UNIVERSITY of MARYLAND BALTIMORE

Human Resources
Employee and Labor Relations
620 West Lexington Street
Baltimore, Maryland 21201
410 706 7302
410 706 0169 fax
www.umaryland.edu/hr

UNIVERSITY SYSTEM OF MARYLAND, BALTIMORE
FORM 1 – REQUEST FOR FAMILY AND MEDICAL LEAVE

Federal Family and Medical Leave (FMLA) and/or Maryland Paid Family and Medical Leave (PFML)
Email the completed form to: Leave_and_accom@umaryland.edu

INSTRUCTIONS

Use this form to request leave that may qualify under:

- The federal Family and Medical Leave Act (FMLA), and/or
- The Maryland Paid Family and Medical Leave (PFML) program applicable to eligible USM employees.
- Please include a completed certification form along with this request

Submission of this form does not automatically approve leave. A Designation Notice will be issued following review.

SECTION I – EMPLOYEE INFORMATION & PFML SELECTION

☐ **Opt In to PFML** – I would like to apply PFML to my eligible leave request. I understand that while applying PFML to my leave, my annual and sick leave will not accrue.

☐ **Opt Out of PFML** – I would like to use my accrued leave instead of PFML for my eligible leave request. I understand that while using my own accrued leave, my sick leave and annual leave will continue to accrue. I also understand that this leave will count toward my PFML leave entitlement for which I am eligible during the application year.

Employee Name: _____
UID / Employee ID: _____
Department: _____
Job Title: _____

Employee Category (check one):

☐ Faculty
☐ Exempt Staff
☐ Nonexempt Staff
☐ Contingent / Temporary
☐ Other: _____

Original Date of Hire (if known): _____
Supervisor Name: _____
Supervisor Email: _____
Preferred Contact Email: _____
Preferred Contact Phone: _____

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SECTION I.A – School of Medicine (SOM) FACULTY (Only complete this section if you are SOM faculty. If you are not SOM faculty, please proceed to Section II)

Do you hold a clinical faculty appointment in the School of Medicine (SOM)?

☐ *Yes, I am SOM clinical faculty (If yes, please review the following disclaimer and question)
☐ No, I am not SOM clinical faculty (If no, please proceed to Section II)

***Disclaimer for SOM clinical faculty:** If you selected "yes", please note that the maximum benefit amount available under the Maryland's Family and Medical Leave Insurance (FAMLI) Program is $1,000 per week, or $52,000 annually. Accordingly, the School of Medicine will use this pay rate for clinical faculty who do not use their accrued leave for PFML.

***Question for SOM Clinical Faculty:** Are you opting to receive the maximum benefit of $1,000 per week or will you use your accrued leave?

☐ I would like to receive the maximum benefit of $1,000 per week while on PFML. I understand that I may not apply accrued leave to supplement this pay during my time off.

☐ I would like to use my accrued leave while on PFML. I understand if my accrued leave exhausts while I am on PFML, I can request to receive the maximum benefit of $1,000 per week benefit for the remainder of my leave, or continue the remainder of my leave unpaid.

SECTION II – REASON FOR LEAVE

(Check all that apply)

☐ To care for a newborn child of the employee during the first year after the child's birth or because a child is being placed with the employee for adoption, foster care, or kinship care; or to bond with a child during the first year after birth or placement

☐ To care for a family member with a serious health condition

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☐ My own serious health condition
☐ Work-related injury
☐ Military caregiver leave (to care for a covered service member with a serious injury or illness)
☐ Qualifying exigency arising from a covered service member's active duty or call to active duty
☐ I am requesting leave related to military service (additional documentation required)

If caring for a family member or service member, indicate relationship:

☐ Child
☐ Parent
☐ Spouse
☐ Domestic Partner
☐ Grandparent
☐ Grandchild
☐ Sibling
☐ In loco parentis relationship
☐ Next of kin (military caregiver leave)

Other relationship (specify): _____

Military Leave Clarifications

A. Military Caregiver Leave (FMLA Only)

Military caregiver leave under FMLA may provide up to **26 workweeks of unpaid leave in a single 12-month period** to care for a covered service member with a serious illness or injury.

• This entitlement is available only under federal FMLA.
• PFML provides up to 12 weeks (or up to 24 weeks in limited circumstances) but does not extend to 26 weeks.
• If eligible for both, leave will run concurrently to the extent permitted by law. A Certification for Serious Injury or Illness of a Covered Service Member may be required.

B. Qualifying Exigency Leave (FMLA Only)

Qualifying exigency leave may be available under FMLA for certain urgent matters arising from the covered active duty of a spouse, child, or parent.

Examples may include:

• Short-notice deployment
• Military ceremonies or events
• Childcare arrangements

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• Financial or legal arrangements
• Rest and recuperation leave
Documentation supporting the exigency may be required.

SECTION III – LEAVE PERIOD REQUESTED

Anticipated Start Date of Leave: _____
Anticipated Return-to-Work Date (if known): _____
Is the leave request:

☐ Continuous (*Leave taken for one continuous, uninterrupted period of time)*
☐ Intermittent/Reduced schedule (*Leave taken in separate blocks of time or on a reduced work schedule rather than one continuous period*)

If intermittent or reduced schedule, estimate: Frequency (e.g., 2 times per month): _____
Duration per episode (hours or days):_____

Foreseeable Leave

If the need for leave is foreseeable (e.g., scheduled surgery, expected birth, planned treatment), indicate the date you first became aware of the need for leave:
Date aware: _____

SECTION IV – CERTIFICATION REQUIREMENTS

- Bonding leave (birth or placement) does not require medical certification; however, reasonable documentation of birth or placement may be required.
- Leave due to a serious health condition (your own or a family member's) requires completion of the appropriate Certification of Health Care Provider form.
- Military caregiver leave and qualifying exigency leave may require additional documentation.
- If certification is required, it must generally be returned within fifteen (15) calendar days unless not practicable despite diligent, good faith efforts.
- Failure to provide required certification may result in delay or denial of leave protection.

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SECTION V – IMPORTANT FMLA AND PFML INFORMATION

1. If eligible, FMLA and PFML leave will run concurrently to the extent permitted by law.
2. FMLA provides:
    a. Up to 12 workweeks in a rolling forward 12-month period.

Up to twenty-six (26) workweeks of FMLA leave in a single 12-month period measured forward from the date military caregiver leave begins.

1. PFML provides:
    a. Up to 12 weeks (480 hours) per PFML Application Year.
    b. In limited circumstances, PFML may provide up to 24 weeks (960 hours) in a single Application Year.
    c. The PFML Application Year begins on the Sunday of the calendar week in which PFML leave begins.
    d. Intermittent PFML may not be taken in increments of less than four (4) hours.
    e. PFML is paid at the employee's regular rate of pay and may not be conditioned upon exhaustion of accrued leave.
2. Both FMLA & PFML leave are job-protected. Upon return, the employee will generally be restored to the same or an equivalent position, subject to applicable legal exceptions.
3. The University prohibits interference with, restraint of, or retaliation against any employee for requesting or taking leave under FMLA or PFML. Employees who believe their rights have been violated may report concerns to their institution's Human Resources Office.

SECTION VIII – EMPLOYEE CERTIFICATION

I certify that the information provided on this form is accurate and complete to the best of my knowledge.
Employee Signature: _____
Date: _____

Send the completed form to:
Email: Leave_and_accom@umaryland.edu
Fax: 410-706-0169

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UNIVERSITY SYSTEM OF MARYLAND, BALTIMORE
Paid Family & Medical Leave - CERTIFICATION FOR MILITARY CAREGIVE LEAVE

Serious Health Condition – Covered Service Member

Confidential Medical Record – Maintain Separately from Personnel File

Return completed form to the employee. Do not send to the U.S. Department of Labor.

This certification is used to evaluate whether leave qualifies under the federal Family and Medical Leave Act (FMLA) for military caregiver leave. Military caregiver leave is evaluated under federal law and may not qualify for Maryland Paid Family and Medical Leave (PFML).

Approval and designation of leave are determined separately by the employer.

SECTION I – EMPLOYER

Either the employee or the employer may complete this section.

The Family and Medical Leave Act (FMLA) allows an eligible employee to take up to twenty-six (26) workweeks of leave in a single 12-month period to care for a covered service member with a serious injury or illness. See 29 U.S.C. § 2612(a)(3); 29 C.F.R. § 825.310.

The employer must generally allow at least fifteen (15) calendar days for return of this certification unless not practicable despite diligent good faith efforts.

Employers must maintain medical certifications as confidential medical records.

Employee Name: _____

Employer Name: University System of Maryland

Date Certification Requested: _____

Certification Due Date (at least 15 calendar days): _____

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Covered Service Member's Name: _____

Relationship to Employee:

☐ Spouse
☐ Parent
☐ Child
☐ Next of Kin

If next of kin, describe relationship: _____

Employee Job Title: _____

Employee's Regular Work Schedule: _____

SECTION II – HEALTH CARE PROVIDER / AUTHORIZED MEDICAL PROVIDER

Please complete all relevant parts and sign.

For purposes of military caregiver leave, a "serious injury or illness" means:

- In the case of a current member of the Armed Forces, an injury or illness incurred in the line of duty that may render the service member medically unfit to perform the duties of their office, grade, rank, or rating; or
- In the case of a veteran, a qualifying injury or illness as defined under 29 C.F.R. § 825.127.

Provider Name (Print): _____

Business Address: _____

Type of Practice / Specialty: _____

Telephone: _____ Fax: _____

Email (optional): _____

Are you:

☐ A Department of Defense health care provider
☐ A Veterans Affairs health care provider

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☐ A DOD TRICARE network provider
☐ A DOD non-network TRICARE provider
☐ Other health care provider (as defined by FMLA)

PART A – MEDICAL STATUS OF COVERED SERVICE MEMBER

1. Is the service member:

☐ A current member of the Armed Forces
☐ A veteran (discharged within the past 5 years)

2. Approximate date the serious injury or illness commenced: _____

3. Is the condition related to military service?

☐ Yes
☐ No

4. Is the injury or illness incurred in the line of duty?

☐ Yes
☐ No

5. Probable duration of condition: _____

6. Briefly describe the serious injury or illness:

PART B – NEED FOR CARE

Is it medically necessary for the employee to provide care for the covered service member?

☐ Yes
☐ No

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If yes, describe the care needed (e.g., assistance with daily living, medical transport, psychological support):

Estimate the period during which care will be required:

From _____ To _____

PART C – AMOUNT OF LEAVE NEEDED

Continuous Leave

Is continuous leave medically necessary?

☐ Yes
☐ No

If yes, estimate:

From _____ To _____

Reduced Schedule Leave

Is a reduced schedule medically necessary?

☐ Yes
☐ No

If yes, estimate:

From _____ To _____

Employee can work: _____

Intermittent Leave

Is intermittent leave medically necessary?

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☐ Yes
☐ No

Over the next six (6) months, episodes are estimated to occur:

_____ times per ☐ day ☐ week ☐ month

Each episode likely to last approximately:

_____ ☐ hours ☐ days

(Note: Military caregiver leave is evaluated under FMLA standards. PFML may not apply.)

HEALTH CARE PROVIDER CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____

Printed Name: _____

License Number (if applicable): _____

State of Licensure: _____

Date: _____

IMPORTANT NOTICE REGARDING ENTITLEMENT

Military caregiver leave allows up to twenty-six (26) workweeks of FMLA leave in a single 12-month period measured forward from the first day of military caregiver leave.

This 12-month period is separate from the 12-month period used for other types of FMLA leave.

Employee Rights under Policy on Paid Family and Medical Leave for USM Employees

Paid Family and Medical Leave (PFML) requires the University to provide up to 12 weeks (480 hours) of leave to eligible employees. PFML also includes a special leave entitlement that permits eligible employees to take up to 24 weeks of leave in the same Application Year when both parental leave and employee's own serious health condition occur in the same year, regardless of the order in which the leave is taken.

QUALIFYING REASONS FOR PFML LEAVE

PFML leave may be granted for **any** of the following reasons:

- The birth of a child, or placement of a child for adoption or foster care or kinship.
- For a serious health condition that renders an employee temporarily unable to perform his/her job
- To care for the employee's family member
    - Child (of any age)
    - Parent, Stepparent or parent-in-law
    - Spouse or domestic partner
    - Grandparent or grandchild
    - Sibling
    - Other qualifying relationships defined by law
- Due to a qualifying exigency
    - Caring for a covered service member with a serious health condition resulting from military service when the employee is the service member's next of kin, or
    - Addressing a qualifying exigency related to a family member's military deployment.

ADMINISTRATION:

PFML is a paid benefit, therefore, you will continue to receive your regular rate of pay at your regular work schedule, excluding premium pay or shift differentials. This benefit is based on FTE; therefore, part-time employees will receive a proportional amount. Annual leave and Sick and Safe Leave will not accrue while an employee is on PFML. The University administers PFML on an Application Year. A PFML Application Year is a 12-month period that begins on the Sunday of the calendar week when your PFML starts. Leave can be taken continuously, intermittently or via a reduced schedule when medically necessary. Applicable forms to apply for PFML may be obtained online at https://www.umaryland.edu/hr/resources-and-support/forms/

EMPLOYEE RESPONSIBILITY:

PFML is subject to meeting the requirements below:

- Foreseeable – when the need for PFML is foreseeable, an employee shall provide at least 30 calendar days' notice, but not more than 60 calendar days' notice, in advance of when the leave is anticipated to begin.
- Unforeseeable – when an employee did not or could not have known about the need for PFML 30 calendar days before the commencement of leave, the employee shall be required to provide notice as soon as practicable. With good cause, a request for PFML may be submitted after the leave has begun but not later than 60 calendar days after the start date,
- Employees must make reasonable efforts to schedule leave for medical treatment so as not to unduly disrupt departmental operations.
- Submit PFML Request packet to HRELR Leave Management Department within 60 days when leave is scheduled and foreseeable or as soon as possible
- Provide medical certification completed by a physician to support a serious health condition of the employee or that of an immediate family member within 15 calendar days from the date of request
- Provide periodic updates to the direct supervisor, communicating the ability to return to work as indicated, providing additional medical certification to HRELR Leave Management Department if required
- Submit return to work certification from physician to HRELR Leave Management Department prior to or on your first day back to work

EMPLOYER RESPONSIBILITY:

- Inform employee of eligibility under PFML within 10 business days of the employee's request
- Inform employee of rights and responsibilities
- Maintain the employee's health coverage under any group plan for the duration of PFML designated leave
- Inform employee of leave designated as PFML-protected and the amount counted against leave entitlement
- Restore employee to their original or equivalent position with equivalent pay and benefits upon return from approved PFML

- Ensure the use of PFML does not result in the loss of any employment benefit that accrued prior to the start of an employee's leave

FOR FURTHER INFORMATION:
USM POLICY VII - 7.51 POLICY ON PAID FAMILY AND MEDICAL LEAVE FOR USM EMPLOYEES can be found at:
https://www.usmd.edu/regents/bylaws/SectionVII/VII-7.51.pdf

Please contact HR ELR Leave Management Department at 410-706-7302 with any questions.