

Certification of Health Care Provider for Employee's Serious Health Condition**(Family and Medical Leave Act) **ATTENTION** This document is to be submitted to the ER/LR Dept. only****For Completion by the EMPLOYEE**

INSTRUCTIONS to the EMPLOYEE: Please complete Section I before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for leave due to your own serious health condition or that of a covered family member. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide complete and sufficient medical certification may result in a denial of your FMLA request. Your employer must give you at least 15 calendar days to return this form.

Name of Employee: _____ Employee ID: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date on which employment with University began: _____ Number of years as a regular USM & state employee: _____

Current Department: _____ Job Title: _____

Supervisor's Name: _____ Payroll Representative's Name: _____

Has FMLA been previously granted by the University in the last 12 months? _____ If yes, when? _____

Request for: _____ Continuous FML _____ Intermittent FML Leave to begin on: _____ Expected return to work date: _____

Request due to: _____ Serious Health Condition _____ Adoption (Requires copy of adoption certification to be attached) _____ Pregnancy/
Childbirth

Employee's essential job functions: _____

I hereby authorize a representative of the University of Maryland, Baltimore Human Resources Department to obtain verification or clarification of any information contained in this document from my health care provider

Employee Signature Work Phone # Alternate Phone # Date

Additional sections to be completed by Health Care Provider

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use employee's essential job functions listed above to answer this question.

Is the employee unable to perform any of his/her job functions due to the condition? No Yes. If yes, identify the job functions the employee is unable to perform (see essential job functions above):

4. Describe other relevant medical facts related to the condition for which the employee seeks leave, such medical facts may include:

Diagnosis _____

Symptoms _____

Regimen of continuing treatment _____

Specialized treatment _____

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated or unable to work for a single continuous period of time due to his/her medical condition?

No Yes

If so, first day the employee will be unable to work: _____ expected return to work date: _____

If the employee's return to work date is unknown indicate the date of next appointment: _____

INTERMITTENT FMLA

PART C: ** COMPLETE THIS SECTION FOR APPOINTMENTS OR REDUCED SCHEDULE IF NEEDED**

6. Will the employee need to attend treatments or follow-up appointments or work part-time or on a reduced schedule because of his /her medical condition? No Yes

If so, are the treatments or the reduced number of hours of work medically necessary? No Yes

Intermittent schedule begin date: _____ **anticipated end date:** _____

Estimate treatment schedule, if any, including approximate dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee will need, if any

It is medically necessary for the employee to only work: _____ hour(s) per day or week

Ex. 1- 8 hrs./day.; or 10 - 40 hrs./week

**Example: 6 hours per day
OR
30 hours per week**

PART D: **COMPLETE THIS SECTION IF CONDITION WILL CAUSE INTERMITTENT ABSENCES **

7. Will the condition cause episodic flare-ups, periodically preventing the employee from performing his/her job functions?

No Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? No Yes

Intermittent absences begin date: _____ **anticipated end date:** _____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the approximate duration of related incapacity that the patient may have over the next 6 months

Frequency: _____ times per _____ week(s) or month(s); lasting: _____ hour(s) or day(s) per episode

Ex. 1-5

Ex. every 2 wks

of hours or days episode lasts

Example: 2 times per 1 month; lasting 1 days per episode

Note: Conditions requiring intermittent FMLA may require recertification by a Medical Practitioner every 30 days

(Printed Name of Medical Practitioner)

(Signature of Medical Practitioner)

(Type of Practice)

(Address)

(Date)

(Telephone Number)

(Fax Number)

Completed forms must be submitted to:

University of Maryland; Attn: Human Resource Services; ER/LR
620 West Lexington Street, 3rd Floor; Baltimore, MD 21201

Fax: 410-706-0169

E-mail: leaveforms@umaryland.edu

Employee Rights under the Family and Medical Act (FMLA) of 1993

The Family and Medical Leave Act (FMLA) require the University to provide up to 12 weeks (480 hours) of leave to eligible employees. To be eligible, University System of Maryland (USM) requires that an employee have worked for USM for at least 12 months and have worked at least 1,040 hours in the 12 months preceding the leave. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member.

QUALIFYING REASONS FOR FMLA LEAVE

FMLA 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
- For a serious health condition that renders an employee temporarily unable to perform his/her job
- To care for the employee's spouse, child, or parent who has a serious health condition
- Due to a qualifying exigency of a spouse, child, or parent on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- For a serious injury or illness of a service member who is a spouse, child, parent, or next of kin

ADMINISTRATION:

The 12 weeks of FMLA leave may be paid, unpaid, or partially paid. **The University System of Maryland requires employees to use all accrued leave before going into an unpaid status;** therefore, any leave taken for a qualifying reason under FMLA is applied towards accrued leave balances. The University administers FMLA on a rolling 12-month period measured backward from the date an employee uses any FMLA. Leave can be taken continuously, intermittently or via a reduced schedule when medically necessary. Employees must make reasonable efforts to schedule leave for medical treatment so as not to unduly disrupt departmental operations. Applicable forms to apply for FMLA may be obtained online at <http://hr.umaryland.edu/main/hrforms.htm>.

EMPLOYEE RESPONSIBILITY:

FMLA is subject to meeting the requirements below:

- Provide 30 days advance notice in writing to direct supervisor when the leave is scheduled and foreseeable or as soon as practical in an emergency situation, to include anticipated duration
- Submit FMLA Application to HRS/ELR within 30 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 ER/LR if required
- Submit recertification every 30 days for conditions requiring intermittent leave
- Obtain leave balances to determine if sufficient pay is available, if not inquire about supplemental pay options
- Submit return to work certification from physician to your supervisor on your first day back to work

EMPLOYER RESPONSIBILITY:

- Inform employee of eligibility under FMLA within 5 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 FMLA designated leave
- Inform employee of leave designated as FMLA-protected and the amount counted against leave entitlement
- Restore employee to his/her original or equivalent position with equivalent pay and benefits upon return from FML
- Ensure the use of FMLA 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 - 7.50 USM POLICY ON FAMILY AND MEDICAL LEAVE FOR EXEMPT AND NONEXEMPT STAFF EMPLOYEES can be found at: <http://www.usmd.edu/regents/bylaws/SectionVII/VII750.pdf>

UMB Policy #VII - 7.50(A) UMB POLICY ON FAMILY AND MEDICAL LEAVE FOR EXEMPT AND NONEXEMPT STAFF EMPLOYEES can be found at: <http://www.umaryland.edu/policies-and-procedures/library/human-resources/policies/vii-750a.php>

Please contact Employee and Labor Relations at 410-706-7302 with any questions.