

Human Resources

FMLA

Departmental Response to Employee Request for Family Leave

Date

To (e	employee name):
From	n (UGA representative):
SUB	JECT: REQUEST FOR FAMILY/MEDICAL LEAVE
On _	, you notified us of your need to take family/medical 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 for your job; or
	A serious health condition affecting your: spouse child
	parent, for which you are needed to provide care
	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 (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
	Because you are the spouse, son, daughter, parent, or next of kin of a covered servicemember with a serious injury or illness
You r abou	notified us that you need this leave beginning on and that you expect leave to continue until on or the
your h reinsta return you to	pt 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. Also, health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be tated 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 not work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle of FMLA leave; or (2) other circumstance beyond your control, you may be required to reimburse us for our share of health insurance premiums paid bur behalf during your FMLA leave at UGA.
This	is to inform you:
1.	You are eligible for leave and the requested leave will be counted against your annual FMLA leave entitlement.
	not eligible for leave under your reasons did not meet the criteria above.
	the FMLA because your FMLA leave entitlement for the 12-month period.
2.	You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.
3.	UGA requires that you use all accrued sick and annual leave for FMLA leave prior to going on a leave-without-pay status. UGA records indicate you havehours accrued sick leave and hours accrued annual leave as of
4.	Because you normally pay YOUR portion of the premiums for your health insurance and other benefits, these payments must continue during the period of your FMLA leave.

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

• If you are in a leave-without-pay status, you will receive an invoice from UGA for your premiums. Prompt payment of the current month's premium is expected. You have a 30-day grace period in which to make premium payments. If you do not

· While you are in a paid leave status, premiums will be deducted from your paychecks, as usual.

make payment in a timely manner, your group health insurance and other benefits may be canceled.

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 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. (<i>Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.</i>)
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.