



## **Procedure to request FMLA leave time**

Failure to comply with the following procedures/rules may result in the delay or denial of leave:

1. The employee must complete an Employee Request for Family Medical leave Act (ERFMLA) form and submit it to the hiring manager or supervisor, who will copy and forward the original request to the Human Resources Department for review and FMLA approval.
2. The HR Department will forward a Certification of Health Care Provider form to the employee and the employee must have his or her treating doctor complete the Certification of Health Care Provider form and return it directly to the Department of Human Resources within 15 days of the request for certification.

A Human Resources Representative will review the completed ERFMLA form and Certification of Health Care Provider form and notify the employee and his or her hiring manager of approval or denial of leave.

A Human Resources Representative or the Chief Executive Officer (not the employee's immediate supervisor) may contact the employee's health care provider directly to authenticate and/or clarify the certification or re-certification.

If the employee's health care provider will not complete the certification or provide subsequent clarification of it without a HIPAA authorization from the employee, the university cannot require the employee to provide the HIPAA consent. However, the employee will lose FMLA protection if the certification is not timely submitted because of failure to provide the HIPAA consent.

Time off may be designated retroactively as FMLA leave once the university has enough information to determine the qualifying reason for the leave.

### **Designation of leave**

There may be times when employees are absent due to circumstances that would qualify as FMLA leave, and the employee has not specifically applied for FMLA leave. Alcorn State University has the right to designate such absences as FMLA leave. If an absence is designated as such, a Human Resources Representative will notify the employee of the designation.

## **When to request leave**

Where leave is foreseeable, the employee should make a request for leave at least 30 days in advance. Foreseeable leave should be scheduled so that it does not unduly disrupt the University's operations.

Where advance written notice of the need for leave is not possible (i.e., a medical emergency), advance notice (in person or by telephone) is required. When advanced notice is not possible, the notice must be provided as soon as reasonably practicable, with written documentation to follow.

**IMPORTANT:** if an employee wishes an absence to be covered by FMLA, he or she must generally request such leave no later than two days after returning to work following the absence. The employee will generally not be allowed to request that the absence be designated as FMLA leave at a later date.

If an employee is out on an unexpected/emergency medical leave of absence, his or her supervisor must notify the Department of Human Resources as soon as possible so that the proper paperwork can be prepared.

## **Intermittent leave**

An employee may take leave intermittently (take a day or days periodically when needed) or use leave to reduce the work day or work week, resulting in a reduced work schedule. The supervisor must approve these variations. The supervisor and employee should agree on work schedules during intermittent leaves or reduced schedule time periods. The medical certification should include the expected dates for medical treatment, the planned duration of the medical treatment.

The supervisor may request medical certification to verify that the actual work hours or days missed were medically necessary.

The employee may be reassigned to an alternative position that would accommodate better use of an intermittent leave schedule when the leave is foreseeable based on the planned medical treatment.

## **Pay during leave**

The University will require faculty and staff eligible for paid leave to use accrued paid leave at the beginning of the 12-week FMLA-approved leave period or the 26-week FMLA-approved military caregiver leave period.

## **Spouses employed by the University**

If both spouses work for the university, they are eligible for an aggregate of 12 weeks of leave per 12 month period for birth, for placement for adoption or foster care, or to care for a sick parent. However, if leave is for a seriously ill spouse or child or for the employee's own serious illness, the husband and wife are each entitled to a 12-week period.

## Reporting while on leave

The University requires the employee to report periodically (at least 30 days) to the Department of Human Resources of his or her status and intent to return to work.

## Returning to work

An employee will be reinstated to the same job or an equivalent position upon completion of his or her leave. The fitness for duty form should precede the employee. If the employee has exhausted all 12 weeks of leave and is still unable to return to work, the employee is no longer provided any job restoration rights under FMLA. However, each situation will be reviewed on a case-by-case basis.

## Fitness-for-duty

The employee will need to provide the Department of Human Resources with a Fitness-for-duty Report form located in the Department of Human Resources before returning to work if he or she has taken medical leave of more than five consecutive days as a result of his or her own serious health condition. This must be signed by a health care provider. The employee is expected to return to work when released by a health care provider. The completed form should be mailed or directed to the **Department of Human Resources, 1000 ASU Drive, 390, Alcorn State, MS 39096-7500**.

## Actions for termination

Termination of employment may take place when:

- An employee, while on approved family and medical leave, accepts other gainful employment; or
- An employee fails to return from an FMLA leave of absence at the specified time agreed upon by the employee and management; or
- An employee fails to comply with the FMLA procedures as described above.

\*\*\* Please see the ***Employee Request for Family Medical Leave Act Form*** for Human Resource and Supervisory Instructions