UNIVERSITY of MARYLAND BALTIMORE

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act) **ATTENTION: THIS DOCUMENT IS TO BE SUBMITTED TO HRS ONLY**

SECTION I: 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: _____

Have you been previously granted FMLA by the University in the last 12 months? _____ If yes, indicate dates _____

Request For: _____Continuous FML _____ Intermittent FML Leave to begin on: _____ Expected return to work date: _____

Name of family member for whom you are providing care: _____

Relationship:_____ If family member is son or daughter, indicate date of birth: _____

Describe care you will provide to your family member: _____

_____

_____

_____	_____	_____	_____
Employee Signature	Work Phone #	Alternate #	Date

SECTION II: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the Family Medical Leave Act to care for your patient. Answer all applicable parts below, fully and completely. 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 patient needs 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. Describe other relevant medical facts related to the condition for which the patient needs care, such medical facts may include:

_____

Diagnosis_____

Symptoms_____

Regimen of continuing treatment_____

_____

Specialized treatment_____

CONTINUED ON NEXT PAGE

PART B: AMOUNT OF LEAVE NEEDED: When answering these questions, be aware that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition? ☐ No ☐ Yes

If so, list the beginning and end dates for the period of incapacity: from_____ to: _____

If the patient's period of incapacity cannot be determined, indicate the date of next appointment: _____

Explain the care that will be needed by the patient: _____
_____
_____
_____

PART C:

****COMPLETE THIS SECTION ONLY IF CARE WILL BE PROVIDED ON AN INTERMITTENT OR REDUCED SCHEDULE BASIS****

Date intermittent or reduced schedule care is to begin: _____ anticipated end date: _____

5. Will the patient require follow-up treatments or appointments, including any time for recovery? ☐ No ☐ Yes

If so, estimate treatment schedule, including approximate dates of any scheduled appointments and the time required for each appointment, including any recovery period:_____
_____
_____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☐ Yes

If so, estimate the hours the patient needs care on an intermittent basis: _____ hour(s) per day;

_____days per week; from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ☐ No ☐ Yes

8. Does the patient need care during these flare-ups? ☐ No ☐ Yes

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 (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ [week(s)] [month(s)]; Duration: _____ [hour(s)] [day(s)] per episode
Ex.: 1-5 Ex.: every 2 wks. or 2 months- (circle one) # of hours or days episode lasts (circle one)

Note: Conditions requiring intermittent leave 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)

Employees must submit completed form 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.