

The purpose of this guide is to help Managers assist employees with completing the **Medical Leave Request** form prior to submitting it to the FMLA/Benefits Consultant. **Only one copy of the leave form must be submitted; it does not have to be the original.**

The Medical Leave Request form cannot be approved without the following information:

- ✓ Date of Request
- ✓ Checking the appropriate box at the top of the form indicating whether a request is new or a supplement to previous request.
- ✓ Employee Data Section under Part I
- ✓ Leave Selections under Part II
- ✓ Reason(s) for Requiring Leave under Part II (i.e., Serious Health Condition of Employee, Parent, or Child)
- ✓ Leave Request Section under Part III for dates the employee is requesting to be absent. **This is the MOST critical part of the form, and all highlighted fields must be completed as we cannot accept with incomplete dates or schedule.**

If requesting a <u>leave of absence</u>, complete the following fields:	Start Date:		End Date:	
If requesting a <u>reduced work schedule</u>, complete the following fields:	Start Date:		End Date:	
	Hrs/Week:		Work Schedule:	
If requesting an <u>intermittent work schedule</u>, complete the following fields:	Start Date:		End Date:	
Expected Frequency of Absences				
Expected Duration of Absences				

Note: If the employee is requesting an intermittent/reduced work schedule, the employee must fill in an expected schedule. If the employee is unsure of their proposed schedule, direct the employee to speak with their physician. An attempt should be made to obtain a schedule. If all attempts to obtain a schedule fail, have the employee indicate that a schedule could not be determined and provide a justification in the fields above. Please see "Guidelines for Managing Intermittent Leave / Reduced Work Schedules" for more information.

- ✓ Employee and Supervisor Signatures under Part IV
- ✓ Completion of *U.S. Department of Labor Certification of Health Care Provider for Employee's Serious Health Condition or Family Member's Serious Health Condition* (i.e., the "Medical Certification form").

Note: Due to HIPAA rules regarding the confidentiality of health information, the employee is **not required** to provide the *Medical Certification* form to their Department. The *Medical Certification* form should be sent directly to the FMLA/Benefits Consultant. **In addition, you MAY NOT request that the employee share any medical information with you, including the certification form.**

If Voluntary Shared Leave has been requested, the department must authorize the employee to receive shared leave under **Part IV, "Departmental Leave Authorization."**

Shared leave is paid by the department. If the department would like to cap the number of hours, please fill in that amount beside the **"Total number of shared leave hours authorized."**

Note: *Department management should treat every shared leave request in an equitable manner unless there is an extenuating circumstance that could be explained to the employee.*

Medical Leave Request Forms and/or Medical Certification Forms that are incomplete will delay the processing of the employee's leave request. If the Medical Certification Form is incomplete, the FMLA/Benefits Consultant will make an attempt to obtain the information. If the Consultant is unsuccessful, the employee will be notified in writing within 5 business days of the needed information and will be expected to submit a corrected form.

The employee will work with the Payroll & Leave Coordinator during the FMLA leave period to record correctly all absences related to the approved FMLA leave period.