**Request for Family and Medical Leave**

Family and Medical Leave is provided under the FAMILY AND MEDICAL LEAVE ACT OF 1993.   
Please see the reverse side for a summary of the FMLA or contact Human Resources at (406) 683-7010 or 7031.

**I am requesting Family or Medical Leave for the following reason:**

The birth of a child;

Placement of a child with you for adoption or foster care;

My own serious health condition;

Care for my spouse; child; parent; immediate family member with   
a serious health condition as specified by federal regulation. *\*Please contact HR for assistance in determining eligibility.*

A qualifying exigency arising out of the fact that my spouse; child; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

I am the spouse; child; parent; next of kin of a covered service member with a serious injury or illness.

**The leave is requested for the following period:**

Start Date: End Date:

(Up to 12 work weeks in a 12-month period for certain family and medical reasons, and qualified exigency for an eligible active service member; up to 26 work weeks in a 12-month period for care of a covered service member with a serious injury or illness)

Please check all that are applicable: Intermittent: Workers’ Compensation:

I understand that employer contributions of insurance premiums while on unpaid Family and Medical Leave are to be reimbursed to the University of Montana Western should I **NOT** return to work for reasons unrelated to this medical circumstance.

Name: GID# (Last 4 digits):

Department:

Employee Signature & Date:

(If employee is unavailable to sign indicate NAFS “Not Available For Signature”)

Department Head Signature & Date:

Eligibility Requirements – to be completed by Human Resources

12month service: Hire Date: Last FMLA Used:

0.50 FTE + (minimum of 1040 hrs) paid in past 12 months: (FTE) hrs worked

cc: Employee Personnel File

Benefits  
Employee Relations/ADA

**YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons, and qualified exigency leave for a covered service member. Care of a covered service member with a serious illness or injury may be provided to covered employees up to 26 workweeks of unpaid leave in a 12-month period. Employees are eligible if they have worked for a covered employer for at least one year, and for 1040 hours over the previous 12 months.

UM Western Policy: [https://www.umwestern.edu/section/702-5-family-medical-leave/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.umwestern.edu%2Fsection%2F702-5-family-medical-leave%2F&data=05%7C01%7Ckelly.graham%40umwestern.edu%7Cda667b4866a54e9c240c08dac34c8d56%7C3e920b1e03264e41b5b6582f32590252%7C0%7C0%7C638037030873238421%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Zp%2FFa%2BP%2BKGujtoSf44lkS3kEl78KykRVIRRkuvXlbgo%3D&reserved=0)

**REASONS FOR TAKING LEAVE:** Unpaid leave must be granted for any of the following reasons:

* to care for the employee’s child after birth, or placement for adoption or foster care;
* to care for the employee’s spouse, child, or parent who has a serious health condition;
* for a serious health condition that makes the employee unable to perform the employee’s job;
* for a qualifying military exigency of the employee’s spouse, child, or parent;
* to care for the employee’s spouse, child, parent or next of kin who is a covered military service member.

**GETTING PAID WHILE ON FMLA:** FMLA leave is unpaid. However, the statute provides that employees may take, or employers may require employees to take, any accrued paid vacation, personal, family or sick leave, as offered by their employer, concurrently with any FMLA leave. This is called the “substitution of paid leave.” Montana State University’s policy states that:

* You will be required to use any accrued sick leave you have at the beginning of your FMLA leave period.
* Once you have exhausted your sick leave balance, you may choose to use any annual leave or comp hours that you have accrued.
* The remainder of any FMLA leave will be unpaid.

**ADVANCE NOTICE and MEDICAL CERTIFICATION:** The employee may be required to provide advance leave notice and medical certification. Leave may be denied if the requirements are not met.

* The employee must ordinarily provide 30 days’ notice when the leave is “foreseeable”;
* An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work.

**JOB BENEFITS and PROTECTION:**

* For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan.”
* Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.
* The use of FMLA leave cannot result in the loss of any employment benefits that accrued prior to the start of an employee’s leave.

**UNLAWFUL ACTS BY EMPLOYERS:** FMLA makes it unlawful for any employer 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;
* An eligible employee may bring a civil action against an employer for violations. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State, local or collective bargaining agreement which provides greater family or medical leave rights.

**FOR MORE INFORMATION:**

* Contact Human Resources at (406) 683-7010 or 7031

Visit <https://www.umwestern.edu/section/benefits/>   
Visit <https://www.dol.gov/agencies/whd/fmla>