

Family and Medical Leave Request Form

Eligible employees are entitled to up to 12 weeks of unpaid job-protected leave for certain family and medical reasons. If you wish to request family and medical leave under the CUNY FMLA Policy, submit this completed request form to your Human Resources Director/Personnel Officer as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. **If requesting intermittent or reduced schedule leave, you must attempt to work out a schedule with your supervisor which meets your needs without unduly disrupting your department's operations.** CUNY reserves the right to deny or postpone leave for failure to give appropriate notice.

(Please Type or Print)

1. _____
LAST NAME FIRST NAME MIDDLE INITIAL

JOB TITLE DEPARTMENT

2. REASON FOR REQUESTING LEAVE --please check the appropriate box.

- ☐ A. My own serious health condition (Certification of Health Care Provider required.)
- ☐ B. Birth of my child; to care for my new born child – Date of birth: _____
(Appropriate documentation required)
- ☐ C. Placement of child with me for adoption or foster care.
Date of placement: _____ (Appropriate documentation required)
- ☐ D. To care for my family member (including spouse, domestic partner, child or parent) with a serious health condition.
(Certification of Health Care Provider and proof of relationship required.)

Name/Relationship: _____. Please identify documentation on file
_____.

3. I request CONTINUOUS FMLA LEAVE starting (date): _____ and ending (date): _____.

4. I request INTERMITTENT FMLA LEAVE starting (date): _____. My anticipated schedule of absence is as follows (attach an additional sheet if needed):

5. I request FMLA LEAVE in the form of a REDUCED WORK SCHEDULE from _____ hours/week to _____
hours/week starting (date): _____ and ending (date): _____.

6. Intermittent or reduced work schedule leave is medically necessary because: (attach an additional sheet if needed):

EMPLOYEE STATEMENT OF UNDERSTANDING

I am aware of and understand the following:

- I must return a completed medical certification form to the Human Resources Director/Personnel Officer within 15 days of submitting this request, or as soon as practicable. Failure to do so may result in my leave being delayed until I provide this documentation;
- Before I return to work following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Human Resources Director/Personnel Officer;
- My health benefits will continue during my leave and I am expected to continue to pay my share of health insurance premiums, if any;
- If, under current University leave policies, I am eligible to lengthen this leave or request other leave benefits, I will submit the appropriate documents to the Human Resources Director/Personnel Officer prior to the conclusion of my family and medical leave; and,
- If I fail to return to work upon the conclusion of this leave, I may be subject to disciplinary proceedings or other action in accordance with CUNY policies, rules and regulations, and applicable collective bargaining agreements.

Signature of Employee

Date: _____

Received by: _____
Human Resources Director/Personnel Officer

Date: _____

THE CITY UNIVERSITY OF NEW YORK
Queens College

CUNY FMLA Certification of Health Care Provider

Please complete this form in its entirety. **Print** or type all information provided unless a signature is requested.

<p><u>Instructions for Employee/Patient</u></p> <ol style="list-style-type: none"> 1. Complete Section A. 2. Give form to your health care provider and request the provider to complete and return the form directly to you. 3. Bring the form to Human Resources no later than 15 days following the date you received the form. 	<p><u>Instructions for Health Care Provider</u></p> <ol style="list-style-type: none"> 1. Complete Sections B-D. 2. Return to employee/patient within two weeks of receipt of form. 3. If you have any questions, contact The Human Resources Office - Kiely Hall 163 @ 718-997-4455 	
Section A: To Be Completed by the Employee		
Name:	Department:	Phone Number: Office - Home -
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone Number:
Patient's Name (if different from above):	Relationship of Patient to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Dependent Child	
Employee Signature:		Date:
Section B: To Be Completed by Health Care Provider		
<p>The City University of New York fully complies with the Family and Medical Leave Act (FMLA) of 1993, which provides benefits and job protection for eligible employees facing their own "serious health condition" or that of a family member. Under FMLA, a serious health condition is defined as an illness, injury, impairment or physical or mental condition involving any one or more of the qualifying treatments and conditions cited below. The above-named employee is requesting a family and medical leave of absence for his/her own serious health condition or that of a family member. Kindly check all treatments/conditions that apply.</p>		
<input type="checkbox"/> Hospital Care, Inpatient Care – This is defined as an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. (Note: Incapacity means inability to work, attend school or perform regular daily activities due to the serious health condition, associated treatment, or recovery from treatment/condition)		
<input type="checkbox"/> Absence Plus Treatment – A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves: 1) Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by a health care provider; or 2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.		
<input type="checkbox"/> Pregnancy – Any period of incapacity due to pregnancy, or for prenatal care.		
<input type="checkbox"/> Chronic Conditions Requiring Treatments – For FMLA purposes, a Chronic condition 1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider, 2) Continues over an extended period of time , including recurring episodes of a single underlying condition and: 3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes or epilepsy.)		
<input type="checkbox"/> Permanent or Long-term Conditions Requiring Supervision – This condition is defined as a period of incapacity which is permanent or long because of a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider . Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.		

Section B: (Continued)

☐ **Multiple Treatments for Non-Chronic Conditions** – This situation is defined by any period of absence to receive **multiple treatments** by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, or radiation), severe arthritis (physical therapy), and kidney disease (dialysis). This also includes any time off for a period of recovery from treatments.

Section C: To Be Completed by Health Care Provider

Describe the **medical facts of patient** supporting your certification that would help us understand how the patient's condition meets one of the "Serious Health Condition" categories you checked.

Indicate whether incapacity is episodic, periodic, or extended, and the approximate date the condition commenced.

If additional treatments or a regimen of treatments will be required (by you or under your supervision), please provide a general description of the regimen (e.g., prescription drugs, physical therapy requiring special equipment.)

If the employee will be absent from work on an intermittent or part-time basis, please provide the following:

Probable number of treatments _____ Interval between treatment _____

Dates of treatment if known _____ Period required for recovery if any _____

If FMLA leave is for a family member, explain whether the family member requires physical and/or psychological assistance or comfort from the employee.

What is the actual or estimated duration of any incapacity of employee or the family member?

Employee's return to work date:

Section D: To Be Completed by Health Care Provider

Health Care Provider's Name:

Type of Practice:

Address:

Phone Number:

Health Care Provider's Signature:

Date:

CUNY FMLA Leave Policy

SCOPE

This policy applies to all members of the faculty and staff of The City University of New York (CUNY).

PURPOSE

CUNY recognizes the concerns of its faculty and staff to balance the demands of the workplace with the needs of his/her family. To address these interests, the CUNY FMLA Leave policy adopts the provisions of The Family and Medical Leave Act of 1993 (FMLA) and extends those provisions to cover domestic partner relationships.

STATEMENT OF POLICY

The CUNY FMLA Leave policy provides eligible employees with up to 12 weeks of unpaid, job-protected leave for qualifying reasons during the designated leave year *i.e.*, September 1st through August 31st. In order to be eligible, an employee must have been employed by the University for at least 12 months cumulatively, and must have worked at least 1,250 hours during the 12-month period preceding the requested commencement of the leave. The employee's FMLA 12 week leave period entitlement will commence anew for the subsequent period of September 1st through August 31st, provided that the eligibility requirements are fulfilled.

Qualifying reasons for FMLA leave include the following:

- childbirth and/or care for a newborn (within the first 12 months of birth)*;
- childcare needs resulting from an adoption or foster care placement (within the first 12 months of the adoption or placement)*;
- care for employee's spouse, domestic partner, child, or parent with a serious health condition;
- employee's own serious health condition.

* Spouses or domestic partners who are employed at the same CUNY College are limited to a combined total of 12 weeks within the FMLA leave year, when taking leave for these reasons.

Leave taken for a newborn, adopted or foster child as described herein must be taken all at once. If the employee takes leave to care for a family member or for his/her own illness, he/she may take the time on an intermittent or reduced-time basis, but only if the medical condition necessitates this type of schedule.

For the purpose of this policy, a serious health condition is an illness, injury, impairment, or physical or mental condition that involves incapacity or treatment connected with:

- inpatient care in a hospital, hospice or residential medical facility;
- pregnancy or prenatal care; or
- continuing treatment by a health care provider.

Under the CUNY FMLA Leave policy, an employee's leave of absence may be either paid or unpaid. However, before unpaid FMLA leave may be authorized, the employee will be required to exhaust any appropriate accrued paid leave.

Leave for illness granted under the University's temporary disability leave policy which extends beyond five (5) workdays will be counted as part of the annual FMLA entitlement, starting from the first day of leave. In addition, the first 12 weeks of any authorized leave taken pursuant to University policies or collective bargaining agreements that qualify as FMLA leave will be counted against the FMLA entitlement for that leave year.

For the serious health condition of an employee, which may include a pregnancy-related condition, paid sick leave accruals must be used first, followed by all other available time and leave accruals.

For the birth and care of a newborn, placement with the employee of a child for adoption or foster care, or for care necessitated by the serious health condition of a family member, all available paid time and leave accruals other than sick leave accruals must be charged before unpaid leave may be granted.

While on paid/unpaid leave, CUNY will maintain group health benefits in the same manner as prior to leave. Pension contributions will continue, however, only during the paid portion of the leave.

Upon return from FMLA leave, the employee will be restored to the position held prior to the leave or to an equivalent position with equivalent benefits. If the employee fails to return to work upon expiration of the FMLA leave and has not received authorization for his/her continued absence, he/she may be subject to disciplinary action in accordance with University policies and applicable collective bargaining agreements.