

EMPLOYEE REQUEST FOR FAMILY MEDICAL LEAVE

STATE OF NORTH DAKOTA

SFN 58548 (9/09)

Employee Name	Employee ID Number	Hire Date
<p>I hereby apply for Family and Medical Leave in accordance with agency policy. I understand that my agency will continue full benefits during any paid leave period and will continue my health benefits during any unpaid leave period in conjunction with this Family Medical Leave.</p> <p>I understand that I will not accrue any annual or sick leave during any period of FMLA which is designated as unpaid leave.</p> <p>I understand that, unless I am designated as a key employee, I will be provided job protection benefits as outlined in agency policy. If I do not return to work upon completion of the Family and Medical Leave period, I understand that I may be required to repay health insurance and basic life premiums paid by my employer during the unpaid leave portion.</p> <p>I understand that failure to return to work at the end of my leave period may subject me to termination of employment.</p>		
<p>Reason for Family Medical Leave Request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A serious health condition that makes me unable to perform the essential functions of my job <input type="checkbox"/> The serious health condition of my child <input type="checkbox"/> The serious health condition of my parent <input type="checkbox"/> The serious health condition of my spouse <input type="checkbox"/> The birth of my child and/or to care for my newborn <input type="checkbox"/> The placement of a child with me for adoption or foster care <input type="checkbox"/> Military exigency leave <input type="checkbox"/> Military covered service member 		
Beginning Date of Leave	Ending Date of Leave	
<p>I intend to use annual, sick, donated, or workers compensation leave as part of my family medical leave. (Employer may designate the use of paid leave as part of the FMLA.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list dates that leave will be used and type of leave:</p>		
<p>List anticipated work schedule if leave is to be taken intermittently or on a reduced work schedule.</p>		
<p>Document Attached to Support Request</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Spouse Employed by State of ND</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Employee Signature	Date	

Submit this form to supervisor, who will submit it to the agency director/designee for final approval. The agency director/designee will notify you if your leave qualifies under Family and Medical Leave laws. For additional information about the FMLA, contact your HR staff or HRMS.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt

the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:

U.S. Dept. of Labor/Employment Standards Admin./Wage & Hour Div.
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

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