Family and Medical Leave (FML) Guide for Employees

Family and Medical Leave (FML) is regulated by the Family and Medical Leave Act (FMLA) of 1993 and the California Family Rights Act. These laws require covered employers to provide employees job-protected and unpaid leave for qualified medical and family reasons.

REASONS FOR TAKING FML

Qualifying events for which FML may be taken include:

- A serious health condition that makes the employee unable to perform the essential functions of his or her job.
- To care for the employee’s spouse, child, or parent who has a serious health condition.
- The birth of a child and to care for the newborn child within one year of birth.
- The placement with the employee of a child for adoption or foster care for the newly placed child within one year of placement.
- Any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a covered military member on “covered active duty.”
- To care for a covered service member with a serious injury or illness if the eligible employee is the service member’s spouse, son, daughter, parent, or next of kin (military caregiver leave).

ELIGIBILITY REQUIREMENTS

In order to be eligible for FML, you must meet the following requirements:

1. You must have a minimum of 12 months of cumulative University service.
2. You must have worked a minimum of 1,250 in the 12 month period immediately preceding the start of the leave. Only actual hours worked should be counted. Do not include sick leave, vacation leave, or holiday hours. Your supervisor or UCDHS Payroll Department Representative should be able to assist you in determining whether you meet this requirement.
3. You must not have already exhausted your annual entitlement of FML protected hours. See FML Annual Entitlement below.

MEDICAL CERTIFICATON REQUIREMENT (Certification of Health Care Provider)

A medical certification is required when requesting intermittent or continuous leave for medical reasons. See the links to medical certifications in the “Procedure” section of this document.

PROCEDURE

FML for Employee’s Serious Health Condition

1. For intermittent FML, a reduced work schedule, or continuous FML for your own serious health condition, Section II of a Certification of Health Care Provider for Employee’s Serious Health Condition must be completed and signed by your health care provider. A copy of this document is accessible at the link below. Once completed, the document must be submitted to your supervisor, manager, or any other person designated to accept the form from you.
Certification of Health Care Provider for Employee’s Serious Health Condition

2. Submit a leave request to your supervisor in ecotime®. Once it is submitted, it will be provisionally approved by your supervisor, pending receipt of a clear and complete medical certification and confirmation of your eligibility for FML.

FML for Family Member’s Serious Health Condition

1. For intermittent FML, a reduced work schedule, or continuous FML for your family member’s serious health condition, complete Section II of a Certification of Health Care Provider for Family Member’s Serious Health Condition. Your family member’s health care provider must complete all of Section III of this document. A copy of this document is accessible at the link below. Once completed, the document must be submitted to your supervisor, manager, or any other person designated to accept the form from you.

Certification of Health Care Provider for Family Member’s Serious Health Condition

2. Complete the Declaration of Relationship Form accessible at the link below and submit it to your supervisor, manager, or any other person designated to accept the form from you.

Declaration of Relationship for FML

3. Submit a leave request to your supervisor in ecotime®. Once it is submitted, it will be provisionally approved by your supervisor, pending receipt of a clear and complete Certification of Health Care Provider for Family Member’s Serious Health Condition, a Declaration of Relationship form, and confirmation of your eligibility for FML.

FML for Pregnancy Disability

1. For intermittent or continuous FML, a reduced work schedule, or pregnancy disability leave due to a pregnancy related condition, Section II of a Certification of Health Care Provider for Employee’s Pregnancy Disability must be completed by your health care provider. A copy of this document is accessible at the link below. Once completed, the document must be submitted to your supervisor, manager, or any other person designated to accept the form from you.

Certification of Health Care Provider for Employee’s Pregnancy Disability

2. Submit a leave request to your supervisor in ecotime®. Once it is submitted, it will be provisionally approved by your supervisor, pending receipt of a clear and complete medical certification and confirmation of your eligibility for FML.
FML for Qualifying Exigency

1. For intermittent, continuous leave, or the need to be placed on a reduced work schedule due to a qualifying exigency, you must complete a **Certification for Qualifying Exigency Leave**. A copy of this document is accessible at the link below. Upon completion, you must submit this document to your supervisor, manager, or any other person designated to accept those forms from you.

   [Certification for Qualifying Exigency Leave](#)

2. Complete the Declaration of Relationship Form accessible at the link below and submit it to your supervisor, manager, or any other person designated to accept the form from you.

   [Declaration of Relationship for FML](#)

3. Submit a copy of the service member’s deployment orders to your supervisor, manager, or any other person designated to accept those forms from you.

4. Submit a leave request to your supervisor in ecotime®. Once it is submitted, it will be provisionally approved by your supervisor, pending receipt of a clear and complete Certification for Qualifying Exigency Leave, a Declaration of Relationship form, a copy the service member’s deployment orders, and confirmation of your eligibility for FML.

FML for Military Caregiver

1. For Military Caregiver Leave, a **Certification for Military Caregiver Leave** must be completed by the service member’s health care provider. A copy of this document is accessible at the link below. Once completed, this document must be submitted to your supervisor, manager, or any other person designated to accept this form from you.

   [Certification for Military Caregiver Leave](#)

2. Complete the Declaration of Relationship Form accessible at the link below and submit it to your supervisor, manager, or any other person designated to accept the form from you.

   [Declaration of Relationship for FML](#)

3. Submit a leave request to your supervisor in ecotime®. Once it is submitted, it will be provisionally approved by your supervisor, pending receipt of a clear and complete Certification for Military Caregiver Leave, a Declaration of Relationship form, and confirmation of your eligibility for FML.

**TIMELY SUBMITTAL OF MEDICAL CERTIFICATIONS**

If you would like to use your FML entitlement and your supervisor or manager provides you with a medical certification form to take to your Health Care Provider for completion, the completed medical certification must be submitted to your supervisor or manager within 15 calendar days of the date it was
provided to you. Failure to do so may result in any provisional FML designation being revoked and denial of further requests for FML for the same FML qualifying event.

Please Note: Original copies of medical certifications containing the original signature of your health care provider should be provided to your supervisor, manager, or any other person designated to accept this document from you. A photocopy or faxed copy may be accepted pending receipt of the original copy.

COMPLETE AND SUFFICIENT MEDICAL CERTIFICATION REQUIREMENT

Medical certifications must be complete and sufficient in order to meet FMLA requirements. As an employee, it is your responsibility to ensure that your Health Care Provider has provided all of the required information on your medical certification. Before submitting your medical certification to your supervisor or manager, you should review it to ensure the following:

- Health Care Provider’s name, address, phone number, and fax number has been provided.
- All questions have been answered. If a question does not apply to your situation, the Health Care Provider should write, “N/A” in the space provided.
- Estimated frequency and duration of any need for intermittent leave is noted.
- Complete dates (month, day, and year) are provided wherever a date is requested. If the Health Care Provider is unsure of a date, a best guess should be provided.
- Health Care Provider has signed and dated the form.

Incomplete, insufficient, or unclear Medical Certification Forms may result in having to return to your Health Care Provider for missing information and/or clarification. If you are asked to return to your Health Care Provider for missing information and/or clarification, FMLA regulations require the University to allow you 7 calendar days to provide the missing information or clarification. Failure to abide by this requirement within 7 calendar days may result in any provisional FML designation being revoked and a denial of FML for any further absences related to the same FML qualifying event.

FML APPROVAL

Your completed medical certification must be immediately submitted to your supervisor, manager, or any other person designated to accept that document from you. It will be reviewed to ensure that it is complete and meets the requirements of the FMLA. If your medical certification is complete, sufficient, requires no clarification, and you meet FML eligibility requirements and you have not exhausted your FML entitlement for the current calendar year, your request for FML will be approved and your absences will be designated as such.

FML USAGE

When using FML due to a serious health condition becomes a necessity, you are required to use this leave in accordance with your medical certification. If you are taking leave on an intermittent basis and you begin to exceed the frequency or duration of leave specified on the medical certification, you may be asked to return to your Health Care Provider for re-certification. Your FML is protected only within the range of dates specified on the medical certification. Should you need additional FML, you should inform your supervisor or manager and submit a new medical certification.
Each time that it is necessary for you to use intermittent FML, you are required to follow your department’s call-in procedure to report your absence. When calling, you are required to indicate that your absence is FML related so that your supervisor will know that it should be recorded as such. Intermittent FML related absences should not be planned and reported to your supervisor in advance, unless the absence is for a planned, already scheduled medical appointment or treatment.

**FML ANNUAL ENTITLEMENT**

Every full-time employee is eligible to utilize up to 480 hours of FML per calendar year (January through December), if eligibility requirements are met. If you are a part-time employee, the number of FML hours is pro-rated.

**RE-CERTIFICATION REQUIREMENT**

A medical certification is valid only within the range of dates specified on the document. Once the end date provided has passed, you will be required to re-certify if you still have a need for FML. If your medical certification provides a range of dates that exceed one year in duration, FMLA regulations allow the University to ask you to re-certify after one year.

**RETURN TO WORK CERTIFICATION REQUIREMENT**

If you have been placed off work for a continuous period of time due to a medical condition, you must provide your supervisor or manager a Return to Work Certification Form signed by your health care provider before you begin working on your first day back at work. This document is available at the link below.

[Return to Work Certification]

**FREQUENTLY ASKED QUESTIONS ABOUT FML**

**Q** Are newly hired employees eligible for FML?

**A** New employees will not be eligible for FML until after they have met FML eligibility requirements. See Eligibility Requirements above.

**Q** Are per-diem employees allowed to take FML?

**A** A per-diem employee may take FML if the employee meets eligibility requirements.

**Q** Once I notify my supervisor of the need for FML, am I required to submit a completed medical certification within a certain number of days?

**A** Yes, you must provide a completed medical certification within 15 calendar days.

**Q** If I am unable to provide a medical certification after making a reasonable effort to obtain one, will I be denied FML?
A Should you fail to provide a medical certification within 15 calendar days, your supervisor may revoke the provisional FML designation provided for absences already taken and any future absences will not be designated as FML.

Q How often must I provide a medical certification to be able to use FML for my health condition?

A Medical certifications are valid only within the range of dates specified on the document. Once the end date provided has passed, you will be required to re-certify if you still have a need for FML. If your medical certification provides a range of dates that exceed one year in duration, the University has a right to ask you to re-certify after one year.

Q Can my supervisor ask for medical documentation each time I am absent for an already approved FML qualifying event?

A No. As long as your medical certification is still valid, your supervisor may not ask for additional medical documentation. However, if your circumstances related to your health condition significantly change or you begin to exceed the frequency and/or duration of absences specified on your medical certification, your supervisor has a right to ask you to re-certify.

FAMILY AND MEDICAL LEAVE ACT EMPLOYEE GUIDE

The United States Department of Labor has made a downloadable Family and Medical Leave Act Employee Guide available to you. This guide is available at the link below.

Family and Medical Leave Act Employee Guide

EMPLOYEE RIGHTS AND RESPONSIBILITIES

As an employee of the University of California, you have rights and responsibilities related to FML. Information about those rights and responsibilities is provided at the links below.

Employee Rights and Responsibilities under the Family and Medical Leave Act

Employee Rights and Responsibilities under the California Family Rights Act