

FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) provides eligible employees with up to twelve (12) workweeks of leave time during a calendar year. During qualified FMLA, employees may maintain their benefits coverage and the University will continue to contribute the employer's portion of benefits expenses toward coverage. In general, employees also retain their right to return to the same position or an equivalent position as the one held prior to taking leave.

To be eligible for FMLA, an employee must have been employed by the State for a minimum of twelve (12) months and have worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the beginning of the leave. In most cases, FMLA is applied upon request by the employee. However, the University may designate certain leave as FMLA and will notify the employee of that decision.

FMLA is applied concurrently with other leave that may be available. When accrued sick or vacation leave is available, employees must use the time before moving into unpaid leave status. Leave is used in the following order:

- earned sick leave
- earned compensatory leave
- earned vacation leave
- leave without pay

In maternity leave, an employee may elect to use unpaid leave without exhausting accrued paid leave.

Whenever possible, employees must notify the University at least thirty (30) days in advance of the anticipated FMLA. In cases in which the event cannot be foreseen, employees must notify the University as soon as practical, typically within 24 hours of the event.

Additionally, when scheduling medical treatments or related activities, employee should work with their supervisors to attempt to schedule times that will fit the employee's needs and least interrupt operations of the department.

Application for FMLA is made using the FMLA request forms available through Human Resources. In cases in which the University designates leave as FMLA, the employee will receive written notification of that decision.

UNIVERSITY OF CENTRAL ARKANSAS

REQUEST FOR FAMILY AND MEDICAL LEAVE

To: _____
(department manager or supervisor)

Date: _____

From: _____
(employee)

I am requesting Family and Medical Leave for _____ (days, weeks, months)
which will begin on _____ and end on _____.

I understand that under qualified FMLA, UCA will continue to pay the employer's portion of benefits coverage for health, dental, life and disability coverage. I also understand that I am responsible for paying for any employee portions of this coverage.

If I do not pay for the employee portions of coverage, I understand that my coverage will end after thirty (30) days. However, upon return from FMLA, I will be eligible to re-enroll in coverage.

I understand that except in leave for maternity, use of accrued paid leave and unpaid leave will apply concurrently with FMLA.

IMPORTANT: Please do not attach the completed Certification of Health Care Provider Form to this request. The Certification of Health Care Provider Form and any paperwork containing medical information should be sent directly to Human Resources. The Certification forms can be found at <http://uca.edu/hr/family-and-medical-leave>.

(Employee's signature)

(UCA ID number)

(Supervisor's signature)

(Department administrator's signature)

(Vice President's signature)

(Human Resources- reviewing official)