The University of Texas Rio Grande Valley
Office of Human Resources

Your Rights under the Family and Medical Leave Act [FMLA] of 1993

The FMLA requires the University of Texas Rio Grande Valley [UTRGV] to provide up to 12 work weeks of paid or unpaid leave to eligible employees for qualifying family and medical reasons. Family Medical Leave [FML] coordinates with but is not in addition to other leave [for example: annual, sick, leave without pay] that an employee may use for covered purposes. Employees are eligible if they have worked for UTRGV or another Texas state agency for at least 12 months, and have been employed for 1,250 hours during the previous 12 month period.

Employees with less than twelve months of state service or who have worked less than 1,250 hours in the twelve-month period preceding the start of the leave are eligible to take a parental leave of absence for the birth of a child or the adoption or foster care placement of a child under the age of three. This entitlement provides up to 12 weeks [480 hours] of unpaid leave. This entitlement may NOT be combined with the FML entitlement.

REASONS FOR TAKING LEAVE

An eligible employee is entitled to FML for any one, or more, of the following reasons :

- The birth of the employee's son or daughter, and to care for the newborn child;
- The placement with the employee of a child for adoption or foster care, and to care for the newly placed child.
- To care for the employee's spouse, son, daughter, or parent with a serious health condition; and,
- Because of a serious health condition that makes the employee unable to perform one or more of the essential functions of his or her job.
- Because of military family leave entitlements.

ADVANCE NOTICE

To qualify for FML, the employee will be required to provide advance leave notice if the leave is foreseeable.

- The employee must provide 30 days advance notice based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of a family member.
- The employee shall advise the employer as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. It is expected that the employee will give notice to the employer within no more than one or two working days of learning of the need for leave.

MEDICAL CERTIFICATION

The University requires that an employee provide a certification issued by the health care provider of the employee or the employee's ill family member.

- When the leave is foreseeable, medical certification should be provided before the leave begins.
- If the leave is not foreseeable, medical certification is to be provided within two business days after the leave commences.

A physician's statement certifying the condition is required and must be furnished within fifteen days after the request for FML is submitted, unless there are extenuating circumstances. The statement must include the following:

- The date on which the condition started;
- The probable duration of the condition;
- The appropriate medical facts regarding the condition; and
- Where applicable, a statement that the employee is needed to care for the child, spouse, or parent, and an estimate of the amount of time that such care is needed.
- When the leave request is for intermittent leave or leave resulting in a reduced work schedule, a statement of the medical necessity for the intermittent leave and the expected duration is required.

PAID LEAVE

- University requires that an employee utilize vacation towards the twelve-week Family Medical Leave entitlement.
- Accrued sick leave will be utilized against the twelve-week entitlement only for a serious health condition as qualified under the Family Medical Leave Act.
- Compensatory time used during the absence does not count towards the twelve weeks of FML.
- The employee must use all paid leave before using LWOP unless the employee is receiving temporary disability benefit payments or
- Workers' Compensation benefits.
- FML and parental leave coordinate with each other and may not be "stacked".

UNPAID LEAVE

When all applicable paid leave is exhausted an employee will be placed on unpaid leave until the expiration of their coverage under the Family Medical Leave Act.

COORDINATION OF LEAVE BETWEEN SPOUSES

If both spouses are employed by the State, a combined total of twelve weeks of FML may be taken by both spouses for the birth or placement of a child.

JOB BENEFITS AND PROTECTION

- During any FMLA leave, UTRGV will continue to pay the employee's health, basic life and basic accidental death and disability premiums. If the employee chooses to retain his/her additionally selected coverage(s), he/she is required to submit payment of premium(s).
- Upon return from FMLA leave, the employee will be restored to his/her original or equivalent position with equivalent pay and benefits.

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it illegal for UTRGV to :

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for;
- Involvement in any proceeding under or relating to FMLA.

ENFORCEMENT

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations. For additional information contact Human Resources or the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

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Request for Family and Medical Leave

Last Name : _____ First Name : _____ Middle Name : _____

Employee ID : _____ Job Title : _____ Work Ph. : _____

Department : _____ Supervisor Name : _____

Qualifications For FMLA Coverage

☐ Yes ☐ No Have you been employed by the State of Texas for 12 months?

☐ Yes ☐ No Have you worked 1,250 hours for the State of Texas in the past 12 months?

☐ Yes ☐ No Have you taken Family and Medical Leave in the past 12 months?

If Yes, Dates FMLA was taken : _____ Total Hours : _____

Leave Information

Start Date of Expected Leave : _____ Expected Date of Return : _____

Leave Address : _____ City : _____ ST : _____ Zip Code : _____ Phone : _____

Emergency Contact Name : _____ Relation : _____ Contact Ph. : _____

Reason For Leave

☐ Birth and Care of a Child * Must complete certification http://www.dol.gov/whd/forms/WH-380-E.pdf

☐ Adoption or Foster Care Placement *

☐ My child, who is under age 18 or age 18 or older and incapable of self-care because of mental or physical disability. Age

☐ Serious Health Condition

☐ My own Must complete certification http://www.dol.gov/whd/forms/WH-380-E.pdf

☐ Spouse, Parent or Child Must complete certification http://www.dol.gov/whd/forms/WH-380-F.pdf

☐ Military Caregiver Leave * Must complete certification http://www.dol.gov/whd/forms/WH-385.pdf

☐ I am the Spouse of a Service Member ☐ I am the Son or Daughter of a Service Member

☐ I am the Parent of a Service Member ☐ I am the Next of Kin of a Service Member

☐ Qualifying Exigency Leave Must complete certification http://www.dol.gov/whd/forms/WH-384.pdf

☐ Yes ☐ No * Is your Spouse is currently employed by The University of Texas Rio Grande Valley?

If Yes, be aware that the FMLA provides that spouses employed by the same employer are eligible for a combined allotment of leave for the categories [*] marked

Authorizations

I acknowledge the above information and all other information otherwise given by me [pertaining to family or medical leave], is TRUE, COMPLETE, and NOT MISLEADING in any way. I understand that any INCORRECT, MISLEADING or FALSE STATEMENTS furnished by me may result in sufficient cause for denial of leave and/or disciplinary action. I hereby grant permission for UTRGV to verify information furnished by me regarding family or medical leave.

_____ _____ _____ _____

Employee Signature Date Supervisor Signature Date

To be completed by Patient | Employee

I authorize my licensed practitioner to release the completed Certification of Health Care Provider form to the administrator's of the Family and Medical Leave Act at The University of Texas Rio Grande Valley.

_____ _____ _____

Printed Patient Name Patient Signature Date

You may be entitled to know what information The University of Texas Rio Grande Valley [UTRGV] collects concerning you.
You may review and have UTRGV correct this information according to procedures set forth in UTS 139.
The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

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Medical Certification

TO BE COMPLETED BY EMPLOYEE

PLEASE FILL OUT THE TOP PORTION AND TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER.
THIS CERTIFICATION MUST BE PROVIDED TO YOUR DEPARTMENT PRIOR TO YOUR RETURN TO WORK.

Employee Name: _____ Employee Department : _____

Supervisor Name : _____ Supervisor Email : _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

PLEASE COMPLETE THE FOLLOWING FOR THE EMPLOYEE [NAMED ABOVE] PRIOR TO THE RETURN TO WORK DATE.

Date condition started : _____

Is the employee able to return to work? ☐ Yes ☐ No ☐ Yes, with restrictions

Date employee is released to return to work : _____

Please list any restrictions or functional limitations which the department should consider :

The restrictions are : ☐ Permanent ☐ Temporary, until [date] : _____

Comments :

Name of Health Care Provider : _____

Specialty : _____

Address of Health Care Provider : _____

Health Care Provider Printed Name	Health Care Provider Signature	Date

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