

## University of Montevallo Application for Family Medical Leave

**Submit To:** Ashley Baugh  
Assistant Director of Human Resources  
Station 6055, Will Lyman House  
Montevallo, AL 35115  
205-665-6091 phone 205-665-6091 fax [abaugh1@montevallo.edu](mailto:abaugh1@montevallo.edu)

**From:** \_\_\_\_\_  
Employee Date of Application M Number  
\_\_\_\_\_  
Department Supervisor Contact Number

### Reason for Request

\_\_\_\_\_ Sickness of Self      \_\_\_\_\_ Care of Newborn Child\*      \_\_\_\_\_ Placement of Child in Adoption or Foster Care\*  
\_\_\_\_\_ Sickness of Spouse      \_\_\_\_\_ Sickness of Child      \_\_\_\_\_ Sickness of Parent (Does not include in-laws)  
\_\_\_\_\_ Military Exigency      \_\_\_\_\_ Care for Veteran      \_\_\_\_\_ Care for U.S. Military Service Member

**Beginning Date of Leave** \_\_\_\_\_ **Anticipated Date of Return** \_\_\_\_\_

### Eligibility for Family and Medical Leave and the 12 Month Period:

Employees who have been employed by UM for at least 12 months (or 52 weeks) and who have worked at least 1250 hours during the preceding 12 months may take up to 12 weeks of unpaid leave during any 12-month period, measured backward from the first date an employee uses FMLA leave for the the reasons listed above. Please refer to <https://www.montevallo.edu/wp-content/uploads/2018/06/Policy-04.130-Family-Medical-Leave.pdf> for further details.

### Medical Certification:

The University reserves the right to require proof of necessity for family/medical leave from a health care provider on the attached "Certification of Health Care Provider" form. Please have this form completed by your physician and return to Human Resources on campus. Your healthcare provider may also send the form to Human Resources directly. Certification should be submitted within 15 calendar days of the date of this letter. All medical certifications of serious health conditions are maintained on a confidential basis in Human Resources.

### Required Use of Accrued Leave during FMLA:

If applicable, employees are required to use all their available vacation and compensatory time during any period of FMLA leave. Employees must also use available sick days when the FMLA leave is taken because of a serious health condition. The University will require that employees substitute any other paid leave for FMLA leave. When vacation, sick days or compensatory time is used during an FMLA leave, they will be paid according to current University policies regarding such benefits.

### Benefits During Leave:

During unpaid FMLA Leave, employees do not accrue employment benefits such as vacation or sick leave. Those employees on intermittent or reduced-schedule leave accrue leave in proportion to the work performed. Employment benefits accrued by the employee prior to the commencement of FMLA leave will not be lost. For purposes of retirement vesting or eligibility, any period of paid FMLA leave will be treated as uninterrupted service. During FMLA leave, the University will continue to pay its portion of the health insurance premiums for a covered employee and

dependents, and the employee must continue to pay the employee's share of the premium. If the employee does not return to work following the FMLA leave, the employee must reimburse the University for any health insurance premiums paid by the University during leave, unless the employee's failure to return is due to a serious health condition which prevents the employee from performing his or her job, or because of other circumstances beyond the employee's control. Employees who wish to continue their voluntary life insurance must also continue to pay the premiums for this coverage while on FMLA leave. Payment for health and life insurance premiums must be received in the Office of Human Resources by the 5th day of each month. Failure to pay any required premium for 30 days will result in loss of coverage. Payment should be made payable to the University of Montevallo and mailed to:

University of Montevallo  
Office of Human Resources Station 6055  
Montevallo, AL 35115

**Request for Fitness-for-Duty and Return to Work:**

If you are taking a leave for a serious health condition, the University requires a fitness-for-duty certification prior to reinstatement.

**EMPLOYEES RETURNING FROM A FAMILY MEDICAL LEAVE ABSENCE MUST NOTIFY HUMAN RESOURCES UPON RETURN TO CAMPUS ON THE DAY THAT REGULAR DUTY RESUMES. Email may be sent to [abaugh1@montevallo.edu](mailto:abaugh1@montevallo.edu)**

Overstaying a leave without proper notification and approval, or seeking and accepting other employment without previous authorization, constitutes an automatic resignation and subsequent loss of benefits. If approved for Family Medical Leave, I understand that all sick leave, compensatory time, and vacation accruals must be first applied to Family Medical Leave (per UM policy) and that I will not earn vacation or sick leave while in non-pay status.

**During my absence I understand that I must continue to complete my monthly leave reports or timesheets. If I am unable to complete due my to incapacitation, I authorize my supervisor to complete and submit my reports on my behalf.**

I understand that as long as I am on paid leave, the deductions for benefits will continue and that if I am no longer on paid leave, I must make a payment by the 5<sup>th</sup> of each month equal to the amount normally deducted from my pay. I also understand that any increase of premiums or changes in plan would apply. If I choose not to return to my employment at the University of Montevallo at the end of the approved period, I will repay the University's portion of all benefits provided on my behalf for the entire period of unpaid Family Medical Leave. All payments will be payable to the University of Montevallo and submitted to the Office of Human Resources at Station 6055.

I understand the requirements regarding Family Medical Leave and I certify that the above information is true and correct.

Requested by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
Employee Signature Human Resources

<b>Distribution:</b> The situation listed above qualifies for Family Medical Leave.	
Employee: _____	Supervisor: _____
Payroll: _____	Dean/Director: _____
Vice President: _____	HR Director: _____
<b>Human Resources Use Only:</b> Date Leave Began: _____ Date Leave Ended: _____	

*\*Leave for this reason may be taken only during the first 12 months following birth, adoption or placement of the child.*