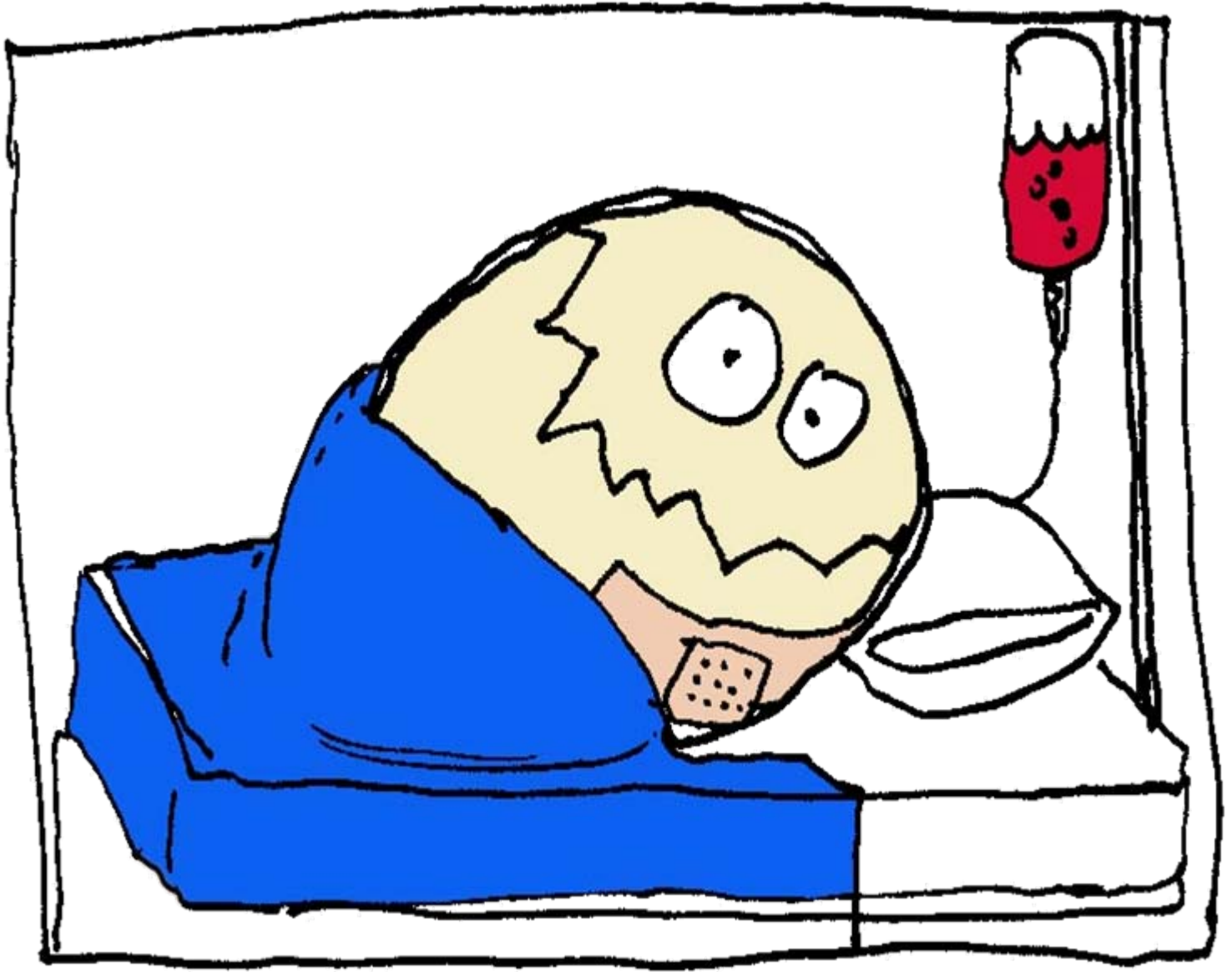




# Family Medical Leave Act (FMLA)







# Objectives

- **Family & Medical Leave Act [FMLA]?**
- **How do you qualify for FMLA leave?**
- **Serious health condition under FMLA?**
- **Your benefits under FMLA?**

# ***What is FMLA?***

- **Federal law - 1993**
- **Job Protection**
- **Up to 12 weeks [unpaid] each school year**

# Who's eligible for FMLA leave?

- Complete at least **12** months of employment (non-continuous)
- Worked min. of **1250** hours within last 12 months **prior** to 1st day of taking FMLA Leave.
- Leave Year
  - September 1-August 31



# **Reasons for taking FMLA Leave?**

- Child Birth**
- Adoption or Foster Care**
- Your serious health condition**
- Care for immediate family member w serious health condition**

# Immediate Family

- Spouse
- Mother or Father (parents) OR loco parentis
- "parent" does not include a parent "in-law".
- Child
  - Son or daughter  $\leq 18$  or
  - +18 if "incapable of self-care" bcs mental or physical disability limits 1+ "major life activities"

# Serious Health Condition?

- Any period of incapacity requiring absence from work for more than three continuous days with continuing treatment by a health care provider\*;
- Continuing treatment by a health care provider for a **chronic** health condition;\* OR
- Any period of **incapacity** connected with **inpatient** care or **overnight** stay in a **hospital**, or residential medical-care facility

# HEALTH CARE PROVIDER

- Drs. medicine or osteopathy
- Podiatrists, dentists, clinical psychologists, optometrists,
- Chiropractors (specific restrictions)
- Nurse practitioners
- *Midwives* who are authorized to practice under Texas law
- (3) Christian Science Practitioners

# What if I only need a few hours off each week?

- Intermittent leave
- Reduced Schedule leave
  - You can be temporarily transferred to alternative position which accommodates recurring periods of leave

# My Responsibilities under FMLA ?

- **TALK** to your supervisor immediately
- Complete the required paperwork and submit it to your supervisor within **15 days**
- ***KEEP IN TOUCH*** your supervisor
- **BRING** Release!



# What are the College's Responsibilities?

1. **Provisional letter**
2. **FMLA leave application**
3. **Certificate of Health Care Provider**
4. **“Employees Rights” under FMLA**
5. **Job protection during FMLA leave**



# **Husband and Wife work at the College, can both take 12 weeks leave?**

**Spouses are entitled to:**

- 1. Combined 12 weeks of FMLA for:**
  - a. Birth**
  - b. Adoption**
  - c. Foster Care**
  - d. Care for child w serious medical condition**

# Spouses Working at DMC

- **2. IF either spouse becomes seriously ill [serious medical condition]**
- **then each spouse may qualify for 12 weeks of FMLA**
  
- **Exception: On FMLA caring for family member**

# Will taking FMLA leave affect my Leave?

FMLA leave will run concurrently

●—————●  
Sick leave(paid)      960 hours (6 months)

●—————●  
FMLA (unpaid)      480 hours (12 weeks)



# **Example:**

## **Serious Health Condition**

- **5 weeks of vacation**
- **5 weeks of sick leave**
- **Apply all paid leave to 12 weeks FMLA**
- **2 weeks unpaid leave**



**Can my supervisor call me  
and request an update on  
my status?**

**Yes**

Additional Certification may be required



**Can Job reinstatement be denied?**

# YES !

- Employees who give notice do not intend to return to work
- Employees exhausted their 12 weeks of FMLA leave [and exhausted all leave]
- Top 10% highly paid, salaried (key) employees
  - Exception: may qualify for ADA accommodation



# **Can supervisor require employee to return to work before completing 12 weeks?**

- **If you fail to submit your health care provider certification.**
- **May not require you to return to work early by offering you light duty assignment.**



# **What happens to benefits while on FMLA leave?**

**EMPLOYEE ONLY**

**Health insurance premiums paid**



# Cost of Employee Only Coverage

**\$300**



*What do I need to do to return to work?*

**Provide Return to Work Release form signed by your health care provider.**

# Haven't worked 12 months and 1250 hours?

- **Vacation**
- **Sick Leave**
- **Personal Leave**
- **Emergency Leave**
  - (Requires Presidents Approval)
- **Maternity/Paternity Leave** (Requires approval)
- **Leave without Pay (LWOP)**

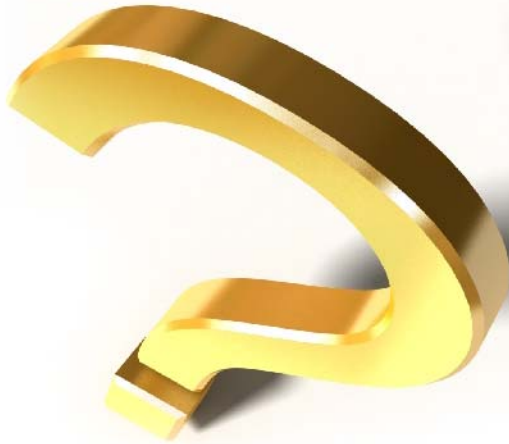
# **What happens when my doctor requests light duty?**

- 1. Notify Supervisor of request**
- 2. Notify Human Resources**
  - a) will provide ADA letter**
  - b) Current job description to your Doctor**
- 3. Doctor must indicate restrictions**
- 4. Accommodation decision made**

# FMLA Checklist

1. Have you worked for Del Mar for 12 mos. & 1250 hours?
2. Is the requested leave for a qualifying reason?
3. Do you have paid/unpaid leave time available?
4. Provide appropriate notice to your supervisor of your need for leave
5. Complete required paperwork
6. **Stay in contact with Supervisor**
7. Provide return to work notice for employee medical condition

# Questions?



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