



*Community  
Options*

# NOTICE OF REQUEST FOR FMLA

(Family Medical Leave)

INFORMATION FOUND IN THIS PACKET:

- ✓ Instructions
- ✓ Employee Rights and Responsibilities Under FMLA
- ✓ Notice of Designation, Request, Approval and/or Denial of FMLA (Family Medical Leave).

CONTACT INFORMATION:

Human Resource Department  
4909 Shelburne Street  
Bismarck, ND 58503  
Phone: 701-223-2417  
Fax: 701-223-2843

## INSTRUCTIONS

- **Employee Rights and Responsibilities Under FMLA**
  - Please read.
  - Contact Human Resources with any questions regarding your FMLA request or leave.
- **Notice of Designation, Request, Approval and/or Denial of FMLA (Family Medical Leave)**
  - Employee requesting FMLA complete the following sections:
    - Employee Information
    - Section 1—FMLA Request
      - Check the appropriate boxes that fit your request
      - Complete the anticipated beginning and end of your FMLA
      - Sign and Date
      - Return this form to your supervisor.
        - Your supervisor will forward this form to Human Resources.
  - Section 2 will be completed by the Human Resource Department.
    - Human Resources will provide you with a copy of this completed form with additional information/forms, if applicable.

**\*Important Note** - If employee is out on a medical emergency and is unable to complete this form, the supervisor may complete the form and sign it, then send it to Human Resources. The medical information will then be sent to the employee's home address on file.

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)



U.S. Wage and Hour Division



**NOTICE OF DESIGNATION, REQUEST, APPROVAL  
AND/OR DENIAL OF FMLA (FAMILY MEDICAL LEAVE)**

<b>EMPLOYEE INFORMATION</b>			
Employee Name			
Phone Number		Cell Number	
Program	Job Title	Location	

**SECTION 1 – FMLA REQUEST – To be completed by EMPLOYEE (or Supervisor if Employee is unable to)**

*This Family and Medical Leave of Absence is for the following qualifying reason:*

- |  |   |
|--|---|
| <input type="checkbox"/> Due to the birth of a child and/or to care for a newborn child of the employee, spouse (as defined by Indiana law), or qualified same-sex domestic partnership –OR- placement of a child through adoption or foster care.<br><input type="checkbox"/> Due to the employee's serious health condition<br><input type="checkbox"/> Due to a covered service member with a serious injury or illness who is the:<br><input type="checkbox"/> spouse/same-sex domestic partner,<br><input type="checkbox"/> child/ child of the same-sex domestic partner,<br><input type="checkbox"/> parent, or<br><input type="checkbox"/> next of kin of an employee. | <input type="checkbox"/> Due to care of the employee's<br><input type="checkbox"/> spouse/same-sex domestic partner,<br><input type="checkbox"/> parent who has a serious health condition.<br><input type="checkbox"/> Due to a qualifying exigency arising out of the fact that your<br><input type="checkbox"/> spouse/same-sex domestic partner,<br><input type="checkbox"/> child/ child of the same-sex domestic partner,<br><input type="checkbox"/> parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. |
|--|---|

Anticipated date FMLA leave is to:                      Begin: \_\_\_\_\_ End: \_\_\_\_\_

If qualified for FMLA and approved, I will be required to use all my available personal leave time (PLT) during my FMLA leave; I have completed a "Leave Request" form and provided it my supervisor requesting pay out of my PLT. I understand that while on leave I will not accrue PLT until I return back to full-time status.

_____	_____
Employee Signature	Date of Signature

Employee is out on medical leave and was unable to complete this form.

_____	_____
Supervisor Signature	Date of Signature

**SECTION 2 - To be completed by HUMAN RESOURCES DEPARTMENT.**

- Leave of absence approved for birth of child or placement of child (FMLA eligibility met)
- Leave of absence conditionally approved pending receipt of the following form:
- Certification of Health Care Provider for Employee's Serious Health Condition – form WH-380-E
  - Certification of Health Care Provider for Family Member's Serious Health Condition – form WH-380-F
  - Certificate of Serious Injury or Illness of Covered Service Member for Military FMLA -- form WH-385
- Certification is due by \_\_\_\_\_ (allow at least 15 days)
- Certification provided is not complete or sufficient to determine whether the FMLA applies. You must provide further information no later than \_\_\_\_\_ (allow at least 7 days) or your leave may be delayed or denied.
- Information needed to make the certification complete and sufficient is:
- \_\_\_\_\_
  - \_\_\_\_\_
- Certification was received on \_\_\_\_\_ (date), has been reviewed and **final approval** is granted.
- All leave taken for this reason will be designated as FMLA leave.



FMLA leave *denied* because:

- Employee has not been employed by CORES for 12 months (does not need to be continuous).
- Employee has not worked 1250 actual work hours in past 12 months prior to this leave.
- Employee did not provide supporting certification
- Employee's allotment of FMLA has been exhausted
- Employee's leave request does not qualify for an FMLA leave

**Point of Contact: Human Resource Department - 701-223-2417**

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Human Resource Department Signature

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Date of Signature