

THE UNIVERSITY OF TEXAS AT DALLAS

Request for Family or Medical Leave

Name: Date of Request: Title:
 Dept: UTD ID: Extension:
 # of hours worked Per week: Supervisor's Name:

Do you have any previous state service? Yes No Note: Prior to the commencement of your leave, you must have had at least 12 months total service and worked at least 1,250 hours with the State of Texas to be eligible for family or medical leave.

Have you taken a family or medical leave in the past 12 months? Yes No If yes, how many work days?

Address (while on leave)

Phone Number (while on leave)

I request permission to be absent continuously/intermittently (circle one) from: through
Note: Appropriate documentation supporting the need and eligibility for FMLA is required before approved leave can be granted.

REASON FOR LEAVE:

I am requesting family or medical leave for the following reason(s):

- For the birth of my son/daughter and care after the birth. ** For the adoption or foster care of my son/daughter. **
- For the serious health condition of my spouse, child (under 18 yrs. of age) or parent. **
- For my own serious health condition (which makes me unable to perform the essential functions of my job).
- For qualifying exigencies arising out of the fact that my spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation. **

** COMPLETE FAMILY RELATIONS INFORMATION BELOW.

FAMILY RELATIONS INFORMATION:

Spouse Information (all employees must complete): Yes No If yes, complete b) and c).

- a) Do you have a SPOUSE employed by UT Dallas? Yes No
- b) Indicate your spouse's UTD ID:

(Note: If your spouse is also employed by UT Dallas, you are both limited to a combined total of 12 work weeks if your leave request is:

Family Member Information (related to your leave) (omit if leave is for birth/adoption reasons):

Name: Relationship:

If applicable, indicate your CHILD'S Date of Birth: Age:

If your child is over 18 years old, is he/she mentally or physically DISABLED? Yes No

Please Read Carefully Before Signing: I acknowledge the above information and all other information otherwise given by me (Pertaining to family or medical leave), is TRUE, COMPLETE, and NOT MISLEADING in any way. I understand that any or INCORRECT, MISLEADING or FALSE STATEMENTS furnished by me may result in sufficient cause for denial of leave and/or disciplinary action. I hereby grant permission for UT DALLAS to verify information furnish by me regarding family or medical leave. I acknowledge that I have READ and UNDERSTOOD the information on the REVERSE SIDE OF THIS DOCUMENT, and agree to comply with the rules and regulations outlined therein.

Employee's Signature Date:

Supervisor's Signature Date:

Original to Department

Copy to Human Resources

Copy to Employee

Name:

THE UNIVERSITY OF TEXAS AT DALLAS
Request for Family or Medical Leave

Date:

Instructions:

- 1) All employees requesting family or medical leave must complete information on front page.
- 2) If leave request is for medical reasons, the employee must provide a Certification of Health Care Provider documenting the necessity for the medical leave. Failure to do so may result in denial of FMLA.

Definitions:

Spouse: Defined as a husband or wife in accordance with the law in the State of Texas. Unmarried domestic partners do not qualify for family leave.

Loco Parentis: *In loco parentis* is commonly understood to refer to a relationship in which a person has put himself or herself in the situation of a parent by assuming and discharging the obligations of a parent to a child with whom he or she has no legal or biological connections. It exists when an individual intends to take on the role of a parent.

Under FMLA, persons who are loco parentis include those with day-to-day responsibilities to care for or financially support a child. Courts have indicated some factors to be considered in determining *in loco parentis* status include:

- * the age of the child;
- * the degree to which the child is dependent on the person;
- * the amount of financial support, if any, provided; and
- * the extent to which duties commonly associated with parenthood are exercised.

The fact that a child has a biological parent in the home, or has both a mother and a father, does not prevent an employee from standing *in loco parentis* to that child. The FMLA does not restrict the number of parents a child may have.

Son/Daughter: The FMLA defines a "son or daughter" as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in *loco parentis*. The broad definition of "son or daughter" is intended to reflect the reality that many children in the United States live with a parent other than their biological father and mother. Under the FMLA, an employee who actually has day-to-day responsibility for caring for a child may be entitled to leave even if the employee does not have a biological or legal relationship to the child.

The definition of "son or daughter" is limited to children under the age of 18 or 18 years of age or older and incapable of self-care because of a mental or physical disability. The FMLA military leave provisions have specific definitions of son or daughter that are unique to those provisions.

Serious Health Conditions: FMLA defines a serious health condition as "an illness, injury, impairment, or physical or mental condition that involves - (A) inpatient care in a hospital, hospice, or residential medical care facility; or (B) continuing treatment by a health care provider." The term "continuing treatment" is not defined by the statute.

The term "serious health conditions" is not intended to cover short-term conditions for which treatment and recovery are very brief.

Qualifying Exigencies: Qualifying exigency leave is one of the two military leave provisions. It may be taken for any qualifying exigency arising out of the fact that a covered military member is on active duty or call to active duty status. The Department's new regulations include a broad list of activities that are considered qualifying exigencies and will permit eligible employees who are family members of a covered military member is deployed, such as attending military-sponsored functions, making appropriate financial and legal arrangements, and arranging for alternative childcare.

Please Read Carefully:

I understand that I will be required to use my available paid sick/vacation/or other leave during my FMLA absence. This means that my FMLA time may or may not be paid depending on my available leave balances, eligibility for short term disability or worker's compensation, and leave will also be considered protected Family Medical Leave and counted against my Family Medical Leave entitlement.

I understand that while I am on leave, I am required to contact my supervisor with weekly reports of my status and intent to return to work.

If I take leave because of my own serious health conditions, **BEFORE I REPORT TO WORK**, I must provide my supervisor with a **STATEMENT** from my health care provider that I am fit to resume work. I may be required to take a **FITNESS FOR DUTY** examination if there is a probable reason that I cannot perform the essential functions for my job. I understand that if the duration of leave (or amount of time on the initial request) **changes**, it is my responsibility to contact my supervisor immediately regarding the status change and intent of my return to work.

I agree and will be responsible for continuing to pay for my **INSURANCE BENEFITS** and at the same time UT Dallas will continue to pay the employer's share of the premium cost. I will contact my Benefits Representative at 972-883-2221 to make arrangements to continue making my share of the premium payments on my health insurance to maintain health benefits while I am on leave. If payment is not made timely, my group health insurance may be cancelled, provided that UTD notifies me in writing at least 15 days before the date that my health coverage will lapse, or at UT Dallas' option, UT Dallas may pay my share of the premiums during FMLA leave, and recover the payments from me when I return to work. These premium shares include, but are not limited to: dental, vision, short-term disability, long-term disability, etc. If UT Dallas cancels my insurance, my health insurance benefits will be restored the day I return to work. They will be restored to the same level and terms to which I was provided when leave commenced.

When I return to work under the FMLA, I am entitled to be restored to the same position held when the leave started, or to an equivalent position with equivalent pay.

IF I FAIL TO RETURN TO WORK after a period of unpaid leave, and UT Dallas has paid its share of the premium for maintaining my health insurance, UT Dallas reserves the right to recover the premiums that were paid to me during my leave. I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved by my supervisor and/or Human Resources.

Signature: