The UW provides this information for employees who have requested or are taking leave that could be covered by the Federal Family and Medical Leave Act (FMLA) and provides additional information that is unique to Washington State, UW employment, or that you should otherwise know about. The federal poster “Employee Rights and Responsibilities Under the Family and Medical Leave Act” summarizes employee and employer rights and responsibilities under the FMLA and is attached at the end of this document. You can also download the poster at: http://tinyurl.com/FMLA-notice.

Use of Paid and Unpaid Leave

The FMLA allows eligible employees to take job protected leave from work for the reasons and the amount of time described on the FMLA poster. While the FMLA provides for unpaid time off, depending on the reason you need to take leave, your employment program or collective bargaining agreement, and your leave balances, you may have paid time off that you can use during your FMLA leave including: vacation time off, sick time off, compensatory time off, discretionary leave, personal holiday, and/or shared leave that has been donated by other employees. Paid time off, if taken, is counted as part of your FMLA leave entitlement.

If you are eligible, you may also receive long-term disability insurance payments during the unpaid portion of FMLA leave.

In Washington State leave to care for a new born child, is in addition to any leave the birth mother may need for sickness or temporary disability because of pregnancy or childbirth.

How the UW Measures Available FMLA

The UW uses a “rolling” 12-month period measured backward from the date you use any FMLA leave. Under the rolling 12-month period, each time you take FMLA leave, your remaining leave entitlement is the balance of the 12 week FMLA allotment which has not been used during the immediately preceding 12 months.

Certification of Leave

You may be required to provide certification from a health care provider to support the need for leave due to your own serious health condition or to care for a family member with a serious health condition. If certification is requested, you will need to arrange for completion of a Family and Medical Leave Certification of Health Care Provider Statement, and return it to the Human Resources Office serving your unit within 15 days. Failure to do this may delay approval of your leave request, and your absence could be considered unauthorized. The University may also ask you to provide periodic updates regarding your ability to return to work, and the University may require a second medical opinion at its expense.

For leave related to a family member’s active duty in the armed services, certification of the family member’s military orders or status, or the reason for the leave may be required.

Health Insurance Coverage

During periods of leave covered by the FMLA, the University will continue to pay for the employer portion of health insurance premiums.

You have a minimum 30-days grace period in which to make premium payments. If you do not make timely payment, your group health insurance may be cancelled. Before cancelling your insurance we must either notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
If you will need to have more than a calendar month of unpaid time off NOT covered by FMLA, contact the Integrated Service Center (ISC) at ischelp@uw.edu, (206) 543-8000 to arrange to pay your health insurance premiums while you are on leave.

**Return to Work**
Upon returning to work from a health-related leave, you may be required to provide certification from a health care provider that you are fit to return to work. Contact your manager as soon as you know your expected return to work date.

If you do not return to work following an FMLA leave for a reason other than: the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; the continuation, recurrence, or onset of a covered servicemember’s serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control, you may be required to reimburse the UW for the employer’s share of health insurance premiums paid on your behalf during your FMLA leave.

**Additional Resources**
- Definitions of terms used in the Family Medical Leave Act: http://tinyurl.com/FMLA-definitions
- UW FMLA Overview- http://hr.uw.edu/ops/leaves/fmla/overview/

If you have questions about this information, please consult the following resources:

<table>
<thead>
<tr>
<th>Office Listings</th>
<th>Office Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Campus Human Resources Operations Leave Specialist</td>
<td><a href="mailto:hrleaves@uw.edu">hrleaves@uw.edu</a></td>
</tr>
<tr>
<td>Risk Management (for on-the-job illness or injury)</td>
<td>206-543-0183</td>
</tr>
<tr>
<td>Disability Services Office</td>
<td>206-543-6450</td>
</tr>
<tr>
<td>Disability Services Office TTY</td>
<td>206-543-6452</td>
</tr>
</tbody>
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**Requesting FMLA Using Workday**
1. Request Leave of Absence: LOA sick/injured in WD
   https://isc.uw.edu/user-guides/loa_sick_injured_becoming_parent_sc/
2. Request appropriate time offs in WD (paid or unpaid time off)
   https://isc.uw.edu/user-guides/request_absence_time_off/
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, 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 whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status 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: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

*The FMLA definitions of “serious injury or illness” for current servicemembers and veterans are distinct from the FMLA definition of “serious health condition”.

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 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

*Special hours of service eligibility requirements apply to airline flight crew employees.

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; and
• 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. Regulation
29 C.F.R. § 825.300(a) may require additional disclosures.