

# APPLICATION FOR FAMILY AND MEDICAL LEAVE (FMLA)

UOG FMLA#: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Start Date of Anticipated Leave: \_\_\_\_\_

Expected Date of Return to Work: \_\_\_\_\_

Reason for Leave (*Explain*): \_\_\_\_\_

**NOTE:** *A request for leave to care for a covered family member must be accompanied by a medical certification statement completed by the attending health care provider that states that care for a covered family member is necessary. The certification must include the date the health condition began, the appropriate medical facts regarding the condition, and the estimated amount of time the employee will be needed. A medical certification statement is required within 30 days after the request for leave of absence.*

*Employees will be required to report periodically to their supervisor, usually in writing approximately every 30 days, on their status and intention to return to work.*

*On occasion, managers may need to contact an employee on a family and medical leave to request information about work that the employee is responsible for. Managers should keep these requests to a minimum.*

I hereby authorize the University of Guam to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the University of Guam.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Supervisor's Name (*print or type name above*) & Signature Date: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Appropriate Administrator's Name (*print or type name above*) & Signature Date: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
THOMAS W. KRISE, President Date: \_\_\_\_\_

Cc: Human Resources Office

**CERTIFICATION OF PHYSICIAN OR PRACTITIONER  
(Family and Medical Leave Act of 1993)**

1. Employee's Name: \_\_\_\_\_
2. Patient's Name (if other than employee): \_\_\_\_\_
3. Diagnosis: \_\_\_\_\_
4. Date condition commenced: \_\_\_\_\_
5. Probable Duration of Condition: \_\_\_\_\_
6. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- a. By Physician or Practitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. By another health care provider, if referred by physician or practitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL COVERED FAMILY MEMBER, SKIP ITEMS 7, 8, AND 9, AND PROCEED TO ITEMS 10 THROUGH 14 ON THE FOLLOWING PAGES. OTHERWISE, PLEASE CONTINUE.**

Check Yes or No in the appropriate boxes below:

Yes            No

7.    \_\_\_\_\_    \_\_\_\_\_    Is inpatient hospitalization of the employee required?
8.    \_\_\_\_\_    \_\_\_\_\_    Is the employee able to perform work of any kind? (If "No", skip item 9)
9.    \_\_\_\_\_    \_\_\_\_\_    Is the employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with the employee).

**FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL COVERED FAMILY MEMBER, COMPLETE ITEMS 10 THROUGH 13 BELOW AS APPROPRIATE AND PROCEED TO ITEMS 14 THROUGH 17.**

10.   \_\_\_\_\_    \_\_\_\_\_    Is inpatient hospitalization of the family member (patient) required?
11.   \_\_\_\_\_    \_\_\_\_\_    Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?
12.   \_\_\_\_\_    \_\_\_\_\_    After review of the employee's signed statement (see item 14), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)
13.   Estimate the period of time care is needed or the employee's presence would be beneficial:

\_\_\_\_\_

14.   When family leave is needed to care for a seriously ill covered family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15.   Physician's or  
Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17.   Type of Practice (Field of Specialization, if any): \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CERTIFICATION STATEMENT  
(Employee's Own Serious Illness)**

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

Date Condition Began: \_\_\_\_\_

Date Condition Ended (or is expected to end): \_\_\_\_\_

Medical facts regarding the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is unable to perform the functions of his or her job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Office Phone Number(s): \_\_\_\_\_

.....

**Medical Release:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CERTIFICATION STATEMENT  
(Illness of Employee's Covered Family Member)**

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

Name of Ill Family Member: \_\_\_\_\_

Date Condition Began: \_\_\_\_\_

Date Condition Ended (or is expected to end): \_\_\_\_\_

Medical facts regarding the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is needed to care for the ill covered family member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Office Phone Number(s): \_\_\_\_\_

.....

**Medical Release:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE OF INTENTION TO RETURN FROM LEAVE

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

Supervisor: \_\_\_\_\_

Date Leave is to Commence: \_\_\_\_\_

Date of Planned Return (at least two weeks advance notice): \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her Health Care Provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....

I have examined the patient (employee) and can certify that he/she is fully able to resume working.

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

Date: \_\_\_\_\_

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## UNIVERSITY OF GUAM DEPARTMENT/UNIT PROCEDURES FOR FAMILY AND MEDICAL LEAVE ACT OF 1993

### 8.800      A.      INTRODUCTION

In accordance with the federal Family and Medical Leave Act (FMLA), the University provides a family and medical leave of absence for up to twelve weeks in any 12-month period to any eligible regular, full-time or part-time employee. The University guarantees that at the end of an approved leave, the employee can return to the same position, or one that is equivalent in rank, salary and benefits, and other terms and conditions of employment. Depending on the circumstances, the leave may be paid, unpaid, or a combination of paid and unpaid, and where applicable is charged concurrently under the appropriate disability leave program, as provided for herein.

### B.      ELIBIGILITY

To be eligible, employees must have a total of one year of service as regular employees, have been actively employed by the University during the twelve-month period immediately preceding the beginning of the leave and have worked at leave one-half the normal annual schedule prior to the start of the family and medical leave. (Under the law certain highly compensated salaried employees are eligible for leave, but are not guaranteed restoration to their positions if they choose to take leave.)

### C.      REASONS FOR LEAVE

Family and medical leave can be used by all eligible employees for the following circumstances:

- Care of the employee's newborn child
- Placement of a child with the employee for adoption or court approved foster care
- Care of a family member with a serious health condition
- A serious health condition which prevents the employee from working or performing the essential functions of the job

**D. DURATION OF LEAVE**

Unpaid family and medical leave can be granted for up to a maximum of 12 weeks within a consecutive 12-month period. Family and medical leave is also available, with supervisory approval, on a reduced or intermittent basis.

**E. BENEFITS STATUS**

During the period of family and medical leave, all regular benefits, which include health and life insurance and service credits for pension are maintained. The employee is responsible for paying any additional premiums required for the insurance coverage selected.

**F. DEFINITIONS**

The following definitions apply to FMLA:

1. Family member

- Spouse or domestic partner
- Child includes biological, adopted, foster, stepchild, legal ward (Where the employee provides day-to-day care and financial support for a child who is under 18 years old or an adult with a mental or physical disability, or an adult who was in a parent relationship to the employee when the employee was a child. Biological or legal relationship is not necessary.)
- Parent includes biological, foster, adoptive parents, stepparents, parents-in-law, and legal guardians or an individual who has served in a parent relationship to an employee.

There may be circumstances where an exception to the definition of family is warranted. (For family members not covered by FMLA, annual leave may be used.)

2. Health Care Provider

Any person licensed under federal or local laws to provide health care services.



3. Intermittent leave

Non-consecutive leave taken in blocks of time from at least one-hour to several weeks at a time and should not exceed 12 weeks over a 12-month period.

4. Reduced schedule

Non-consecutive leave during which time an employee may work fewer days per week or fewer hours per day during the standard workweek.

5. Serious health condition

Illness, injury, impairment, or physical or mental condition that involves either 1) in-patient care in a hospital, hospice, or residential medical facility; or 2) continuing treatment by a health care provider. A serious health condition required the patient to be under the supervision of a health care provider but does not require active treatment.

- *For employees*, conditions or illnesses that affect the employee's health to the extent that they must be absent from work on a recurring basis, or for more than a few days for treatment or recovery, are covered.
- *For family members*, conditions or illnesses that require the employee to provide care during a period of treatment are covered.

**G. TIMELINES AND PROCEDURES**

1. *Leave for the birth, adoption or placement for foster care of a child.*

Leave to care for a newborn or a child who has been adopted or placed for approved foster care must be taken within the first year of birth, adoption or placement, and normally in one continuous period of up to 12 weeks. In those instances where both parents are employed by the University, they are each entitled to 12 weeks of leave.

a. Request for Leave

The employee must request the leave in writing at least 30 days prior to the start of the leave. Exception to the number of days notice required may be made in emergency situations.

An employee may request an extension of the family leave with Annual or Sick Leave for a total leave period not to exceed one year. However, the guarantee of return to the same or equivalent position applies only to the first 12 weeks of family leave.

b. Disability Leave

FMLA is separate from, and in addition to, any disability leave provided for pregnancy.

c. Reduced Schedules

Although the law does not require it, there may be circumstances where intermittent or reduced leave is better for both the operation of the department and the employee. This type of leave must be scheduled within a 24-consecutive week period unless otherwise agreed upon by the supervisor and the employee. Questions on intermittent or reduced schedules should be reviewed in advance with the appropriate administrator/supervisor.

2. *Leave for the care of a family member with a serious health condition.*

Employees are eligible for up to 12 weeks of unpaid leave within a consecutive 12-month period to care for a covered family member with a serious health condition. Where medically necessary, intermittent and/or reduced leave is permitted. However, if leave is required on this basis, the University may require the employee to transfer temporarily to an equivalent alternative position that better accommodates recurring period of absence or a part-time schedule.

a. Request for Leave

Employees must submit a written request for leave for the care of a covered family member with a serious health condition at least 15 days prior to the start of the leave. If the leave is required because of a medical emergency or unforeseeable event, an employee should provide notice as soon as practicable under the circumstances, usually within one or two business days. If the leave was anticipated and the employee does not provide 30 days' notice or a good reason for the lack of notice, the supervisor may delay the leave until 30 days after the date the employee provides notice of the need for leave.

b. Medical Certification

A request for leave to care for a covered family member must be accompanied by a medical certification statement completed by the attending health care provider that states that care for a covered family member is necessary. The certification must include the date the health condition began, the appropriate medical facts regarding the condition, and the estimated amount of time the employee will be needed. A medical certification statement is required within 30 days after the request for leave of absence.

Employees will be required to report periodically to their supervisor, usually in writing approximately every 30 days, on their status and intention to return to work.

On occasion, managers may need to contact an employee on a family and medical leave to request information about work that the employee is responsible for. Managers should keep these requests to a minimum.

3. *Leave for the serious health condition of an employee.*

Employees are eligible for up to 12 weeks of unpaid leave within a consecutive 12-month period. Intermittent and/or reduced leave is permitted. However, if leave is required on this basis, the University may require the employee to transfer temporarily to an equivalent alternative position that

better accommodates recurring period of absence or a part-time schedule.

a. Request for Leave

When leave is foreseeable, employees are expected to consult with their supervisor prior to the scheduling of medical treatment in order to work out a schedule that best suits the needs of the employee and the department. If the supervisor has a legitimate business related reason, the employee may be required to reschedule treatment subject to the approval of the health care provider.

An employee who is unable to work because of a serious health condition must follow current University procedures for notification and certification of the health condition as defined by the appropriate disability program.

Employees will be required to report periodically to their supervisor, usually in writing approximately every 30 days, on their status and intention to return to work.

On occasion, managers may need to contact an employee on a family and medical leave to request information about work that the employee is responsible for. Managers should keep these requests to a minimum.

b. Temporary Disability and Workers' Compensation Leave

With the exception of disabilities arising from pregnancy, the first 12 weeks of leave taken because of the illness or injury of the employee and which qualifies as Temporary Disability or Workers' Compensation Leave is charged concurrently to Family and Medical Leave. Exceptions to the concurrent charging of Family and Medical Leave and Temporary Disability or Workers' Compensation Leave may be made based on special circumstances. Supervisors should confer with the appropriate administrator before granting an exception. The employee must be informed in advance that the Temporary Disability or Workers' Compensation Leave is also being charged to Family Leave.

Note: If the employee's illness occurs *after* the employee has exhausted leave under FMLA, then the employee is not eligible for additional family leave for a personal disability within the one-year period.

**H. USE OF UNUSED ANNUAL AND SICK TIME DURING FAMILY LEAVE**

Employees may, with supervisory approval, elect to apply unused annual and sick leave to cover some or all of the unpaid leave. In all cases, leave under the Family and Medical Leave Act must be designated before the leave begins. Employees may, with supervisory approval, elect to be paid for unused annual or sick leave to offset the unpaid family leave. If an employee does not take accumulated annual or sick leave as pay during the family leave, it is available for use after return from leave with the permission of the supervisor.

**I. NOTICE OF INTENT TO RETURN**

Notice of intent to return from family and medical leave should be given to the supervisor in writing at least two weeks in advance of the expected date of return. If an employee wishes to return prior to the expiration of a family or medical leave of absence, notification should be given to the supervisor at least five (5) calendar days prior to the employees' planned return. Under extenuating circumstances, notice may be waived by the supervisor.

**J. RESPONSIBILITIES OF THE PARTIES**

1. *Request for Family Leave*

**Employee:**

- Request leave in writing from the supervisor at least 30 days prior to the leave for the birth or placement of a child for adoption or foster care, or 15 days prior to the leave for the care of a covered family member with a serious health condition or for leave to cover the employee's illness.

Exception to the number of days required for notice can be made for emergency situations.

**Supervisor:**

- Reviews written request with employee and clarifies any issues surrounding the request, e.g., approximate duration of the leave, use of annual or sick leave pay, availability of benefits, etc.
- Requests medical certification for care of immediate family member with a serious health condition or employee if appropriate.
- Responds to employee request verbally within two days outlining the terms of the leave; written confirmation of the terms of the leave must be given to the employee no later than before the next regular payday.

In all circumstances, it is the University's responsibility to determine, based on information provided by the employee, if a leave, paid or unpaid, meets the qualifications as defined under the law.

2. *If accrued annual and/or sick leave are not used for Family Leave:*

**Supervisor:**

- Completes Employment/Status Authorization form for employee indicating Leave of Absence without pay.
- Attaches copy of supervisor's memo to employee outlining terms of leave and
- Forwards the leave form to the appropriate administrator and HRO

**Employee:**

- Advises HRO of leave and arranges for payment of any additional insurance premiums.

3. *If accrued annual and/or sick leave is used for Family Leave:*

**Supervisor:**

- Completes leave form indicating leave of absence with pay.

- If annual and/or sick leave does not cover entire leave period being taken, follows up with a second leave form on appropriate date placing employee on Family Leave without pay.

**Employee:**

- Advises HRO in advance of date when annual and/or sick leave pay expires and arranges for payment of any additional insurance premiums.

4. *At the end of Family Leave*

**Employee:**

- Notifies supervisor in writing of intent to return to work at least two (2) weeks in advance of return date.

**Supervisor:**

- Forwards to HRO and appropriate administrator employee's written intent to return to work.