

Employee Name

PERNR

CUL

Purdue University
Human
Resources
Revised 1/17



Family and Medical Leave Act Request and Notice

The Family and Medical Leave Act (FMLA) is a federal regulation that grants ELIGIBLE EMPLOYEES the right to take up to 12 workweeks of job-protected leave over a 12-month period for FMLA covered medical and family reasons. An employee is eligible for up to 26 workweeks of leave in a SINGLE 12-MONTH PERIOD to care for a COVERED SERVICEMEMBER, limited to a combined total of 26 workweeks for all types of FMLA leave. This Request must be completed on each occasion that an employee notifies the University of the need for FMLA leave, including leave due to a SERIOUS HEALTH CONDITION eligible for Worker's Compensation. Only one such request is required in cases of INTERMITTENT or REDUCED SCHEDULE LEAVES, unless the circumstances regarding the leave change. In the event of unforeseen leave, this Request will be provided to the employee by mail or otherwise as soon as possible. Please refer to the University's FMLA policy (VI.E.1) for details and definitions of capitalized terms.

Section I – To Be Completed By Employee Requesting Leave

A. Employee Information

Employee's Name—Printed

Patient's Name (if different from employee)

Org Unit Name(s) and Number(s)

Relationship to Employee

Employee's Direct Supervisor Name - Printed

Business Office Contact

B. Expected Leave Dates

Continuous:

My leave is expected to begin on _____ and end on _____

Intermittent:

My leave is expected to begin on _____ and end on _____

Reduced Schedule:

My leave is expected to begin on _____ and end on _____

C. Reason for Leave

Requested leave of absence is due to the following FMLA-qualifying event:

Employee's Serious Health Condition (See Section V for definition of Serious Health Condition)

Birth of SON or DAUGHTER

Does your spouse work at Purdue? Yes No Will you be sharing eligible time with spouse? Yes No

Placement of a SON or DAUGHTER for adoption or foster care

Does your spouse work at Purdue? Yes No Will you be sharing eligible time with spouse? Yes No

Care for SON or DAUGHTER during the twelve months following birth or placement

Does your spouse work at Purdue? Yes No Will you be sharing eligible time with spouse? Yes No

Care for my SPOUSE who has a serious health condition; PARENT (excluding in-law), who has a serious health condition; SON or DAUGHTER under age 18 who has a serious health condition SON or DAUGHTER age 18 or older who has a serious health condition and who is incapable of self-care because of a mental or physical disability as defined under FMLA.

QUALIFYING EXIGENCY arising out of the fact that the employee's: Spouse; Son/ Daughter; or Parent is a COVERED MILITARY MEMBER on COVERED ACTIVE DUTY (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

Note: An Eligible Employee who is granted leave for a Qualifying Exigency is entitled to a maximum of up to 12 workweeks of leave for the Qualifying Exigency.

Care for a Covered Servicemember with a SERIOUS INJURY OR ILLNESS, if the employee is the: Spouse; Son or Daughter; Parent; or Next of kin of the covered service member.

Note: An Eligible employee who is granted leave to care for a covered Servicemember is limited to a combined total of up to 26 workweeks for all types of FMLA leave in a Single 12-Month Period.

Employee Acknowledgement and Consent

I acknowledge that I have received a copy of the FMLA Notice. I acknowledge that it is my responsibility to ensure that my contact information (i.e., address and phone number) is updated and accurate (see your business office or [HUMAN RESOURCE SERVICE CENTER \(HRSC\)](#)). I permit Purdue University Human Resources or its designated HEALTH CARE PROVIDER/third party administrator to contact me or a FAMILY MEMBER'S health care provider for purposes of obtaining clarifying information and authenticity of the *FMLA Medical Certification Form*, or the *Certification for Serious Injury or Illness of Covered Servicemember* form, if necessary. I also understand I may need to sign an authorization form to release medical information, per the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

D. Signature

Signature of Employee Requesting Leave

Date

Employee go to Page 2

Employee Name _____ PERNR _____ CUL _____

Section II – To Be Read and Completed by Employee Prior to Taking Leave

Employee’s Pay Direction for Duration of Leave

The following should be considered when taking an FMLA-qualifying leave:

For the employee’s own Serious Health Condition, but not due to the birth of a Son or Daughter: available, unused paid sick leave **must** be used during FMLA leave. Upon exhausting all paid sick leave, an employee may choose to use accrued, unused paid vacation, paid personal business days (for faculty or administrative and professional staff), or paid personal holiday (for clerical and service staff).

NOTE: Sick leave is not required, but may be used, when disability or Worker’s Compensation benefits are being paid in conjunction with FMLA leave.

For the Serious Health Condition of the employee’s family member, available, unused paid sick leave **must** be used during FMLA leave. An employee is limited to 10 workdays (calculated based upon CUL) of sick leave per fiscal year for family illness purposes. Upon exhausting all eligible paid sick leave, an employee may choose to use accrued, unused paid vacation, paid personal business days (for faculty or administrative and professional staff), or paid personal holiday (for clerical and service staff).

Both Spouses are employed by Purdue University and are eligible for FMLA leave: couples are limited to a combined total of up to 12 workweeks of FMLA leave for the birth of a Son or Daughter, placement of a Son or Daughter for adoption or foster care, and bonding with a Son or Daughter during the 12 months following birth or placement. Employees may choose to use accrued, unused paid vacation, paid personal business days (for faculty or administrative and professional staff), or paid personal holiday (for clerical and service staff) without supervisory approval.

Special Consideration When Becoming the Parent of a Newborn or Newly-adopted Son or Daughter

An employee may use a variety of paid and unpaid leaves such as sick leave, paid parental leave, vacation leave, personal business days (for faculty and administrative and professional staff), personal holiday (for clerical and service staff), and short-term disability benefits (for clerical and service staff). Refer to Paid Parental Leave policy for more information.

A. Pay Direction

Employee’s request for leave will be recorded as FMLA leave. Upon consultation with HRSC or my business office, and realizing that sick leave must first be used during leaves that involve the employees own illness/injury and for a family member’s serious health condition, except Paid Parental Leave. I request the following pay direction to be followed:

<u>Rank in Order of Use</u>	<u>Type of Leave</u>	<u>Number of Hours to be Taken</u>
	Paid Parental Leave	
	Sick Leave [including 10 workdays (or 80 hours) for family member, if applicable]	
	Vacation	
	Personal Business Days or Personal Holiday (whichever is applicable)	
	Unpaid Leave	

B. Workers Compensation Only:

The University will automatically use sick leave for the seven (7) calendar day worker’s compensation waiting period unless you indicate otherwise.

_____ I **DO NOT** wish to use sick leave for my worker’s compensation seven (7) calendar day waiting period.

C. If there is a possibility that your FMLA leave may be eligible for Short Term Disability or Workers Compensation Benefits, please check one of the following if you wish to supplement.

_____ **Supplement** disability or Worker’s Compensation benefits according to the pay direction indicated above, in Section A.

OR

_____ **Do not supplement** disability or Worker’s Compensation benefits with any paid leaves I may have available.

Employee Name	PERNR	CUL
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A. FMLA Request/Initiation Check one:

- Employee requested leaves Department/HRSC initiated leave due to employee's absence

B. Eligibility Notice: When an employee requests FMLA leave, or when the University acquires knowledge that an employee's leave may be for an FMLA-qualifying reason, the person providing this Notice must notify the employee of his or her eligibility to take FMLA leave within five business days, absent extenuating circumstances. The employee meets the eligibility requirements for FMLA leave if all three items below are checked.

- Employee has been employed by Purdue for at least 12 months, consecutively or non-consecutively. Employment periods prior to a break in service of seven years or more need not be counted in determining whether the employee has been employed by the University for at least 12 months. If the break in service is occasioned by the fulfillment of the employee's National Guard or Reserve military service obligation, the time served performing the military service will be counted in determining whether the employee has been employed by the University for at least 12 months.
- Employee has worked at least 1,250 actual work hours in past 12 months (excluding paid and unpaid leaves). Only hours actually worked are counted toward satisfaction of the 1,250 hours requirement.
- Rolling year allotment of FMLA (12 workweeks) has not been exhausted.

NOTE: The above does not indicate final designation of employee's absence as FMLA leave. Upon receipt of all appropriate, completed FMLA documentation, HRSC will inform the employee, within five business days, whether his/her leave will be designated as FMLA leave.

- Employee is not eligible for FMLA leave due to one or both of the following reasons:
- Employee has not met the FMLA's 12-month length of service requirement.
 - Employee has not worked at least 1,250 actual work hours (excluding paid and unpaid leaves) during the 12-month period preceding the start of the leave.

C. Available Leave balances as of: _____ (date). (Amounts are calculated using the most recent data from SAP and may not reflect activity within the current pay period.)

<u>Type of Leave</u>	<u>Balance</u>
100% Sick Leave	
75% Sick Leave	
Sick Family Leave*	
Vacation	
Personal Business	
Personal Holiday	
FMLA	
PPL	

*Employee may use up to 10 days per fiscal year of his/her above allotment of sick leave to care for a family member. The Sick Family Leave balance above is not additional sick leave hours.

D. Insurance

- During paid leave, insurance premiums will be deducted from employee's paycheck. In the event of unpaid leave, contact HRSC at (765) 494-2222 or 1-877-725-0222 to arrange for health insurance premium payments.
- Employee currently does not have insurance benefits through Purdue University.

E. Return-To-Work Statement

Employee **will** **will not** be required to provide a return-to-work statement certifying that he or she is able to return-to-work prior to being restored to employment. (See Section IX for an explanation).

F. Certification

I certify that, on _____, the FMLA Notice was Hand-delivered to employee; Employee generated; Mailed to employee at home address campus address; Faxed to employee

Name, Phone Number, and E-mail Address (Printed) of Person Providing Notice to Employee

Signature of Person Providing Notice to Employee

NOTE: Employee will receive a copy of the Notice. All correspondence will be sent to the employee's home address on record.

Employee Name	PERNR	CUL

A. Key Employee Designation Check only if applicable. Employee is a key employee as defined by FMLA regulation

B. FMLA Request and Notice

Received _____ (date) Completed _____ (date)

C. Medical Certification Form

Received _____ (date) Completed _____ (date)

D. Certification of Birth (if applicable)

Received _____ (date)

E. Adoption/Foster Care Documentation (if applicable)

Received _____ (date)

F. Military Certification – Qualifying Exigency (if applicable)

Received _____ (date) Completed _____ (date)

G. Military Certification – Serious Illness/Injury of Covered Servicemember (if applicable)

Received _____ (date) Completed _____ (date)

Comments: _____

H. Leave Designation

Your leave of absence is approved and **will** be counted against your FMLA leave entitlement.

Your leave of absence is not approved & **will not** be counted against your FMLA leave entitlement. This leave is not a job-protected leave and may be considered unauthorized, and you could be subject to disciplinary action.

Reason: Not a qualifying reason for FMLA.
 Required Documentation not provided/not appropriate:

Specify: _____

Other _____

Copies of Completed Notice provided to employee and an email notification was sent to supervisor & business office

HRSC Signature

Date

HRSC /Payroll Use Only

PPL eligibility based on 100% CUL: 240 Hours _____

120 Hours _____

Other Hours _____

PPL dates **(12 months from date of birth)**: _____

Notice To Employee: Carefully Read All These Rights and Responsibilities

The Family and Medical Leave Act (FMLA) is a federal regulation that grants Eligible Employees the right to take up to 12 workweeks of job-protected leave over a 12-month period for FMLA covered medical and family reasons. An employee is eligible for up to 26 workweeks of leave in a Single 12-Month Period to care for a Covered Servicemember, limited to a combined total of 26 workweeks for all types of FMLA leave.

As required by the United States Department of Labor FMLA regulations, this Notice specifies the University's expectations of you and your obligations under the FMLA. All matters addressed in this Notice will be governed by the terms of the University's written FMLA policy. If you have any questions about FMLA leave, you are encouraged to review the policy. You are also encouraged to contact HRSC, your business office, or your supervisor for assistance.

This Notice will be provided to each employee on each occasion that s/he notifies the University of the need for FMLA leave, including leave due to a Serious Health Condition covered by Worker's Compensation. Only one such Notice is required in cases of intermittent or reduced schedule leaves, unless the circumstances regarding the leave change. In the event of unforeseen leave, this Notice will be provided to the employee by mail or otherwise as soon as possible.

Section V – Definition of Serious Health Condition

An illness, injury, impairment, or physical or mental condition that involves a) inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (for purposes of this policy, defined to mean inability to work, attend school, or perform other daily regular activities due to the Serious Health Condition, treatment therefore, or recovery there from), or any subsequent treatment in connection with such inpatient care; or b) continuing treatment by a Health Care Provider.

A Serious Health Condition involving continuing treatment by a Health Care Provider includes any one or more of the following:

- A period of incapacity and treatment (i.e., inability to work, attend school, or perform other regular daily activities due to the Serious Health Condition, treatment therefore, or recovery there from) of more than three consecutive, full calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 1. Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a Health Care Provider, by a nurse or physician assistant under direct supervision of a Health Care Provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a Health Care Provider; or
 2. Treatment by a Health Care Provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the Health Care Provider.

The treatment referenced in paragraphs (1) and (2) must be in-person visits to a Health Care Provider. The first (or only) in-person treatment visit must take place within seven days of the first day of incapacity.

- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic Serious Health Condition. A chronic Serious Health Condition is one that:
 1. Requires periodic visits (defined as at least twice a year) for treatment by a Health Care Provider, or by a nurse or physician assistant under direct supervision of a Health Care Provider;
 2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The Eligible Employee or Family Member must be under the continuing supervision of, but need not be receiving active treatment by, a Health Care Provider. (Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.)
- Any period of absence to receive multiple treatments (including any period of recovery there from) by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, either for restorative surgery after an accident or other injury or for a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days in the absence of medical intervention or treatment. Examples include cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

For the purposes of this definition, treatment includes, but is not limited to, examinations to determine if a Serious Health Condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations. A regimen of continuing treatment may include, for example, a course of prescription medication. A regimen of continuing treatment that includes the taking of over-the-counter medications, such as aspirin or antihistamines, or bed rest, exercise, or other similar activities that can be initiated without a visit to a Health Care Provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave.

Examples of conditions that **do not meet** the definition of a Serious Health Condition and do not qualify for FMLA leave include:

- Conditions for which cosmetic treatments are administered (such as most treatments for acne or plastic surgery), unless inpatient hospital care is required or unless complications develop.
- Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, ulcers, headaches other than migraine, routine dental or orthodontia problems, etc..

Substance abuse may be a Serious Health Condition if the conditions of this section are met. However, FMLA leave may only be taken for treatment for substance abuse by a Health Care Provider or by a provider of health care services on referral by a Health Care Provider. Absence because of the Eligible Employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.

Absences attributable to incapacity due to pregnancy or a chronic Serious Health Condition may qualify for FMLA leave even though the Eligible Employee or the Covered Family Member does not receive treatment from a Health Care Provider during the absence, and even if the absence does not last more than three consecutive, full calendar days. For example, an Eligible Employee with asthma may be unable to report for work due to the onset of an asthma attack or because the Eligible Employee's Health Care Provider has advised the employee to stay home when the pollen count exceeds a certain level. An Eligible Employee who is pregnant may be unable to report to work because of severe morning sickness.

Section VI– Medical Certification Requirement

If your leave is due to your Serious Health Condition or a Serious Health Condition of your Spouse, Parent, or Son or Daughter, you are required to furnish HRSC with a completed *FMLA Medical Certification Form* regarding the Serious Health Condition. If your leave is due to a Covered Servicemember's Serious Injury or Illness, you are required to furnish HRSC with a completed *FMLA Certification for Serious Injury or Illness of Covered Servicemember* form.

- A. This certification must be issued and signed by the Health Care Provider for the person with the Serious Health Condition within 15 calendar days of the date that the certification form is made available to you. If you are unable to return the certification within 15 calendar days despite your diligent, good faith efforts, it must be returned to HRSC as soon as possible.
- B. If you fail to submit a certification, the leave or continuation of leave may be delayed or denied until the certification is provided. Any absence prior to the effective date of the certification may be considered unauthorized. If you are absent without authorization, you may be disciplined, up to and including termination.
- C. HRSC will allow you seven calendar days to correct any deficiency in a certification. It is the responsibility of you or your family member with a Serious Health Condition to use a Health Care Provider who will timely complete and furnish an accurate and complete certification.
- D. HRSC, or its designated Health Care Provider/third party administrator, may contact the individual's Health Care Provider to clarify and authenticate the certification (whether initial certification or recertification) after the University has given the employee an opportunity to cure any deficiencies. The employee may need to sign an authorization form to release medical information, per the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Under no circumstances, however, may the employee's direct supervisor contact the employee's Health Care Provider.
- E. If your FMLA leave qualifies for Worker's Compensation coverage, a representative of your campus Human Resources department may contact your Health Care Provider as provided under the Indiana Worker's Compensation Act.
- F. Re-certification
Your department may require re-certification in connection with your absence, under the following conditions:
 1. Re-certification will be required no more often than every 30 calendar days and not earlier than the minimum duration specified on the medical certification unless:
 - a. You request an extension of leave;
 - b. Circumstances described by the previous certification have changed significantly; or
 - c. Your department receives information that casts doubt upon your stated reason for the absence.
 2. You must provide re-certification to HRSC t within 15 calendar days after the request. A second opinion may not be required with respect to re-certification.

Section VII – Coordination with Other Leaves of Absence

Any leave that you use, or the University requires you to use, during FMLA leave, will decrease in whole or in part, the total amount of your FMLA leave entitlement.

When you are absent due to your own Serious Health Condition (but not due to the birth of a Son or Daughter) or a family member's Serious Health Condition, and you have available, unused paid sick leave, you must use the sick leave during your FMLA leave. Note that you are limited to up to 10 workdays of sick leave per fiscal year, based on your CUL, for care of a family member. Upon exhaustion of all paid sick leave, you may choose to use accrued, paid vacation leave, paid personal business days, or your paid personal holiday during FMLA leave.

Sick leave (or any other paid leave) is not required to be used when disability or Worker's Compensation benefits are being paid in conjunction with your FMLA leave.

If you qualify for Worker's Compensation benefits during your FMLA leave, the FMLA leave and Worker's Compensation leave will run concurrently. Any paid leave will run concurrently with the FMLA leave.

When FMLA is used in conjunction with Paid Parental Leave, the FMLA and Paid Parental Leave will normally run concurrently; however, individual circumstances may vary.

Section VIII – Group Health Benefits

During your FMLA leave, your coverage under the University's group health plan will be maintained on conditions the same as those applicable to employees actively at work, unless you request, in writing, that the University cancel your coverage during the leave.

If you cancel coverage, you will be entitled, upon returning to work, to reinstatement of the same coverage you had prior to cancellation, unless your employment or coverage would have terminated regardless of taking FMLA leave.

If you do not cancel coverage, the University will continue to pay its share of the premiums for your medical insurance. To continue coverage, you must pay your share of the premiums. If any period of your FMLA leave is paid leave, your share of the premiums for that period will be deducted from your pay in accordance with normal payroll practices. If the leave is unpaid, you must pay your share of the premiums to the University.

If you fail to pay your share of the premiums, the University reserves the right to cancel your coverage and the University may recover your share of the premiums from you regardless of whether you return to work.

If you fail to return to work after your FMLA leave, then the University may recover from you the insurance premiums it paid during the unpaid portion of your FMLA leave, unless your failure to return to work was due to (a) a Serious Health Condition that would have otherwise entitled you to FMLA leave or, (b) other circumstances beyond your control.

Section IX – Return-to-Work

If your FMLA leave is due to your own Serious Health Condition, then you will not be restored to active employment until you obtain from the Health Care Provider and present to your supervisor a written statement that you are fit to return to active employment (with respect to the particular health condition for which you took FMLA leave). The statement must be signed and dated by your Health Care Provider, and must also specify any physical or other limitations on your ability to perform your job and the duration of the limitations. The return-to-work statement should be provided to your supervisor as soon as possible upon receipt to allow arrangements to be made for your return. Your return-to-work may be delayed until you submit the statement. A return-to-work statement is not required for intermittent or reduced schedule leaves.

If, at the conclusion of this FMLA leave, you fail to provide either a return-to-work statement or a new certification for a Serious Health Condition and fail to qualify for a leave of absence for any other reason, then your employment may be terminated.

Section X – Extension of Leave

If it is necessary for you to take more FMLA leave than you originally anticipated, you must notify your supervisor within two business days (Monday through Friday) of learning of the need for additional leave. You may be required to obtain a medical re-certification to verify the medical need for an extension. If it is necessary for you to take additional leave upon exhaustion of your FMLA leave entitlement, you must request additional leave on an HR Form 33ABSENCE or through Employee Self-Service and provide a medical statement from your Health Care Provider stating the need for a continuing leave of absence. This non-FMLA leave of absence request is subject to approval by your supervisor.

Section XI – Return to Duty Prior to Expiration of Leave

If the circumstances of your leave change and you are able to return to work prior to the anticipated date indicated in the Notice, you must notify your supervisor at least two business days (Monday through Friday) prior to the date that you intend to report for work (unless the change in circumstances that enables you to return to work early was not foreseeable at least two business days in advance). (See Section IX for return-to-work requirements).

Section XII – Reinstatement

Except as provided below, upon completing FMLA leave, you will be reinstated to the same position you held when the leave began, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment if such a position remains available and you are able to perform the essential functions of the job, with or without reasonable accommodation. Note, however, that you have no greater right to reinstatement or benefits than if you had been actively employed during your leave.

If you exceed your FMLA leave and remain off work under another University leave policy, you are not entitled to reinstatement to the same or a similar position under the FMLA. Your right to reinstatement will be governed by the other leave policy.

The University may deny you reinstatement if you are a salaried employee who is among the highest paid 10 percent of all individuals employed by the University (defined as a key employee) and the denial is necessary to prevent substantial and grievous economic injury to the University. The University will notify you if you meet these criteria.

Section XIII – Intermittent/Reduced Schedule Leave

This section deals with intermittent and reduced schedule FMLA leaves. Intermittent leave is FMLA leave taken in separate blocks of time due to a single qualifying reason. Reduced schedule leave is FMLA leave that reduces the usual number of working hours per day or per week.

Medical necessity. For intermittent leave or leave on a reduced leave schedule taken because of the employee's own Serious Health Condition, to care for a Spouse, Parent, Son or Daughter with a Serious Health Condition, or to care for a Covered Servicemember with a Serious Injury or Illness, there must be a medical need for leave and it must be best accommodated through an intermittent or reduced leave schedule. Leave may be taken intermittently or on a reduced leave schedule when medically necessary for planned and/or unanticipated medical treatment of a Serious Health Condition or of a Covered Servicemember's Serious Injury or Illness, or for recovery from treatment or recovery from a Serious Health Condition or of a Covered Servicemember's Serious Injury or Illness. It may also be taken to provide care or psychological comfort to a covered family member with a Serious Health Condition or a Covered Servicemember with a Serious Injury or Illness.

Intermittent leave may be taken for a Serious Health Condition of a Spouse, Parent, Son or Daughter, for the employee's own Serious Health Condition, or a Serious Injury or Illness of a Covered Servicemember which requires treatment by a Health Care Provider periodically, rather than for one continuous period of time, and may include leave of periods from an hour or more to several weeks. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments, or leave taken several days at a time spread over a period of six months, such as for chemotherapy.

Intermittent or reduced schedule leave may be taken for absences where the employee or family member is incapacitated or unable to perform the essential functions of the position because of a chronic Serious Health Condition or a Serious Injury or Illness of a Covered Servicemember, even if he or she does not receive treatment by a Health Care Provider.

Birth or placement. When leave is taken after the birth of a healthy Son or Daughter, or placement of a healthy Son or Daughter for adoption or foster care, an employee may take leave intermittently or on a reduced leave schedule only if the supervisor agrees. The supervisor's agreement is not required, however, for leave during which the mother has a Serious Health Condition in connection with the birth of her Son or Daughter or if the newborn has a Serious Health Condition.

Qualifying exigency. Leave due to a qualifying exigency may be taken on an intermittent or reduced leave schedule basis.

You are not required to provide a return-to-duty statement upon your return to your regular work schedule from intermittent or reduced schedule leave.

You must consult with your supervisor and make a reasonable effort to schedule intermittent or reduced schedule leave so as not to unduly disrupt the University's operations, subject to the approval of your health care provider.

Temporary Transfer

The University may temporarily transfer you to another position for which you are qualified with equivalent pay and benefits that better accommodates the leave when the need for leave is foreseeable based on planned medical treatment, or if your supervisor authorizes the leave for the birth of a Son or Daughter or for placement of a Son or Daughter for adoption or foster care.

Calculating the Workweek for Intermittent/Reduced Schedule Leaves

To determine how much of your 12-workweek FMLA entitlement has been used by intermittent or reduced schedule leave, your department will determine how many hours you normally work in one workweek. Under the FMLA, your actual workweek is the basis of leave entitlement.

Non-exempt Employee

If you are a non-exempt employee, your workweek is determined on the basis of payroll records.

Exempt Employee

If you are an exempt employee, you and your supervisor determine your workweek jointly.