

**MEMORANDUM**

Department:

Date:

Department FMLA Administrator:

Contact Phone:

To:

From:

---

**Subject: Request and/or Designation of Leave Under the Family and Medical Leave Act**

On \_\_\_\_\_ (date) you notified us (or we became aware) of your need for Family/Medical Leave.

You need this leave beginning on or about \_\_\_\_\_ (date) and ending on or about \_\_\_\_\_ (date).

*If applicable:* Ending date undetermined at this time due to intermittent or unforeseen need for leave.**We understand that you need family/medical 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:  Child  Spouse  Parent; or
- Your status as a dependent of a covered military service member requires:
  - "Exigency Leave" due to your child, spouse, or parent being on or called to active duty
  - "Caregiver Leave" to care for a qualified ill or injured service member

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 reasons/conditions listed above. You are entitled to be reinstated to the same or an equivalent position when returning from FMLA leave, provided applicable procedures are followed. You may, under certain circumstances, be required to reimburse TEES for its share of health insurance premiums paid during your FMLA leave in the event that you do not return to work following FMLA leave. Please note the following information regarding your FMLA leave:

- 1) **FMLA Eligibility:** You must have at least 12 months of total state service to qualify for FMLA leave *and* must have worked at least 1,250 hours during the previous 12 months immediately preceding your need for family/medical leave. Our records show:
  - You are **eligible** for leave under the FMLA 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 item #2.
  - You are **not eligible** for leave under the FMLA because:
    - You do not have 12 months of state service
    - 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; another service year is required
    - You have not worked 1,250 hours within the 12 months prior to your need for FMLA leave
- 2) **FMLA Documentation Requirements and Procedures:** 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 so that we may designate your leave accordingly.
  - You must return the attached medical certification form or other acceptable documentation **within 15 calendar days of your receipt of this notice. If this document is presented to you through certified mail, the 15-day deadline will begin with the first attempted delivery to your last known address.** Your failure to provide sufficient documentation within that time frame may result in the delay or denial of FMLA benefits related to this notice.
  - 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.
- 3) 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 regarding your ability to 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.

- 4) You must remain in contact with your work area as required by your department's policies and the Texas A&M Engineering Experiment Station. 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 doctor's statement, you must 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.
- 5) Your paid and/or unpaid leave will run concurrently with any FMLA leave. Paid vacation and sick leave must be exhausted before you are placed in a leave without pay status. You may take unpaid FMLA leave if you are otherwise not eligible for paid leave.
- 6) You will be responsible for making applicable monthly payments to your portion of health insurance during FMLA leave. You have a 30-day grace period in which to make premium payments. Please contact the Engineering Benefits Representative at 979-458-7693 if you have any questions about your premium payments. Group health coverage for you and your covered dependents may be canceled as allowed by TAMUS policy if payments are not made timely.
- 7) You may be required to furnish updated medical information every 30 days relative to your need for FMLA leave. If you are required to provide recertification, you will be given at least 15 calendar days from the date you received the request to provide the information.
- 8) **Employee Signature Provisions:** Your signature verifies your receipt of this notification and acknowledges the following:
  - a. You have reviewed the entire contents of this memorandum (along with any attachments) upon receipt and will contact appropriate personnel in your department if 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 item #2. 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 balance where appropriate based upon the condition specified in your returned certification form. You must advise your FMLA administrator if your condition is causing intermittent FMLA leave; otherwise, such leave may not be designated as FMLA leave.
  - d. **IMPORTANT:** Please note the following regarding your FMLA balance:
    - Your FMLA balance is available through LeaveTraq. Contact your department's leave administrator if you are unable to access your FMLA balances.
    - You are responsible for notifying appropriate department personnel in a timely manner if you believe your FMLA balance is incorrect.
  - e. System Regulation 31.03.05 – *Family and Medical Leave* governs your use of FMLA leave. You may obtain a copy of this regulation from your administrator or view the regulation at: <http://policies.tamus.edu/31-03-05.pdf>.
  - f. Federal or other FMLA regulations may apply to your leave if unique circumstances are otherwise not covered in this memorandum or applicable attachments.
  - g. If you have received this information on *behalf* of an employee, you must provide this information to the employee as soon as possible.
  - h. You are encouraged to contact Engineering Human Resources at 979-458-7699 if you feel your FMLA rights have been violated.

### Signatures:

My signature indicates I have provided FMLA information to the employee or his/her designee.

*FMLA Administrator:*

*Date:*

My signature indicates I have received and understand the FMLA information provided in item 8 above.

*Employee/Designee:*

*Date:*

### FORM DISTRIBUTION:

- **Employee**—Submit this signed form to your department's FMLA Administrator.
- **FMLA Administrator**—Provide a copy of this signed form to the employee after obtaining signature; attached return receipt if sent through certified mail.

### QUESTIONS?

Contact *Engineering Human Resources*  
Phone: 979-458-7699  
Email: [engineeringhr@tam.u.edu](mailto:engineeringhr@tam.u.edu)