

FAMILY AND MEDICAL LEAVE Information Sheet University of Arkansas Fayetteville

Employee Name (Last, First)		Date (mm/dd/yy)
Employee I.D. Number	Department	Faculty/Staff (Choose One)
Supervisor Name		Employee Job Title
Timekeeper Name		
Requested FMLA Begin Date (mm/dd/yy)	Requested FMLA End Date (mm/dd/yy)	

AUTHORIZATION (to be completed by HR personnel only):

Eligibility:

Employed 12 mo? Yes No

1,250 hrs worked? Yes No

Date of Hire: _____

Hours worked: _____

Approved

Disapproved

FMLA type:

Personal

Maternity/Paternity

Family

Family Member:

FMLA category:

Intermittent

Parameters: _____

Continuous

Dates: _____

Fitness for Duty? Yes No

Approving Authority: _____

Date: _____

For office use only: (check box once completed)

Rights & Responsibilities Notice

Designation Notice

Approval Letter

Fitness for Duty Form (if applicable)

Exhaustion Letter

Email to department

FAMILY AND MEDICAL LEAVE ACT

Information Sheet

The [Family and Medical Leave Act \(FMLA\)](#) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees. These employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

- **For the birth and care of the newborn child of an employee;**
- **For placement with the employee of a child for adoption or foster care;**
- **To care for an immediate family member (i.e., spouse, child, or parent) with a serious health condition; or**
- **To take medical leave when the employee is unable to work because of a serious health condition.**

Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles. Whether an employee has worked the minimum 1,250 hours of service is determined according to FLSA principles for determining compensable hours or work.

Time taken off work due to pregnancy complications can be counted against the 12 weeks of family and medical leave.

[Military family leave](#) provisions, first added to the FMLA in 2008, afford FMLA protections specific to the needs of military families.

Special rules apply to employees of local education agencies. The U.S. Department of Labor administers FMLA; however, the [Office of Personnel Management](#) administers FMLA for most federal employees.

**Certification for Serious Injury or Illness of a
Veteran for Military Caregiver Leave
under the Family and Medical Leave Act**

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



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave to care for a covered veteran with a serious illness or injury. The FMLA allows an employer to require an employee seeking FMLA leave for this purpose to submit a medical certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the health care provider for the information necessary for a complete and sufficient medical certification. **Recertifications are not allowed for FMLA leave to care for a covered servicemember. Where medical certification is requested by an employer, an employee may not be held liable for administrative delays in the issuance of military documents, despite the employee's diligent, good-faith efforts to obtain such documents.** In lieu of this form or your own certification form, you **must** accept as sufficient certification of the veteran's serious injury or illness documentation indicating the veteran's enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310.**

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer Name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) This certification must be returned by: _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE and/or VETERAN

Please complete all Parts in Section II before having the veteran's health care provider complete Section III. The FMLA allows an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. The employer must give an employee **at least 15 calendar days** to return this form to the employer. 29 U.S.C. §§ 2613, 2614(c)(3).

PART A: EMPLOYEE INFORMATION

(1) Name of veteran for whom employee is requesting leave: _____
First Middle Last

Employee Name: _____

(2) Select your relationship to the veteran. You are the veteran's:

- Spouse Parent Child Next of Kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for a covered servicemember who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a covered servicemember for whom the employee has assumed the obligations of a parent. No biological or legal relationship is necessary. "Next of kin" is the veteran's nearest blood relative, other than the spouse, parent, son, or daughter, in the following order of priority: (1) a blood relative as designated in writing by the veteran for purposes of FMLA leave, (2) blood relatives granted legal custody of the veteran, (3) brothers and sisters, (4) grandparents, (5) aunts and uncles, and (6) first cousins.

PART B: VETERAN INFORMATION AND CARE TO BE PROVIDED TO THE VETERAN

(3) The veteran was (honorably / dishonorably) discharged or released from the Armed Forces, including the National Guard or Reserves. List the date of the veteran's discharge: _____ (mm/dd/yyyy)

(4) Please provide the veteran's military branch, rank and unit at the time of discharge: _____

(5) The veteran (is / is not) receiving medical treatment, recuperation, or therapy for an injury or illness.

(6) Briefly describe the care you will provide to the veteran: (Check all that apply)

- Assistance with basic medical, hygienic, nutritional, or safety needs Transportation
 Psychological Comfort Physical Care Other: _____

(7) Give your **best estimate** of the amount of FMLA leave needed to provide the care described: _____

(8) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced work schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) I am able to work: _____ (hours per day) _____ (days per week).

SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all Parts of this Section fully and completely, and sign the form below. The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran.

Note: For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is: a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

Employee Name: _____

“Need for care” includes both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is not able to care for his or her own basic medical, hygienic, or nutritional needs or safety, or needs transportation to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran’s serious injury or illness includes written documentation confirming that the veteran’s injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran’s active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

PART A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider’s Name: *(Print)* _____

Health Care Provider’s business address: _____

Type of Practice/Medical Specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Please select the type of FMLA health care provider you are:

- DOD health care provider
- VA health care provider
- DOD TRICARE network authorized private health care provider
- DOD non-network TRICARE authorized private health care provider
- Health care provider as defined in 29 CFR 825.125

PART B: MEDICAL INFORMATION

Please provide appropriate medical information of the patient as requested below. Limit your responses to the veteran’s condition for which the employee is seeking leave. If you are unable to make certain military-related determinations contained below, you are permitted to rely upon determinations from an authorized DOD representative, such as a DOD Recovery Care Coordinator, or an authorized VA representative. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e).

(1) Patient’s Name: _____

(2) List the approximate date condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition will last: _____

(4) The veteran’s injury or illness: *(Select as appropriate)*

- Was incurred in the line of duty on active duty
- Existed before the beginning of the veteran’s active duty and was aggravated by service in the line of duty on active duty
- None of the above

The veteran (is / is not) undergoing medical treatment, recuperation, or therapy for this condition. If yes, briefly describe the medical treatment, recuperation, or therapy: _____

Employee Name: _____

(5) The veteran's medical condition is: *(Select as appropriate)*

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember not able to perform the duties of the servicemember's office, grade, rank, or rating.
- A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- None of the above. *Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under 29 C.F.R. § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.*

Part C: Amount of Leave Needed

For the medical condition checked in Part B, complete all that apply. Some questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage.

- (1) Due to the condition, the veteran will need care for a **continuous period of time**, including any time for treatment and recovery. Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for this period of time.
- (2) Due to the condition, it is medically necessary for the veteran to attend **planned medical treatment** appointments (scheduled medical visits). Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery _____ (e.g. 3 days/week)
- (3) Due to the condition, it is medically necessary for the veteran to receive care on an **intermittent basis** (periodically), such as the care needed because of episodic flare-ups of the condition or assisting with the veteran's recovery. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, intermittent care is estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Signature of Health Care Provider _____ **Date** _____ (mm/dd/yyyy)

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, NW, Washington, DC 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

FAMILY AND MEDICAL LEAVE**Introduction**

The Family and Medical Leave Act (FMLA)¹ is a federal law that provides eligible employees with unpaid, job-protected leave for specified family and medical reasons. Each campus, division or unit (“campus”) of the University of Arkansas System (“University”) complies with the Act and shall provide FMLA leave to its eligible employees. The FMLA includes a lengthy set of rules; this policy covers only the highlights of the FMLA.² Additional questions should be directed to the human resources specialist for the employee’s campus.

Eligibility

To be eligible for FMLA leave an employee must have been employed by a campus of the University for at least 12 months and must have worked at least 1,250 hours during the 12 months immediately before the FMLA leave begins. Only time actually worked is counted for the purposes of the FMLA. Sick leave, annual leave, catastrophic leave (if applicable), holiday time, and any other time not actually worked does not count toward FMLA eligibility.

Reasons for Leave

An eligible employee may take FMLA leave for one or more of the following reasons:

- The birth of the employee’s son or daughter or placement of a child with the employee for adoption or foster care, and to bond with the newborn or newly placed child;
- To care for the employee’s spouse, son, daughter, or parent who has a serious health condition;
- When a serious health condition renders the employee unable to perform the essential functions of his or her job;
- For certain events, called “qualifying exigencies,” related to covered active duty, or a call to covered active duty, of the employee’s spouse, son, daughter, or parents; or

¹ On March 18, 2020, the Families First Coronavirus Response Act (FFCRA) was enacted to provide relief to American workers in response to the coronavirus pandemic. Pursuant to that Act, certain employers are required to provide emergency paid sick leave and expanded family and medical leave under the FMLA and Emergency Paid Sick Leave Act during the period from the effective date of April 2, 2020, through the expiration date of December 31, 2020. This policy does not address the particulars of those temporary leave requirements, which were communicated to the campuses, divisions and units upon enactment. Any employee seeking information concerning coronavirus specific leave should contact the campus, division and unit human resources department.

² In the event of a conflict between this policy and the provisions of the FMLA or its implementing regulations, the statute and regulations shall take precedence.

³ “Qualifying exigency” includes, among other things, certain short-notice deployments, attendance at certain military events and related activities, and for certain school and childcare related activities. A covered service member is a current member of the Armed Forces (including the National Guard and Reserves) who is receiving medical treatment or therapy, is recuperating, in outpatient status, or on the temporary disability list for a serious injury or illness.

- To care for a covered service member with a service-related serious injury or illness and who is the employee's spouse, son, daughter, parent, or next of kin.

The terms "serious health condition," "qualifying exigency" and "covered service member" are defined at length in the FMLA. Generally speaking, a serious health condition is an illness, injury or chronic condition that involves treatment or supervision by a medical professional. It also includes incapacity or treatment related to pregnancy.

Duration of Leave

An eligible employee is entitled to up to 12 work weeks of FMLA leave during a 12-month period. Effective July 1, 2020, the 12-month period for calculating FMLA leave use for all employees will be measured forward from the date that the employee's first FMLA leave for any of the above reasons begins. The next 12-month period would begin the first time the employee takes FMLA leave after the completion of the prior 12-month period.

A total of 26 weeks in a 12-month period is available to care for a covered service member with a serious service-related injury or illness. Regardless of the method applied for other FMLA leave, the 12-month period for calculating use of leave to care for a covered service member begins on the first day the employee takes leave for this reason.

When an employee and spouse are both employed by the University, leave for the serious health condition of a parent, or for the birth or adoption of a child, is limited to a combined total of 12 weeks for both employees.

Leave may be taken as continuous leave, intermittent leave or through a reduced work schedule based on medical necessity.

Type of Leave

FMLA leave is unpaid leave and runs concurrently with paid leave provided by the University including sick leave, annual leave, compensatory time and, where applicable, any available catastrophic leave. Accordingly, an employee will receive pay pursuant to the University's applicable paid leave policies during the period of otherwise unpaid FMLA leave. In addition, catastrophic leave for parental purposes (if applicable) shall run concurrently with FMLA leave. However, an employee taking maternity-related leave or leave for an illness or injury for which the employee is receiving worker's compensation benefits may elect to take this FMLA leave as unpaid leave.

Requesting FMLA Leave; Employee Obligation to Provide Notice for Foreseeable Absence

Each campus, division, and unit shall establish procedures for requesting FMLA leave. An employee shall provide at least 30 days advance notice before FMLA leave is to begin if the need for the leave is foreseeable based on an expected birth, placement for adoption or foster care, planned medical treatment for a serious health condition of the employee or of a family member, or the planned medical treatment for a serious injury or illness of a covered service member. If 30 days' notice is not practicable for reasons such as a lack of knowledge of approximately when

leave will be required to begin, a change in circumstances, or a medical emergency, notice must be given as soon as practicable.

When information provided by an employee informs the campus of an FMLA qualifying event, the campus may designate the leave taken as FMLA leave, whether or not the employee requests FMLA leave.

An employee taking FMLA leave for the serious health condition of the employee or of a child, spouse or parent may be required to submit a healthcare provider's certification addressing the serious health condition. An employee taking leave because of a "qualifying exigency" or to care for a covered service member may also be required to provide a certification. The campus human resources office will provide the employee with certification forms after receiving notice of a request for FMLA leave.

When an employee's FMLA leave is the result of a serious health condition that caused the employee to be unable to perform the employee's job, the campus may, as a condition of returning to work, require the employee to present a certification from the employee's health care provider that the employee is able to resume work.

Benefits during FMLA Leave

The University will continue health benefits for an employee on FMLA designated leave, but the employee must continue to pay the employee's share of the health benefit premium. An employee on unpaid FMLA leave must make arrangements to pay the employee's share of the premium. The University does not pay for voluntary employee benefits while an employee is on leave without pay, regardless of whether the leave qualifies as FMLA leave. Employees should consult their campus human resources specialist to arrange for continuation of any voluntary benefits.

June 4, 2020