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SUBJECT: Family and Medical Leave Act

Intent

The intent of the Family and Medical Leave Act is to guarantee job protection up to 12 weeks a year (26 weeks for a service member) for individuals who because of certain family and medical reasons must be absent from work. If you have any questions concerning FMLA, feel free to contact the Office of Human Resources.

Policy

The FMLA requires that eligible employees be granted up to 12 weeks a year (beginning with the 8 employee's first usage of FMLA leave) of job-protected leave for certain family and medical 9 reasons (which will hereafter be referred to as "qualifying events") or 26 weeks a year to care for a 10 service member or active duty of a service member. Employees are required to take Annual or 11 Sick Leave, if available, depending on the nature of the absence while on FMLA. The appropriate 12 13 type of leave must be exhausted before approval will be granted to use leave without pay for Family and Medical Leave. For example, if an academic employee has a "qualifying event" which 14 does not qualify as annual leave, the employee will be granted leave without pay. The type of 15 leave to be granted MUST be determined prior to the beginning of the leave. No one can 16 retroactively change the type of leave granted, unless the "qualifying event" occurs during a 17

- 18 period of routine leave.
 - 1. Eligible Employees

Employees who have worked for the state for 12 months and who have worked 1,250 hours in the preceding twelve-month period (from the time the requested leave is to begin) are eligible. This applies to all employee groups (part-time, transients, etc.).

2. Qualifying Events

An "eligible" employee may receive a total of 12 workweeks of leave during any 12-month period for one or more of the following reasons:

- a. for the birth of a child and/or to care for the child;
- b. for placement of a child through adoption or foster care;
- c. for the care of the employee's spouse (wife or husband), son, daughter, or parent who has a serious health condition;
 - d. for the employee's own serious health condition which prevents the employee from performing their essential duties.
- e. for any qualifying exigency (as defined by regulation) related to a spouse, son,
 daughter, or parent's active duty or notice of an impending call or order to active duty
 in the Armed Forces.

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41		When the husband and wife both work for LSU Eunice, the total amount (combined total)		
42		of leave they may take is limited to 12 weeks if they are taking leave for the birth or		
43		adoption of a child or to care for a sick parent.		
44				
45	3.	Servicemember Family Leave		
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47		A spouse, son, daughter, parent, or next of kin is permitted to take up to 26 workweeks of		
48		leave to care for a member of the Armed Forces, including a member of the National		
49		Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is		
50		otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a		
51		serious injury or illness.		
52				
53		During a 12-month period, an eligible employee shall be entitled to a combined total of 26		
54		workweeks of leave under items 2 (e) and 3 above. For servicemember family leave,		
55		when the husband and wife both work for LSU Eunice, the total amount (combined total)		
56		of leave they may take is limited to 26 workweeks during a 12-month period.		
57				
58	4.	Advance Notice		
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60		a. Foreseeable Events		
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62		Employees are required to provide 30 days' advance notice, unless the "qualifying		
63		event" is unforeseeable or a medical emergency. When the reason for the leave is		
64		for medical treatment, such as chemotherapy, to the extent possible the treatment		
65		schedule should be planned to cause as little disruption as possible to the		
66		workplace. Such considerations must be negotiated with the employee prior to		
67		designating the leave.		
68				
69		 b. Unforeseeable Events or Medical Necessity 		
70				
71		When it is impossible or impractical due to medical necessity to provide advance		
72		notice, the leave will be granted conditionally and verbally based upon the		
73		information provided by the employee. The employee will still be required to		
74		provide the appropriate certification within 10 working days to the employer.		
75				
76		Such emergency requests will be revoked if the certification does not support the reasons		
77		originally provided. If the request is revoked, the employee may be required to repay the		
78		leave and/or health coverage premiums, if applicable, and may be subject to disciplinary		

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79		action.
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81	5.	Medical Certification
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83		Employees requesting FMLA leave for serious health conditions (their own or a family
84		member's) will be required to provide medical certification to support their request. The
85		request for medical certification must be in compliance with guidelines of the U.S.
86		Department of Labor, Wage and Hour Division.
87		
88		LSU Eunice may require medical certification prior to allowing the employee to return to
89		essential duties, especially if the reason for the leave is the employee's own disability. In
90		such cases, the employee must be advised at the onset of the leave that such certification
91		will be required.
92		
93		Medical records are protected by Federal Law and may not be maintained in the
94		employee's personnel file. Additionally, information pertaining to an employee's medical
95		condition may not be released to any individual without the employee's express written
96		consent. All medical information supporting the employee's FMLA request will be
97		maintained with the employee's FMLA request housed in the Office of Human Resources.
98		
99	6.	Certification Related to Active Duty or Call to Active Duty
100		
101		LSU Eunice may require that a request for leave because of any qualifying exigency
102		specified in 2(e) above be supported by a certification issued at such time and in such
103		manner as the Secretary may by regulation prescribe. If the Secretary issues a regulation
104		requiring such certification, the employee shall provide, in a timely manner, a copy of such
105		certification to the employer.
106		
107	7.	Intermittent or Reduced Leave
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109		If leave is taken for birth or placement of a child for adoption or foster care, intermittent
110		leave or a reduced leave schedule may only be taken by mutual agreement between the
111		employee and the supervisor.
112		
113		In all other cases, intermittent leave or a reduced leave schedule may only be taken when
114		it is medically necessary or with supervisory approval.
115		
116		An employee on an intermittent or reduced leave schedule may be required to transfer to
117		an equivalent position if that position would better accommodate the leave schedule.

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118		Under such circumstances, the equivalent position must provide equivalent pay and
119		benefits and the employee must be qualified for the position.
120		
121	8	Return from Leave
122	•••	
123		Upon return from FMLA leave, employees must be restored to their original or an
124		equivalent position with equivalent pay, benefits, and other conditions of employment. The
125		use of FMLA leave cannot result in the loss of any employment benefit that accrued prior
126		to the start of an employee's leave.
127		
128	9	Medical Health Coverage
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130		The University must maintain the employee's medical insurance coverage for the duration
131		of the FMLA leave under the conditions the coverage would have been provided if the
132		employee had continued working.
133		employee had eentinded menting.
134		In the case of leave without pay for FMLA purposes, the University will continue to pay the
135		employer portion and the employee's share of the premium. The employee's share is
136		subject to reimbursement by the employee.
137		
138	10	. Cancellation of Medical Health Coverage
139		
140		When an employee is on leave without pay, if an employee's premium is more than 30
141		days late, all obligations of the University as to such coverage cease. Under these
142		circumstances, the University has the right to recoup any payments it has made.
143		
144		If, under these circumstances, the employee's health insurance coverage is canceled, the
145		employee will be reinstated to full health coverage upon their restoration to duty at the
146		same level that was provided prior to the leave. An employee may not be required to meet
147		any qualification requirements imposed by the health plan, including any new preexisting
148		condition waiting period, to wait for an open season, or to pass a medical examination to
149		obtain reinstatement of coverage.
150		5
151	11	. Questionable Certifications for Medical Leave
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153		If an employee submits a completed certification signed by a health care provider, the
154		employer may not request additional information from the employee's health care provider,
155		but may, through its health care provider request clarification and authentication of the
156		certification. If the employer doubts the validity of the certification, it may proceed as
130		

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157	follows:	
158	_	On and Online With the engineering of the University December 2000 and the engineering
159		Second Opinion – With the approval of the Human Resource Office, the employee
160		may be required to be examined by a health care provider of the employer's
161		designation and at the employer's expense. If the second opinion does not agree
162	١	with the employee's certification, the employer can require a third opinion.
163		
164		Third Opinion – With the approval of the Human Resource Office, the employee
165		may be required to be examined by a health care provider mutually approved by
166		the employer and the employee at the employer's expense. The third opinion is
167	1	final and binding.
168	10 11-1	
169	12. Unlawfu	II ACTS
170	It is such	
171		awful for the University to interfere with, restrain, or deny the exercise of any right
172		d under FMLA; or to discharge or discriminate against any person for opposing any
173	•	made unlawful by FMLA or for involvement in any proceeding under or relating to
174	FMLA.	
175	•	
176		ployee who believes a right granted under FMLA has been denied should contact
177		Chancellor for Business Affairs who will be responsible for resolving such
178	disputes	5.
179		
180	13. Enforce	ment Agency
181	The LLC	Dependence of the part of the second the second providence of the second se
182		S. Department of Labor, Wage and Hour Division, is authorized to investigate and
183	resolve	complaints of FMLA violations.
184		Due e e dune
185		Procedure
186		hing to request FMLA leave should complete a leave slip, indicating "FMLA" in the
187		n of the leave slip. The Office of Human Resources will complete the "University
188		mployee Notification for FMLA" and send to employee. Additionally, the employee
189		omplete the FMLA-1 (medical certification form), if applicable. If the request is for
190		ay, the employee is also required to complete a GI-1 form. Please refer to
191	Allachment A IC	or a summary of processing requirements.
192	Attachment A L	as been developed to applic amplevees in understanding their chlighting with
193		as been developed to assist employees in understanding their obligations with
194		essing FMLA requests. The Office of Human Resources will be available to
195	provide support	t to any employee or department and answer questions concerning these

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- procedures. 196
- 197
- Copies of the FMLA-1 and GI-1 forms are available in the Office of Human Resources. 198
- 199 200
- Sources: The Family and Medical Leave Act of 1993 Section 585 of the National Defense Authorization Act for FY 2008 201

Attachment A SUMMARY OF FAMILY & MEDICAL LEAVE ACT PROCEDURES

RESPONSIBILITY	PROCEDURES
EMPLOYEE	 Complete leave slip indicating the number of hours needed. Indicate "FMLA" in the remarks section of the leave slip. Indicate what type of paid leave is to be used (sick, annual, comp, leave without pay). Have Dr. complete FMLA-1 form or submit certification on active duty of servicemember.
	4. Submit to supervisor at least thirty days prior to date the leave is to begin.
DEPARTMENT	 Determine if the employee has been employed for twelve months prior to the beginning of the requested leave.
	 Determine that the employee has worked 1250 hours in the twelve month period immediately preceding the request (need not be consecutive hours). Submit FMI A leave align to expression Vise Changeller.
	 Submit FMLA leave slip to appropriate Vice Chancellor. Advise Human Resource Management of any changes in status after initial approval.
HUMAN RESOURCES	 Verify that the type of leave requested is available for use and accurate. Provide employee with FMLA-1 form. Advise HRM of any change in status after the original approval. Post accurately all FMLA leave to leave tracking. Notify Payroll if insurance coverage will be maintained or discontinued. Advise employee of other benefits impacted by FMLA status.
VICE CHANCELLOR	 Determine if employee is qualified under the law. Determine if reason for the requested leave is a "qualifying event". Notify employee of disposition and conditions which may apply.

1. FMLA-1: A new form developed by Wage & Hour to obtain needed medical information to support FMLA request.

2. GI-1: A newly revised form to ensure the employee is advised of the option and conditions to continue insurance coverage.

3. Leave form and FMLA-1 must be submitted within 10 working days of notification of leave. Failure to provide timely documents could result in disciplinary action.

4. Because entitlement is for a one year period, all FMLA leave must be designated on leave tracking regardless of whether the leave is paid or unpaid.