



FMLA NOTICE AND DESIGNATION FORM

(The Family and Medical Leave Act of 1993)

To Be Completed by Employer

TO: _____
(Employee's Name)

FROM: _____
(Name of Appropriate Employer Representative)

DATE: _____

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:

- The birth of a child, or the placement of a child with you for adoption or foster care; or to care for the newborn child.
- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your spouse, child, same-sex domestic partner, or parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you
(Date)
expect leave to continue until (on or about) _____.
(Date)

1. Is the employee eligible for the Family and Medical Leave Act (FMLA)? (An "eligible employee" is one who at the time leave begins has been employed for at least 12 months (need not be consecutive) and has worked at least 1,250 hours of service during the 12-month period preceding the commencement of leave?) Yes No

2. Does the employee have FMLA leave available? Yes No

If the response to either question 1 or 2 is "No," the remainder of this form need not be completed and only this page need be provided to the employee.

3. FMLA leave is available for the birth of the employee's child and to care for the newborn child; for placement with the employee of a child for adoption or foster care; to care for the employee's spouse, same-sex domestic partner, child, or parent with a serious health condition; and for the employee's own serious health condition.

NOTE: The term spouse as set forth above may include an employee's same-sex domestic partner to the extent that this individual is otherwise covered by our benefits policy. Definition of a child is 18 years or younger, or a child with a physical or mental disability that renders him/her incapable of self-care.

FMLA leave shall not exceed 12 workweeks in a rolling 12-month period measured backward from the date that the FMLA leave is to commence. Only that portion of the leave that does not exceed the 12-week period may be designated or preliminarily designated as FMLA leave.

- Leave of absence is:
- designated as FMLA leave
 - preliminarily designated as FMLA leave
 - not designated as FMLA leave

4. You have a right under FMLA for up to 12 workweeks of unpaid leave in a 12-month period. Your leave of absence will be counted against your FMLA entitlement.
5. Medical certification of the serious health condition is required. Yes No

You must furnish certification before the leave begins or, if that is not possible, **within 15 calendar days** from the date of this request. If you fail to do so, we may: (a) delay the commencement of your leave or (b) withdraw any designation of FMLA leave, in which case your leave of absence would be unauthorized, subjecting you to discipline up to and including dismissal.

6. In accordance with University policy, you must use applicable accrued paid leave during your FMLA leave. Your leave balances are:

	Sick Leave
	Vacation Leave
	Holidays/Floating Holidays

7. The portion of your health care premiums that you normally pay will continue while on FMLA. You have a 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health insurance coverage will lapse.

If the University pays your portion of a premium payment for group health coverage or other benefits (e.g., life insurance or disability payments) during the leave, the University reserves the right to recoup these expenses.

You may be required to reimburse the University for its share of group health insurance premiums if you do not return to work following FMLA leave for a reason other than (a) a serious health condition which would entitle you to FMLA leave or (b) other circumstances beyond your control.

8. You have requested leave on an intermittent or reduced schedule basis. Yes No
9. You will be required to present a fitness-for-duty statement from your health care provider before we restore you to employment if you took leave for your own serious health condition (this does not apply during intermittent or a reduced schedule leave).
10. Upon returning from FMLA leave, you will normally be restored to your original job, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions.
11. (a) Are you a “key employee” under the FMLA definition? Yes No
 (b) If you are a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to Emory.
 (c) At this time, we have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic injury to us.