

FMLA MEMORANDUM OF UNDERSTANDING

DATE: _____

TO: _____
(Employee's Name)

FROM : _____
(Name of Human Resource Contact, Supervisor or Other Authorized Official as appropriate)

SUBJECT: Family/Medical Leave Designation

On _____ (date)

[] you notified us of your desire to take family/medical leave due to:

[] we became aware that the leave you are currently taking may qualify as family/medical leave since it is apparently being taken due to:

- Birth of a child, or adoption of a child or placement of a child in foster care; or
- Due to the employee's own serious health condition; or
- To care for a qualifying family member with a serious health condition; or
- To attend to a Qualifying Exigency (QE) for a spouse, parent, son, or daughter of a service member who is "on active duty (or notified of an impending call or order to active duty) in the Armed Forces (including the Reserves and National Guard) in support of a contingency operation."
- To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

We understand that this leave [] began or [] will need to begin on _____ and that you expect to return to work on or about _____.

The following information will explain your rights and obligations under the federal Family and Medical Leave Act (FMLA). This explanation makes no attempt to cover all aspects of FMLA that may apply to your situation. Please contact your agency Human Resources Office or refer to the FMLA regulations for answers to any questions that you have, now or at any time during FMLA leave.

Except as explained below, you have a right under the FMLA for up to twelve (12) workweeks (480 hours for full-time employees) of unpaid leave if:

- a) You were maintained on the payroll as an employee for the State for some part of each of fifty-two (52) weeks; and
- b) You worked at least one thousand two hundred fifty (1,250) hours in the twelve (12) months preceding the effective date of the leave; and
- c) You provided such advance notice as is practical in your particular situation.

1. Your Eligibility

Based on initial review:

You are: eligible

not eligible for leave under the FMLA. Do not meet: Hours Length of employment

At this time, you have _____ hours/weeks (circle one) of FMLA eligibility.

The twelve (12) months during which FMLA leave may be taken is calculated on a rolling basis, measured backward from the date you use any FMLA leave.

2. Leave Designation

The Department will determine whether the leave you have requested qualifies as FMLA leave. Any period designated as FMLA leave will be counted against your entitlement of twelve (12) weeks of leave. In this case, your requested leave will will not be counted against your annual FMLA leave entitlement.

You may choose to use accrued paid sick leave, vacation leave and/or compensatory time for your FMLA leave period, whenever use of the leave is allowable under other applicable state and department leave policies and rules. If accrued paid sick leave, vacation leave, and/or compensatory time are used, those balances will be reduced accordingly. Also if accrued paid sick leave and/or vacation leave are taken, credited state service is accrued. If unpaid leave and/or compensatory time are taken for FMLA, no credited state service is accrued.

Based on the information we currently have available, we estimate that your requested FMLA leave will be calculated as follows (insert numbers):

_____ **Total hours of FMLA leave consisting of:**

_____ **hours of paid sick leave**

_____ **hours of paid vacation leave**

_____ **hours of paid compensatory time**

_____ **hours of unpaid FMLA leave**

3. Medical Certification

You will will not be required to furnish a medical certification of the need for leave for a serious health condition. If required, you must return the enclosed certification within fifteen (15) calendar days, unless more time is requested and approved. Be sure the information is complete and signed by the health care provider of your choice. If you fail to return the medical certification, you may be denied the leave.

You will will not be required to furnish recertification every 30 days relating to a serious health condition (explain below, if necessary).

4. Benefits and Premium Payments

If you take leave without pay for the FMLA leave period, you must self-pay your portion of the premiums for your medical, dental and supplemental life insurance, if applicable. The Department's

share of these premium payments will be made automatically as long as you make the required self-payments. Contact your unit's HR contact for payment requirements and procedures.

If you do not make the required payments, or if you do not make timely payments, your insurance may be canceled. If coverage is canceled during the period of FMLA leave, it will be reinstated immediately upon your return to work. Reinstatement of medical insurance will be made without any qualifying period or physical examination.

For more information, or to determine whether or not you need to self-pay, please refer to your Group Insurance Handbook or call the Office of Group Insurance at 332-1860 or at: <http://ogi.idaho.gov>.

While on FMLA leave, PERSI benefits are "preserved." For example, if you have 57 months of service credit and take three months of unpaid leave for FMLA purposes, when you return to work, you will still have 57 months of service. Under the same scenario, if you take three months of paid leave for FMLA, when you return to work you will have 60 months of service.

5. Return to Work:

If you do not return to work following FMLA leave for reasons other than the continuation, recurrence, or onset of a serious health condition, or other circumstances beyond your control, you may be required to reimburse the Department for health insurance premiums paid on your behalf during your FMLA leave. Also, if you do not return from FMLA, you should contact the Office of Group Insurance for information regarding your rights for continuance of your life and medical insurance.

While you are on FMLA leave, the terms and conditions of employment pertaining to FMLA leave do not restrict or limit the Department's ability to engage in or impose actions as set forth in the Department's Personnel Policies. Upon your return from FMLA leave, you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment, unless your position has been affected by a layoff, or reorganization during the period of FMLA leave.

The Department may require that you provide a release to return to work if FMLA leave has been taken for your own serious health condition. You will will not be required to present a release to return to work prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until such certification is provided.

You will will not be required to furnish us with reports of your status and intent to return to work every 30 days while on FMLA leave.

Any of the certification requirements outlined above may change while you are on FMLA leave. If that occurs, we will provide you with written notification of the change with as much advance notice as possible.

I have read and understood the above.

Employee's Signature

Date

Attachment: Certification of Health Care Provider (if applicable)

Distribution: 1 copy each to Supervisor, Employee, and Personnel file