







University of Washington  
Medical Centers Human Resources

**Family & Medical Leave  
Certification of Health Care Provider  
Personal Health Condition/Pregnancy**

**To Employee - Please Print & Complete on Each Page**

Employee Name: \_\_\_\_\_

Employee EID #: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Employee Email: \_\_\_\_\_

**Several of the following questions ask about the frequency or duration of a condition or treatment. We know that health conditions can vary or change over time, so please provide your best estimate in response to these questions, being as specific as you can. Using terms such as "lifetime," "unknown," or "indeterminate" may not be specific enough for us to determine leave eligibility for our employee under the Family and Medical Leave Act.**

**Continuous Leave:** Will your patient be incapacitated for a single, continuous period of time including time for treatment and recovery? Yes  No  If yes, estimate the beginning and ending dates for the period of incapacity:

**From (date):** \_\_\_\_\_ **to (date):** \_\_\_\_\_

**Intermittent Leave:** Will the condition(s) cause episodic flare-ups that prevent your patient from performing his/her job functions? Yes  No

Based upon your patient's medical history and your knowledge of the medical condition, estimate the frequency and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 time per 3 months, 2 days per episode)

**Frequency:** \_\_\_\_\_ absence(s) per  week – **OR-**  month

**Duration:** \_\_\_\_\_ hour(s) or \_\_\_\_\_ day(s) per absence

**From (date):** \_\_\_\_\_ **to (date):** \_\_\_\_\_

**Appointments:** Will there be a need for planned medical appointments and/or absences? Yes  No

**Frequency:** \_\_\_\_\_ absence(s) per  week – **OR-**  month

**Duration:** \_\_\_\_\_ hours per appointment (please also include to/from travel time)

**From (date):** \_\_\_\_\_ **to (date):** \_\_\_\_\_

**Reduced/Modified Work Schedule:** Will your patient require a reduction in or modification of the amount of time worked per week due to his/her medical condition, including any time for treatment and recovery? Yes  No

If yes, describe the reduced or modified work schedule that you believe is medically necessary:

This work schedule needs to be in place **from (date):** \_\_\_\_\_ **to (date):** \_\_\_\_\_

**Part C: Health Care Provider Information** (please complete or attach business card with information)

Name (please print): \_\_\_\_\_ Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

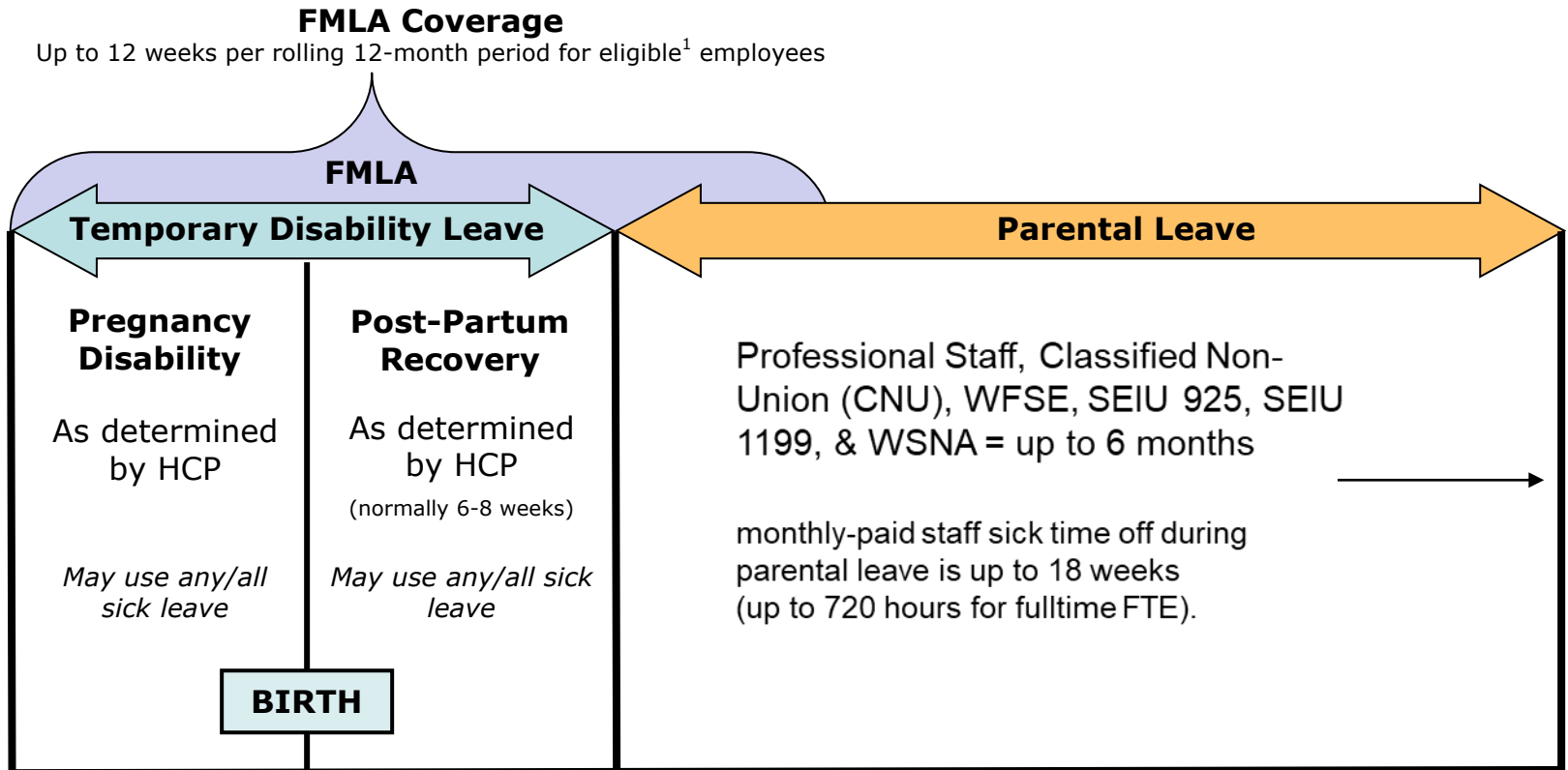
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To the best of my knowledge, the information provided throughout this form is true and correct.**

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Leave Chart for Birth Mothers

Parental leave may be taken any time during the 12 months following birth



<sup>1</sup>Leave is in accordance with the federal FMLA and the Washington Family Leave Act. For eligibility under these laws see: <https://hr.uw.edu/ops/leaves/>

## Paid Family and Medical Leave

### Statement of Employee Rights

#### **You may qualify for Paid Family and Medical Leave**

As of Jan. 1, 2020, Washington employees who have worked 820 hours or more in the qualifying period and experience (d) a qualifying event have access to Paid Family and Medical Leave.

Employees who have missed work due to family or medical reasons may be eligible for paid family or medical leave for the following qualifications:

- Care for and bond with a child younger than 18 following birth or placement
- Care for yourself or a family member experiencing a serious health condition
- Certain military-connected events.

Paid Family and Medical Leave requires that you give your employer(s) written notice at least 30 days in advance of when you plan to take leave. However, if the reason you need leave was not foreseeable, you may notify your employer(s) as soon as possible.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at: [www.paidleave.wa.gov/benefit-guide](http://www.paidleave.wa.gov/benefit-guide).

For more information about how to apply, contact us at 833-717-2273 or visit [www.paidleave.wa.gov](http://www.paidleave.wa.gov).

#### **Important information for when you apply**

- Employer UBI#: **178019988** (or **91-1631806** for HMC employees)
- Employer offers supplemental benefits: For more information about UW's supplemental benefits program visit the UW's How to file for PFML webpage for your employment program:  
<https://hr.uw.edu/ops/leaves/paid-family-and-medical-leave-pfml/how-to-file-for-pfml/>

Note: Except during the waiting week, employees cannot use employer provided paid time off at the same time as Paid Family and Medical Leave, unless the employer chooses to offer a "supplemental benefit." Supplemental benefits can be used along with Paid Family and Medical Leave to provide additional pay while an employee receives partial wage replacement through Paid Leave benefits. Employees may accept or reject supplemental benefit payments.

University of Washington  
**Family and Medical Leave Act Information Summary**  
(For Non-Academic Employees)

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>.

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, and your leave balances, you may have paid time off that you can use during your FMLA leave including: annual leave, sick leave, compensatory time, discretionary leave, personal holiday, and/or shared leave that has been donated by other employees. 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 newborn child is in addition to any leave the birth mother may need for sickness or temporary disability because of pregnancy or childbirth.

**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. The University may 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.

**Return to Work Certification**

Upon returning to work from FMLA-covered 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.

**Additional Resources**

- Definitions of terms used in the Family Medical Leave Act: <https://www.ecfr.gov/current/title-29/part-825>
- UW Benefits: UWHR Life Events web pages <https://hr.uw.edu/benefits/>

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

Office Listings	Office email
UW Medicine - Human Resources Leave Team	MedCtrFMLA@uw.edu
Risk Services ( <i>for on-the-job illness or injury</i> )	workcomp@uw.edu
Disability Services Office	DSO@uw.edu
Disability Services Office TTY	206-543-6452

# Your Employee Rights Under the Family and Medical Leave Act

## What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

## Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

## How do I request FMLA leave?

Generally, to **request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

## What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

## Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

