

# **Family Medical Leave Act (FMLA) Employee Packet**

- **FMLA Introduction and Qualifications**
- **Employee Request Form**
- **Medical Certification Form**
- **Employee Rights and Responsibilities**

# Family Medical Leave Act (FMLA)

## Introduction and Qualifications

Clemson University recognizes that during an employee's career, situations requiring prolonged or intermittent absences from work can occur.

Clemson University and the Family and Medical Leave Act (FMLA) provide you with the right to take job-protected leave with continued medical benefits.

### Who Can Use FMLA?

In order to take FMLA leave, you must work for a covered employer such as the State of South Carolina and have met these additional criteria:

- You must have been employed by a State of South Carolina agency for at least 12 months.
  - These 12 months must not be consecutive, but your break in service cannot have been more than a seven-year period.
- You must have worked for the State of South Carolina agency for at least 1250 hours in the last 12 months before you take leave.
  - This minimum 1250 hours calculation includes actual hours worked, including overtime hours worked.
  - This minimum 1250 hours calculation excludes annual, sick, personal, holiday, or compensatory time.

### When Can You Use FMLA?

If you are an eligible employee, you can take up to 12 weeks of FMLA leave in a calendar year for a variety of reasons, including:

#### Serious Health Condition

- You are unable to work because of your own serious health condition.
- You need to care for your spouse, child or parent who has a serious health condition.

#### Military Family Leave

- Your leave is for specified reasons related to certain military deployments.
- You need to care for a covered service member with a serious injury or illness.

#### Expanding Your Family

- You are unable to work because of the birth of a child and to bond with the newborn child.
- You are unable to work because of the placement of a child for adoption or foster care and to bond with that child.

### What Can the FMLA Do for You?

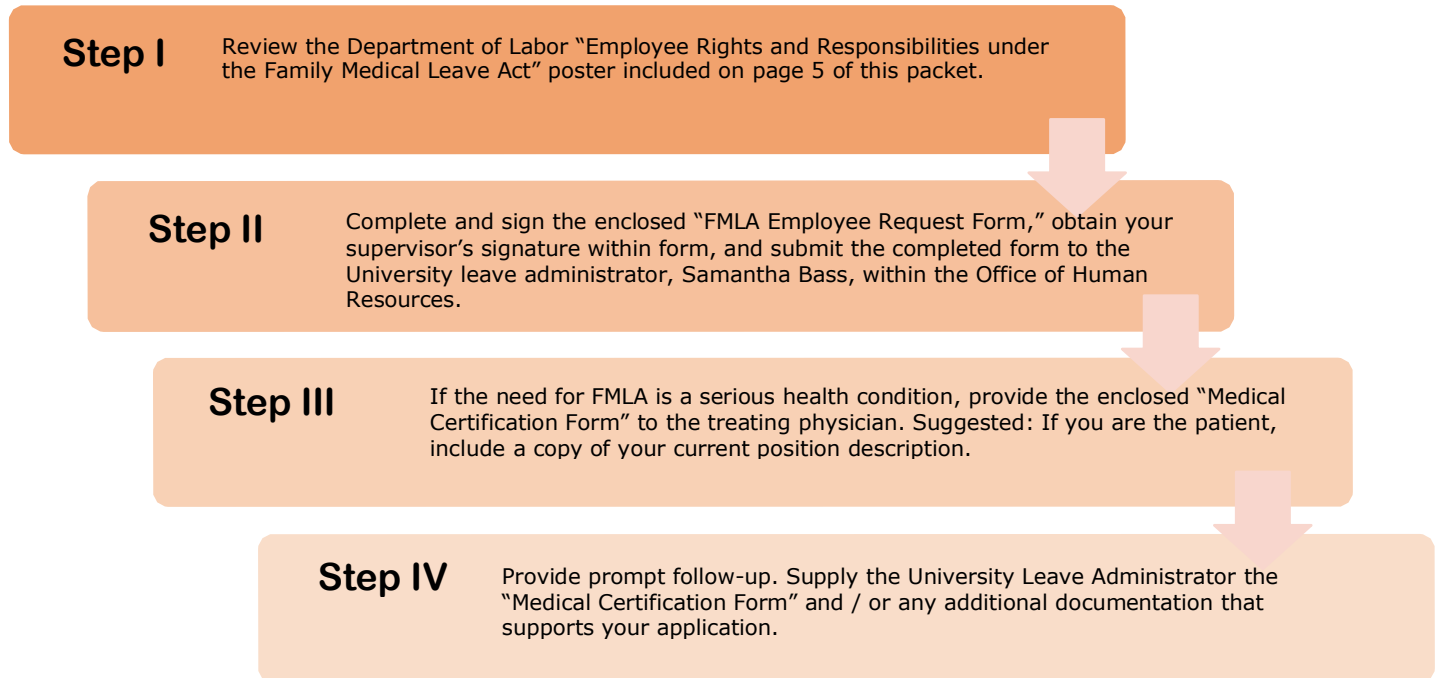
Approved FMLA leave offers you the following:

- 12 weeks of leave in a calendar year period.
- Uninterrupted health care insurance. The University will continue to pay the employer portion of your health insurance premiums, and you will continue to pay your portion of the insurance premiums.
- Job protection. As long as you are able to return to work before you exhaust your FMLA leave, you will be returned to the same job (or one nearly identical to it).
- Flexibility:
  - You can take FMLA leave as a single block of time or in multiple, smaller blocks of time, or on a part-time basis if the need to do so has been medically documented.

- By itself, FMLA leave is unpaid leave. However, if you are eligible for paid leave and have sick leave, annual leave, grant personal leave or other paid leave available, you will be required to use your available balances.

### Application Suggestions

- When possible, give the University at least 30-days advance notice.
- Immediately contact the University leave administrator (864-656-2000) in the event of an emergency situation.
- Provide the University information, which allows the leave administrator to act as your advocate when necessary and to determine whether your leave can be covered by the FMLA, affording you job protection.



### What You Can Expect

You will receive two communications from the Office of Human Resources throughout the request process. These communications will be mailed to your home address listed in the human resources information system:

1. Within five business days of receiving your "Employee Request Form," the Office of Human Resources will notify you whether you are *eligible* for FMLA leave and if additional documentation is needed to determine if your leave qualifies as FMLA leave. Documentation must be provided in a timely manner.
2. Within five business days of receiving all requested documentation, the Office of Human Resources will notify you if your leave has been *approved* as FMLA leave and the final decision regarding your request.

### Questions

If you have any questions regarding the Family Medical Leave Act, please contact the University Leave Administrator, Samantha Bass, at [sbass@clemsun.edu](mailto:sbass@clemsun.edu) or at (864) 656-2002.

**CLEMSON UNIVERSITY  
FAMILY MEDICAL LEAVE ACT (FMLA)  
EMPLOYEE REQUEST FORM**

*Office of Human Resources, Administrative Services Building, 108 Perimeter Rd. Clemson, SC, (864) 656-2000*

Family medical leave is governed by the Dept. of Labor's Family Medical Leave Act of 1993. This request for leave must be accompanied by the *Clemson University Medical Certification Form*, which is to be completed by your health care provider.

**Employee Name:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Department Number:** \_\_\_\_\_ **Department Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Purpose of Leave (check one):**

Employee's personal illness    Nature of illness: \_\_\_\_\_

Childbirth     Adoption     Foster Child    Expected date: \_\_\_\_\_

Military Caregiver Leave (Employee's spouse, child, parent, or next of kin)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Military Qualifying Exigency Leave (Employee's spouse, child, or parent)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Care of seriously ill family member (Employee's spouse, child or parent)  
Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FMLA Request Begin date:** \_\_\_\_\_ **FMLA Request End date** (if known): \_\_\_\_\_

**Types of leave which must be taken concurrently during FMLA, in accordance with Clemson University policy:**

- |                            |   |
|----------------------------|---|
| Paid Sick Leave:           | During FMLA period for personal illness.  |
| Paid Family Sick Leave:    | During FMLA period taken for the care of a seriously ill family member for a maximum of ten calendar days per year.   |
| Paid Annual Leave:         | During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.  |
| Paid Grant Personal Leave: | During the FMLA period for personal illness or care of a seriously ill family member.   |
| Paid Compensatory Time:    | During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.  |
| Unpaid Leave:              | During any FMLA period after which all other types of leave have been exhausted. <ul style="list-style-type: none"><li>▪ If the unpaid leave of absence extends more than 30 days, an Extended Leave of Absence Request form must be completed.</li></ul> |

I certify that the information above is accurate. I understand that I must provide medical documentation for any FMLA period requested and that I must notify my department and/or the Office of Human Resources immediately if any of the information above changes.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the supervisor of the employee named above, I am aware that the employee is applying for family medical leave.

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLEMSON UNIVERSITY**  
**FAMILY MEDICAL LEAVE ACT (FMLA)**  
**MEDICAL CERTIFICATION FORM**  
*(To be completed by health care provider)*

*Office of Human Resources, Administrative Services Building, 108 Perimeter Rd, Clemson, SC, (864) 656-2000*

**Note to employee:** Family medical leave is governed by the Dept. of Labor's Family Medical Leave Act of 1993. Have your health care provider complete this form and submit it using the mailing directions below. Applicants must submit the [Family Medical Leave Request Form](#). Also, you are encouraged to provide your health care provider with a copy of your current position description, which can be obtained from your HR partner.

**Note to Health Care Provider:** "The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

**Employee Name:** \_\_\_\_\_

**Patient Name:** (If other than the employee): \_\_\_\_\_

**Name of Health Care Provider:** \_\_\_\_\_

Name and Type of Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Date Condition Began:** \_\_\_\_\_ **Expected Duration/End Date:** \_\_\_\_\_

If FMLA is for illness of the employee, is the employee able to perform essential job functions?

Yes  No  FMLA is not for illness of employee

If FMLA is for the care of a seriously ill family member, does the family member need assistance with basic care?

Yes  No  FMLA is not for the care of a seriously ill family member

Is inpatient hospitalization of the patient required?  Yes  No Begin date: \_\_\_\_\_

State reason for FMLA and the nature of care the patient requires (e.g. dependent child born premature; requires 6 weeks additional in-home, ongoing care): \_\_\_\_\_

Is the reason for FMLA and the care the patient requires medically necessary?  Yes  No

**Please check one.** The patient/caregiver needs FMLA:

For a single continuous period of time (full-time)  On a part-time or reduced schedule (intermittent)

If you selected "part-time or reduced schedule (intermittent)" above, please estimate the treatment schedule or reduced work schedule, including dates and times, reduction of hours, etc.: \_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider: Please return completed form to:**

Attn: Samantha Bass

Clemson University, Office of Human Resources, Box 345337 – 108 Pearman Blvd., Clemson, SC 29634-5337

Fax (864) 656-4672; Phone (864) 656-2002

*The Office of Human Resources reserves the right to verify the information provided on this document, including but not limited to the patient's medical condition, beginning and ending dates, and physician's signature.*

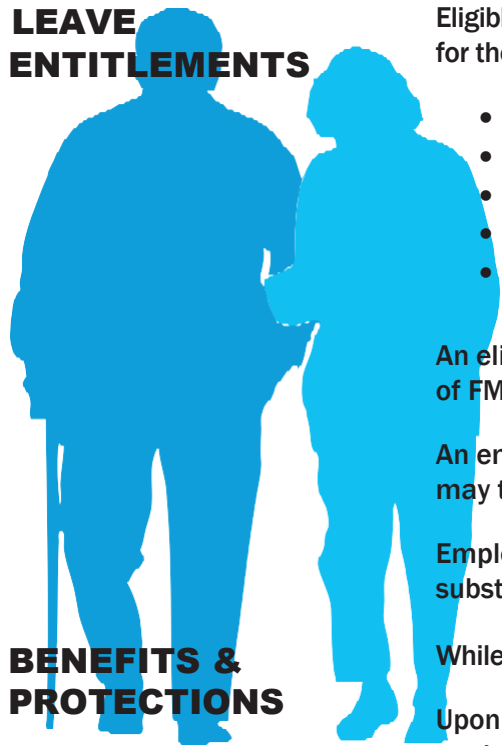


# EMPLOYEE RIGHTS

## UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### BENEFITS & PROTECTIONS

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

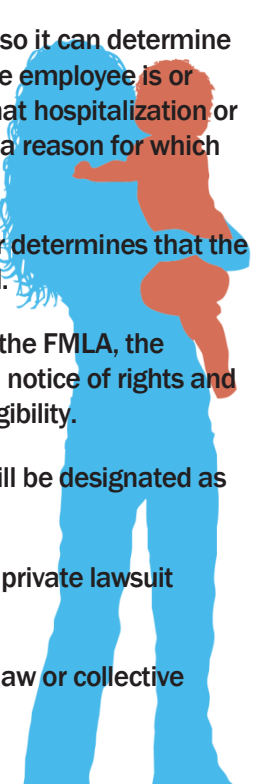
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

### EMPLOYER RESPONSIBILITIES

### ENFORCEMENT



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627



**WWW.WAGEHOUR.DOL.GOV**

U.S. Department of Labor | Wage and Hour Division

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