

FMLA GUIDELINES AND CONSIDERATIONS

When submitting a request for FMLA designated leave, the employee agrees that they have read and understand the following:

- Medical certification from a physician or other qualified healthcare provider (using the appropriate Certification of Healthcare Provider form) will be required for leave due to my serious health condition or the serious health condition of my spouse, child, or parent.
- If approved, the leave will count towards my 12 weeks/480 hours of entitlement. FMLA leave is tracked on a fiscal year basis. The fiscal year for USF is July 1 - June 30.
- I understand that a Return-to-Work note is required to be completed by my health care provider and submitted prior to my anticipated return to work date for continuous leave.
- I understand that FMLA is unpaid leave, and that it is my responsibility to use my own leave to remain in a paid status.
- I understand that it is my responsibility to contact Benefits to ensure continuing payment of my employee share of insurance premiums.
- It is my responsibility to communicate with my supervisor and leave coordinator to request and/or verify the type and number of hours of paid leave to be used.
- If the anticipated end date of my leave changes, it is my responsibility to communicate with my supervisor and Central Human Resources (CHR) to request approval of the change.
- When requesting intermittent FMLA leave for planned medical treatment, I am obligated to schedule the treatment at a time that will not unduly disrupt my department's operations.
- I understand that while on continuous FMLA leave, I am not to work for USF or elsewhere.
- I understand my treating healthcare provider may be contacted to clarify or authenticate my FMLA certification.
- Re-certification may be required every 30 days, unless a specific period of time is designated in the initial certification (re-certification may be requested after the period elapses).
- Should CHR not receive my completed documentation, and I remain absent from employment with USF, I understand that I may be subject to termination from my position, consistent with USF's policies and regulations regarding attendance and unexcused absences.

MEDICAL LEAVE OF ABSENCE GUIDELINES AND CONSIDERATIONS

When submitting a request for a Medical Leave of Absence, the employee agrees that they have read and understand the following:

- Only my own serious health condition qualifies for a Medical Leave of Absence.
- To qualify for a Medical Leave of Absence, I must first apply for FMLA, regardless of eligibility.
- I am required to submit a Medical Leave of Absence Certification form completed by a physician or other qualified healthcare provider.
- I understand that a Medical Leave of Absence is unpaid leave, and that it is my responsibility to either use my own leave to remain in a paid status or to pay my employee share of insurance premiums.
- It is my responsibility to communicate with my supervisor and leave coordinator to request and/or verify the type and number of hours of paid leave to be used.
- If the anticipated end date of my leave changes, it is my responsibility to communicate with my supervisor and Central Human Resources (CHR) to request approval of the change.
- When requesting intermittent leave, for planned medical treatment, I am obligated to schedule the treatment at a time that will not unduly disrupt my department's operations.
- I understand that while on a continuous MLOA, I am not to work for USF or elsewhere.
- I understand my treating healthcare provider may be contacted to clarify or authenticate my medical certification.
- Re-certification may be required every 30 days, unless a specific period of time is designated in the initial certification (re-certification may be requested after the period elapses).
- I understand that a Return-to-Work note is required to be completed by my health care provider and submitted prior to my anticipated return to work date for continuous leave.
- Should CHR not receive my completed documentation, and I remain absent from employment with USF, I understand that I may be subject to termination from my position, consistent with USF's policies and regulations regarding attendance and unexcused absences.