

REQUEST FOR FAMILY AND MEDICAL LEAVE

T H E U N I V E R S I T Y
of
M O N T A N A W E S T E R N

University of Montana employees are entitled to 12 weeks of family and medical leave during the 12-month period following the date that family and medical leave begins.

SECTION I: TO BE COMPLETED BY THE EMPLOYEE

A. Specific information is required to determine if family and medical leave is appropriate and to provide you with your entitlement to benefits during leave. Please complete the following questions:

Employee Name _____ Social Security Number _____
Department _____ Division _____
Location _____ Position Title _____

To be eligible for family and medical leave, you must have accrued at least 12 months or 52 weeks of state service (Montana University System or the State of Montana) and have worked at least 1,250 hours in a pay status during the 12 months preceding the start of leave. The 12 months of state service need not be continuous. If you were maintained on the payroll for any part of a week, you will be credited with one week of employment for the purpose of meeting this eligibility criterion.

If you meet these criteria, list the dates and duration of employment and employing unit or agency.

Note: if you worked for a state agency or university system unit other than The University of Montana and are using that employment to fulfill the 12 months of state service requirement, you must provide documentation from that agency or unit verifying employment dates and pay status.

B. Reason for leave (Check appropriate box)

- For your own serious health condition
 To care for your child, spouse, or parent who has a serious health condition
 Due to the birth of your child
 Due to the placement of a child with you for adoption or foster care
 For qualifying exigency leave arising out of the fact that a family member is called to active duty.

Note: Medical certification may be required to support the need for leave related to a serious health condition.

In the case of a serious health condition, will the patient require (check if applicable):

- Inpatient hospitalization
 Continuing treatment by a health care provider

C. Briefly explain the nature of the request (include the estimated duration of leave; date leave begins, if known; expected date of return; anticipated dates and length of absences in the case of a request for intermittent leave or a reduced schedule): _____

D. If you are requesting substitution of your accrued paid leave for unpaid family and medical leave, check the type(s) of paid leave you are requesting:

- Annual leave Compensatory time
 Sick leave Other (specify) _____

E. An employee is entitled to the same health insurance coverage during family and medical leave that was provided prior to taking leave. You must plan to continue paying any share of the premium that you have been responsible for prior to family and medical leave.

If you make pretax contributions to a flexible spending account as part of your employee benefits plan, you may arrange to make payments or in some circumstances, revise the payment schedule during family and medical leave.

Are you responsible for any share of the premium payment for health insurance coverage?
_____ Yes _____ No

Are you currently making pretax contributions to a flexible spending account as allowed by the employee benefits plan? _____ Yes _____ No

Additional information may be required to justify the need for or to arrange family and medical leave. For more information about continuation of benefits during family and medical leave, contact Human Resource Services.

Employee Signature

Date

SECTION II: TO BE COMPLETED BY THE HUMAN RESOURCES

The following family and medical leave has been approved (Briefly explain the reason for leave; include anticipated dates of leave; indicate whether leave is paid – specify type or unpaid): _____

If a request for intermittent or reduced work schedule leave after the birth, adoption, or foster care placement of a child is approved by the employee's supervisor, a copy of the written agreement (outlining the work schedule and start/ending date) must be submitted to Human Resource Services.

Check the following if applicable:

_____ Medical certification is required to support the need for leave related to a serious health condition.

_____ A copy of the Military Orders is required to support the exigency leave for call to active duty.

_____ The employee is required to submit a certificate from the health care provider stating the employee is fit to return to work.

_____ The employee's request for family and medical leave has been denied (Briefly explain): _____

Human Resources Signature

Date

_____ Copy: Employee

_____ Copy: Human Resource Services, James Short Building