UW Family and Medical Leave Act Information Summary
(For Staff and Librarians)

The UW provides this information summary for employees who have requested or are taking leave that could be covered by the federal Family and Medical Leave Act (FMLA). The summary 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, sick time, compensatory time, discretionary leave, personal holiday, and/or shared leave that has been donated by other employees. Paid leave, if taken, is counted as part of your FMLA leave entitlement. Follow your department’s leave request procedures to request to use paid leave as part of your FMLA-covered 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 are 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 may 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. If you will be on a leave without pay that extends beyond a month, or if you will need to significantly reduce your hours, contact the Integrated Service Center (ISC) at (206) 543-8000, or at ischelp@uw.edu, to arrange to pay your portion of the health insurance premiums while you are on leave.

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.
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 service member’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
- FMLA at UW: https://hr.uw.edu/ops/leaves/fmla/overview/
- Definitions of terms used in the FMLA: http://tinyurl.com/FMLA-definitions

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

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<tr>
<th>Office Listings</th>
<th>Office Contact Information</th>
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<tbody>
<tr>
<td>Campus Human Resources Operations</td>
<td><a href="mailto:hrleaves@uw.edu">hrleaves@uw.edu</a></td>
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<tr>
<td></td>
<td>206-543-2354</td>
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<tr>
<td>Claim Services (for on-the-job illness or injury)</td>
<td><a href="mailto:claims@uw.edu">claims@uw.edu</a></td>
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<td>206-543-0183</td>
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<td>Integrated Services Center (ISC)</td>
<td><a href="mailto:ischelp@uw.edu">ischelp@uw.edu</a></td>
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<td>206-543-8000</td>
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<tr>
<td>Disability Services Office</td>
<td><a href="mailto:dso@uw.edu">dso@uw.edu</a></td>
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<td>206-543-6450</td>
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<td>Disability Services Office TTY</td>
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EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS
Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

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

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS
An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

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

REQUESTING LEAVE
Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES
Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT
Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

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.

For additional information or to file a complaint:
1-866-4-USWAGE
(1-866-487-9243)   TTY: 1-877-889-5627
www.dol.gov/whd
U.S. Department of Labor | Wage and Hour Division

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