



The University of Georgia

Human Resources

FMLA

Departmental Response to Employee Request for Family Leave

[Empty box for date]

Date

To (employee name): _____

From (UGA representative): _____

SUBJECT: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:

date

- Birth of a child, serious health condition, or serious health condition affecting spouse/child/parent.

Because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty...

Because you are the spouse, son, daughter, parent, or next of kin of a covered servicemember with a serious injury or illness

You notified us that you need this leave beginning on _____ and that you expect leave to continue until on or about _____.

date

date

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above.

This is to inform you:

- 1. Eligibility for leave. 2. Medical certification requirements. 3. Accrued sick and annual leave. 4. Premiums during FMLA leave.

If you have any questions about your invoices for premium payments, you may call UGA Benefits Accounting at 706-542-2222.

5. You will will not be required to present a return-to-work certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
6. (a) You are are not a "key employee" as described in § 825.217 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.
- (b) We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (*Explain (a) and/or (b) below. See §825.218 of the FMLA regulations.*)

7. You will will not be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.*)

8. While on leave, you will will not be required to furnish us with periodic reports every _____ (*indicate interval of periodic reports, as appropriate for the particular leave situation*) of your intent to return to work (see § 825.311 of the FMLA regulations). If the circumstances of your leave change and you able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report to work.