



University System of Georgia

FMLA

Institutional Response to Employee Request for Family Leave

Date

To: _____
Employee name Name of institution

From: _____
Supervisor or HR representative name Title & department Phone

SUBJECT: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:
date

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions for your job; or
- A serious health condition affecting your:
 - spouse
 - child
 - parent, for which you are needed to provide care

You notified us that you need this leave beginning on _____ and that you expect leave to continue until on
or about _____.
date date

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstance beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you:

1. You are eligible for leave and the requested leave will be counted against your annual FMLA leave entitlement.
 not eligible for leave your reasons did not meet the criteria above.
under the FMLA because you have exceeded your FMLA leave entitlement for the 12-month period.
2. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.
3. Your institution requires does not require that you use all accrued sick and annual leave for FMLA leave, prior to going on a leave without pay status. Records indicate you have _____ hours accrued sick leave and _____ hours accrued annual leave as of _____.
date
4. Since you normally pay a portion of the premiums for your health insurance, you will be required to continue these payments during the period of FLMA leave. Arrangements for payment of premiums have been discussed with you, and you have agreed to make payments as follows: (Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)

5. You will will not be required to present a return-to-work certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
6. (a) You are are not a "key employee" as described in § 825.217 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.
- (b) We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (*Explain (a) and/or (b) below. See §825.279 of the FMLA regulations.*)

7. While on leave, you will will not be required to furnish us with periodic reports every _____ (*indicate interval of periodic reports, as appropriate for the particular leave situation*) of your status and intent to return to work (see § 825.309 of the FMLA regulations). If the circumstances of your leave change and you able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report to work.

8. You will will not be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.*)

Instructions to person completing this form:

- Consult with your HR/payroll representative regarding any additional benefits or payroll paperwork which may be necessary related to this family leave request
- Give a copy of this form to the employee requesting family leave
- Keep this original form in the employee's home department
- If the employee is a faculty member, send a copy of this form to the Office of Faculty Affairs/Academic Affairs