

FMLA GUIDELINES AND CONSIDERATIONS

When submitting a request for FMLA designated leave, the employee agrees that they have read and understand the following:

- Medical certification from a physician or other qualified healthcare provider (using the appropriate Certification of Healthcare Provider form) will be required for leave due to my serious health condition or the serious health condition of my spouse, child, or parent. I may be required to provide a Release to Return to Work form upon return from leave.
- If approved, the leave will count towards my 12 weeks/480 hours of entitlement. FMLA leave is tracked on a fiscal year basis.
- If the leave is to be with pay or intermittent leave, it is my responsibility to communicate with my supervisor to request and/or verify the type and number of hours of paid leave to be used.
- If the anticipated end date of my leave changes, it is my responsibility to communicate with my supervisor and Central Human Resources (CHR) to request approval of the change.
- I am responsible for continuing payment of my employee share of insurance premiums.
- When requesting intermittent FMLA leave for planned medical treatment, I am obligated to schedule the treatment at a time that will not unduly disrupt my department's operations.
- I understand my treating healthcare provider may be contacted to clarify or authenticate my FMLA certification.
- Re-certification may be required every 30 days, unless a specific period of time is designated in the initial certification (re-certification may be requested after the period elapses).
- Should CHR not receive my completed documentation, and I remain absent from employment with USF, I understand that I may be subject to termination from my position, consistent with USF's policies and regulations regarding attendance and unexcused absences.