Human Resource Services
Marshall University
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DESIGNATION OF LEAVE AS FAMILY OR MEDICAL LEAVE

Under the provisions of the Family and Medical Leave Act (FMLA)
THIS FORM IS COMPLETED BY HUMAN RESOURCE SERVICES.

TO	
TITLE	
DEPARTMENT	
FROM	
TITLE	
DATE	

On (date)		you notified us of your need to take leave due to:

[ ]	The birth of a child, or the placement of a child with you for adoption or foster care; or
[ ]	A serious health condition that makes you unable to perform the essential functions of your job; or
[ ]	A serious health condition affecting your [ ] spouse, [ ] child, or [ ] parent, for which you are needed to provide care. (Check the appropriate block in the preceding sentence.)

You notified us that you need this leave beginning on (or this leave began on) the following date	
You state that you expect leave to continue until (or you returned to work on) the following date	

This leave will count against your annual leave entitlement under the Family and Medical Leave Act of 1993 (FMLA). Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid or paid leave in a 12-month period for the reasons listed above. Being paid for any portion of an FMLA leave is subject to the availability of accrued sick leave and/or annual leave depending on the reason for the leave. The University designates the calendar year as the basis for the 12-month period. Your health care benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave, or (2) other circumstances beyond your control, you may be required to reimburse the University for its share of health insurance premiums paid on your behalf during your FMLA leave. If your leave is due to the serious health condition of you or a family member, you must furnish medical certification of such condition within 15 days of receiving this notification (through completion by your health care provider of the University's *Health Care Provider's Certification of Need for Family or Medical Leave* form). If you do not have this form completed and returned, the commencement of your leave may be delayed until this certification is submitted. You must substitute accrued leave of the appropriate type for unpaid FMLA leave whenever you have a positive accrual of leave. If your leave is due to a serious health condition, you will be paid the remainder of your accrued sick leave and annual leave. If your leave is due to the care of a newborn or a newly-adopted child, you will be paid the remainder of your annual leave. The remainder of this leave after the exhaustion of the appropriate leave type(s) will be unpaid. If you pay a premium through the University for health care insurance, you must continue to make these payments during the period of FMLA leave. Arrangements for payment will be/have been discussed with you. You must make premium payments as follows:

$	PER	

You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your health care insurance may be cancelled, as long as we notify you in writing at least 15 days before the date that your health coverage will lapse. It is your responsibility to continue to make premium payments for any optional life insurance or disability insurance you have. If coverage for these lapses due to nonpayment of premiums, you may not be able to become insured again. If your leave is due to your own serious health condition, you must present a physician's certificate authorizing you either to return to work without limitations or with stated limitations that the University will review for possible accommodation. If we do not receive this certificate, we may delay your return to work until you provide it. You must furnish recertification relating to a serious health condition every 30 days during FMLA leave (see reference to health care provider's form above). If the circumstances of your leave change and you are able to return to work earlier than the date indicated at the beginning of this memorandum, you must notify us at least two working days prior to the date you intend to report for work. Any questions about this designation of leave should be directed to Human Resource Services at the above address.

DISTRIBUTION: One copy to employee, one copy to supervisor, one copy to Human Resource Services