

FAMILY AND MEDICAL LEAVE ACT NOTICE FOR EMPLOYEES

This notice, required by the federal Family and Medical Leave Act (“FMLA”), is intended to give Oakland University employees notice of their rights and obligations under the FMLA. In addition, this notice explains the consequences of a failure to meet these obligations.

1. Any FMLA leave taken will be counted against your FMLA leave entitlement of twelve (12) weeks per year.

2. Medical Certification

If you are requesting leave due to a serious health condition of yourself or an eligible family member (father, mother, spouse, child), and if the leave will continue for five (5) days or more, you must furnish medical certification of the serious health condition to your supervisor. You must submit the medical certification within fifteen (15) calendar days of the date you receive this notice, unless it is not practicable under the particular circumstances of your case to do so. If you fail to provide timely certification, and your leave is foreseeable, the university has the right to deny the leave until the required certification is provided. If the need for leave is not foreseeable, you must provide certification within fifteen (15) days after your leave commences, or as soon as reasonably possible under the particular facts and circumstances of your case. If you fail to provide a medical certification within a reasonable time under the particular facts and circumstances of your case, the university may deny the continuation of your leave.

Medical certification forms are available in the Benefit and Compensation Services Office of the University Human Resources Department.

3. Intent to Return to Work

If you are out on an approved FMLA leave, you must report to your supervisor every four (4) work weeks regarding your status and intent to return to work upon conclusion of your leave.

4. Exhaustion of Available Paid Leave

- a. Mandatory:

If leave is granted to you under the FMLA for your own serious health condition, you must first exhaust any paid sick leave; any portion of the remaining twelve (12) workweeks of leave shall be unpaid.

- b. Optional:

You may choose to substitute your accrued vacation or personal time for any portion of FMLA. When your paid leave is exhausted, any portion of the time remaining on your FMLA leave will be unpaid.

5. Health Coverage (Including Dental and Optical)

The university is obligated to continue your health coverage while you are out on FMLA leave. However, if you are required to contribute towards the premium for your healthcare coverage, you must pay your portion of the premium during the time you are

out on leave to have continued health coverage. If your FMLA leave is substituted by paid leave, your share of the premiums for health care coverage, if any, will continue to be paid by payroll deduction. If your FMLA leave is without pay, you must make arrangement for the payment of your portion of the premium through the Benefit and Compensation Services Office.

6. Fitness-for-Duty Report

If the FMLA leave is due to your own serious health condition, and the period of the leave is for five (5) or more days (ten (10) or more days for administrative professional employees), you must present a medical certification (“fitness-for-duty” report) to your supervisor before the university will restore you to employment.

7. Key Employees

Certain conditions apply to those individuals defined by the FMLA as “key employees.” For purposes of the FMLA, a key employee is a salaried employee of the university who is among the highest paid ten percent (10%) of all university employees. If you are a key employee, please read the attached page, which describes special circumstances relating to key employees of the university.

8. Return to Same or Equivalent Position

Upon your return from FMLA leave, you have the right to be returned to the same position which you held when your leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment, unless you have been designated as a key employee. If you are a key employee, please see the attached page for special conditions, which may apply to you.

9. Liability for Health Insurance Premiums

If you fail to return to work after taking the FMLA leave, you may be liable for payment of health insurance premiums paid by the university during your unpaid FMLA leave, unless the reason you do not return to work is due to:

- (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to leave under the FMLA
- (2) other circumstances beyond your control

If you have any questions concerning this notice or your rights and obligations under the FMLA, please contact the Benefit and Compensation Services Office in the University Human Resources Department, extension 3476.

OAKLAND UNIVERSITY
FACULTY PERSONNEL

Certification of Physician or Practitioner (Optional Form WH-380)

Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

1. Employee's Name: _____
2. Patient's Name _____
(If different from employee)
3. Take a look at "**Serious Health Conditions**" and what that means under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.
1. ____ 2. ____ 3. ____ 4. ____ 5. ____ None of the Above ____
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of the categories in #3.

5. a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different).

- b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? _____
If yes, give the probable duration: _____
- c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the like duration and frequency of episodes of incapacity².

6. a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.

- If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any.

- b. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.

- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment).

7. a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? _____

¹Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

²"Incapacity", for purpose of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? _____

If yes, please list the essential functions the employee is unable to perform. _____

c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment? _____

8. a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? _____

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____

c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: _____

PLEASE PRINT OR TYPE

Date form Completed

Name of Health Care Provider

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

***Please note that if a faculty member has used FMLA leave due to her/his serious health condition, an unpaid leave of up to twelve weeks (including any unused FMLA leave) will be granted to care for the faculty member's spouse, child, or parent with a serious health condition.**

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

Employee Signature

Date

PLEASE RETURN FORM TO:

Coordinator, Academic Human Resources
Office of the Vice President for Academic Affairs & Provost
205 Wilson Hall
Oakland University
Rochester, MI 48309

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²"Incapacity", for purpose of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

“Serious Health Conditions”

A “Serious Health Condition” means an illness, injury, impairment, or physical or medical condition that involves one of the following:

1. Hospital Care

Inpatient Care (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity¹ or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity¹ of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity¹ or subsequent treatment in connection with or consequent to such inpatient care.

(1) **Treatment² 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 treatment³** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

(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 incapacity¹ (e.g., asthma, diabetes, epilepsy, etc.

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity¹ which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision or, 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.

¹”Incapacity”, for purpose of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.

²Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

³A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.