

(Letter must be copied on department/division letterhead)

**WASHINGTON D.C. FAMILY & MEDICAL LEAVE
PROVISIONAL NOTIFICATION**

TO: _____ DATE: _____
(Employee ' s Name)

(Employee ' s Home Address)

FROM: _____ PHONE: _____
(Name of Supervisor/Dept. Representative & Phone Number)

On _____, we became aware of your need to take family/medical leave due to:
(Date)

- The birth of your child
- The placement of a child for adoption or foster care
- The placement of a child for whom the staff member permanently assumes and discharges parental responsibility

NOTE: For the placement of a child, you must provide written documentation of the adoption or Foster care (i.e., court order, etc.) or evidence of parental responsibility. This documentation must be submitted to the Office of Human Resources, _____.
Entitlement to family leave for the above reasons expires 12 months after the birth of the child or placement of the child with the staff member.

- A serious health condition that makes **you** unable to perform the essential functions of your job;
or
- A serious health condition affecting a family member (a person related to the staff member by blood, legal custody or marriage, a child who lives with the staff member and for whom the staff member permanently assumes and discharges parental responsibility; and a person with whom the staff member shares or has shared, within the past year, a mutual residence and with whom the staff member maintains a committed relationship) for which you are needed to provide care.

Name: _____ Date of Birth: _____ Relationship: _____

You notified us you need this leave beginning on _____ and expect the leave to continue until on or about _____. Based on the information available, it appears the leave

qualifies as Family and Medical Leave, as provided by D.C. law, and is provisionally approved effective ____ (date).

Under D.C. Law, you are entitled to up to 16 weeks of family leave and 16 weeks of medical leave for your own serious health condition during a rolling 24 month period. To be eligible, you must have been employed by the University for one year without a break in service and have worked a minimum of 1,000 hours in the preceding 12 months. Your health benefits must be maintained during any period of unpaid leave and you will generally be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you have exhausted leave under D.C. Law, you may be eligible for FMLA under federal law and University policy.

CERTIFICATION:

You **will be** required to furnish medical certification of your serious health condition or the serious health condition of a family member. Enclosed is a Certification of Health Care Provider to be completed by you or your family member's health care provider. This initial Certification must be submitted to the Office of Occupational Health Services, _____ **within 15 days of this request, or by** _____. The phone number for the Office of Occupational Health Services is _____ and the Fax number is _____. Upon receipt of the requested documentation, a final determination will be made. If the documentation you submit does not support Family and Medical Leave, or if you fail to provide the requested documentation, the leave will not be approved as Family and Medical Leave and University policies and procedures covering absences will be applied.

The university may require subsequent Certifications during your leave at 30 day intervals or other reasonable times. A new Certification may be requested if the circumstances of your leave change. If you are taking leave on an intermittent or reduced leave schedule, Certification will be required at the beginning of each new 12-month period.

ACCRUED LEAVE:

As of the date your leave commenced, you had _____ Sick days and _____ Vacation days.

If you elect to use your accrued leave, it will be charged as follows:

1. If you are taking leave due to your own serious health condition, for the mother's prenatal care or birth of a child, leave will be charged first to any accrued sick time you may have, then to accrued vacation, then to leave without pay. In the event leave is for the birth of a child, once released by your physician, leave will be charged to vacation then to leave without pay.
2. If you are taking leave due to the serious health condition of a family member, leave will be charged to not more than 12 accrued sick days, then to vacation, then to leave without pay.
3. If you are taking leave as the father of a newborn, or for the adoption of a child, or placement of a child with you for foster care, or placement of a child for whom you are assuming parental responsibility leave will be charged to vacation, then to leave without pay.

BENEFITS

If you have previously elected Short term Disability and the leave is for your own serious illness that exceeds fourteen days or delivery of a child, you may be eligible for the Short Term Disability payments. Check with your benefits representative to confirm coverage and obtain the Short term Disability insurance claim forms. The University will continue full salary payments of accrued sick leave and vacation until approval notification has been received from the insurance company. Please note that delays in submission of paperwork and medical information to the insurance company may delay approval of your claim so that insurance payments must be made on a retroactive basis. **If this happens, excess money paid by the University must be repaid and the corresponding**

sick leave and/or vacation time will be restored.

You are eligible to continue your benefits while on leave. However, if you are on an unpaid leave, you are not eligible to continue coverage in the medical/dental flexible spending account through the university but do have the option of continuing through COBRA continuation. If you have any questions about your benefits or wish to make changes to your benefits while on leave, you should contact the Benefits Service Center at 410-516-2000.

If you are on paid leave, your benefit payments will continue to be taken from your pay. If you are on an unpaid leave and you normally contribute to the cost of your benefits coverage, you will be billed for your benefits on the 5th of each month for the previous month. Payments are due within 10 business days of the billing cycle. If the premium payments are not current, your benefits, including your health insurance may be canceled. We will notify you in writing at least 15 days prior to termination of your coverage(s). You should contact us immediately if during the leave or upon your return, you are having problems making premium payments. Any unpaid premiums from the period in which you had coverage will be recovered from your pay upon return.

RETURN TO WORK:

During leave, you may be required to report periodically on your status and intention to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated above, you will be required to notify us at least two days prior to the date you intend to report for work.

Generally, the university will reinstate you to the same or equivalent position, in accordance with the law. You should notify _____ at least two weeks prior to the expiration of the leave of your intent to return to work and, in any event, must provide a minimum of two days notice of readiness to return to work. If the reason is due to your own serious health condition you must provide a written release from your health care provider stating that you are fit to return to work. This release must be taken to the Occupational Health Services, _____ . The Occupational Health Office will give you clearance to return to your job. If such release to return is not submitted, your return to work may be delayed until the release is provided.

IMPORTANT NOTICE:

If you engage in other work or employment during this leave, you may be considered to have violated the terms of the leave and have voluntarily terminated your employment with the university.

Please keep this letter as a part of your records. You will receive a FML Determination confirming approval or denial of your request for leave.

If you fail to meet the obligations, the taking of Family and Medical Leave may be delayed, denied or if previously approved, re-evaluated. If you have any questions concerning your obligations or rights under the university's Family and Medical Leave policy, please contact your **(SELECT ONE of the following)** department administrator, supervisor, Human Resources Manager, or the Divisional Human Resources Office at _____.

Sincerely,

Attachments: Certification of Health care Provider

cc: Divisional Human Resources Office

Revised 10/27/2008