

FMLA Employee Information Sheet

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. Please refer to the University's FMLA policy ([V.I.E.1](#)) for details and definitions of capitalized terms.

This information sheet is provided for the employee's convenience. All terms and conditions of FMLA leave will be governed by the FMLA Policy. For questions, contact [Human Resources Service Center \(HRSC\)](#).

1. Determine whether you are eligible for FMLA leave:
Employed by Purdue University for at least 12 months, consecutively or non-consecutively, (within the prior seven years) AND worked at least 1,250 hours during the 12 months prior to the beginning of leave. (This does not include paid time off, such as vacation or unpaid time.)
2. Determine whether the purpose for the leave qualifies under FMLA as one of the following:
 - a. SERIOUS HEALTH CONDITION of you or a SPOUSE, SON or DAUGHTER, or PARENT (including pregnancy, chronic conditions that require on-going treatments, and non-chronic conditions that require multiple treatments);
 - b. Birth of your SON or DAUGHTER;
 - c. Placement of a SON or DAUGHTER with you for adoption or foster care; or
 - d. To care for a SON or DAUGHTER during the first 12 months following birth or placement for adoption or foster care ("bonding" with the child).
 - e. Any QUALIFYING EXIGENCY arising out of the fact that your 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.
 - f. To care for a COVERED SERVICEMEMBER with a SERIOUS INJURY OR ILLNESS, if you are the SPOUSE, SON, DAUGHTER, PARENT, or NEXT OF KIN OF A COVERED SERVICEMEMBER. If you are an Eligible Employee, the University will grant you up to 26 workweeks of leave over a Single 12-Month Period, limited to a combined total of up to 26 workweeks for all types of FMLA leave in a Single 12-Month Period.
3. Notify your supervisor immediately of your intent to take leave (either verbally or in writing) and contact HRSC to receive and discuss the following:
 - a. Purdue University's [Family and Medical Leave Act Request and Notice](#)
 - b. Purdue University's [FMLA Medical Certification Form](#), if applicable
 - c. Purdue University's [FMLA Certification of Qualifying Exigency for Military Family Leave](#), if applicable
 - d. Purdue University's [FMLA Certification for Serious Injury or Illness of Covered Servicemember](#), if applicable.
 - e. Documentation of birth, if applicable (normally, this is a birth certificate or hospital letter certifying the birth)
 - f. Documentation of adoption, if applicable (legal documentation to prove adoption)
4. For INTERMITTENT or REDUCED SCHEDULE LEAVES:
 - a. Consult with your supervisor to determine how your leave can be scheduled to minimize disruption to your department; AND
 - b. If you are an exempt employee, work with your supervisor to jointly determine your workweek.
5. If the reason for your leave requires you to provide one of the certification forms listed in item 3 above (b, c, or d), it must be completed and returned to HRSC within 15 calendar days of the University's request, unless it is not practicable to do so despite your diligent, good faith efforts. Keep in mind that the [FMLA Medical Certification Form](#) and the [FMLA Certification for Serious Injury or Illness of Covered Servicemember](#) require that all or part of the form be completed by a HEALTH CARE PROVIDER.
6. During paid leave, insurance premiums will be deducted from employee's paycheck. In the event of an extended unpaid leave of 4 pay-periods or more, contact HRSC at (765) 494-2222 or 1-877-725-0222 to arrange for health insurance premium payments.
7. Record your absences through the "Time Off Tile" in Success Factors, Mark "yes" for FMLA and add your FMLA case number.

8. Submit a signed and dated return-to-work statement (completed by your Health Care Provider) to your supervisor upon your return to work if you are on leave due to your own Serious Health Condition. The statement must clearly state that you are able to work and specify any physical or other limitations on your ability to work and the duration of the limitations. A return-to-work statement is not required when returning from an FMLA Intermittent or Reduced Schedule Leave.
9. If it is necessary for you to take more FMLA leave than you originally anticipated, notify your supervisor within two business days (Monday through Friday) of learning of the need for additional leave. You will be asked to provide documentation to support the extension. If circumstances of your leave change and you are able to return to work prior to the expected date of return, notify your supervisor within two business days (Monday through Friday) of your intention to report to work.
10. If your FMLA leave has been exhausted and it is necessary for you to request additional leave, you may qualify for additional protections under the Americans with Disabilities Act (ADA). Please contact Employee Relations (765-496-3739) to learn more about your rights under the ADA.

Note:

If you need assistance with any of the above information, contact Human Resources Service Center (HRSC) at (765) 494-2222.