

**FAMILY AND MEDICAL LEAVE ACT (FMLA) DESIGNATION,
RIGHTS AND RESPONSIBILITIES NOTICE FOR CATASTROPHIC LEAVE**

To: _____

Date: _____

We reviewed your request dated _____, and supporting documentation, dated _____, for leave under the FMLA. The following are your rights and responsibilities under Catastrophic Leave.

FMLA Designation:

Based on your Catastrophic Leave Request and Approval we have designated concurrent use of FMLA in accordance with UAP #3440, Section 3, Use of Other Leave Policies.

The specifics are outlined below:

FMLA Approval Dates:

Based on your Catastrophic Leave, your request for FMLA leave is approved to start on _____. It is scheduled to end on _____. All leave taken under this request will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date, we are including the following information about the amount of time that will be counted against your leave entitlement:

For consecutive FMLA requests:

Per your FMLA request, the following estimated number of hours, days, or weeks will be counted against your leave entitlement: _____. Please note that if you deviate from your anticipated leave schedule, these amounts may change.

For Intermittent FMLA requests:

Because the leave requested will be unscheduled, it is not possible to estimate the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30 day period).

Note: *Applicable workers' compensation, catastrophic leave, or disability will count against your FMLA leave entitlement.*

Per UAP #3440 FML policy, an employee returning to work following a leave of absence due to his or her own serious health condition must submit a physician's statement certifying that the employee can return to work and can perform the essential functions of the job, with or without reasonable accommodations. The University may request the employee provide the physician's statement up to five (5) workdays in advance of the employee's anticipated return date.

Supervisor signature _____ Date _____

Rights and Responsibilities for Taking FMLA Leave

If your leave qualifies as FMLA leave you will have the following rights:

- You have a right for up to 12 weeks of unpaid leave based on a rolling 12-month period measured backward from the date of any FMLA leave usage.
- You have a right for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness.
- An employee **not** considered a “key employee” must be reinstated by the University upon return from FMLA leave to the same or equivalent position with equivalent pay, benefits, and other employment terms and conditions.
- If you are a “key employee” as defined in §825.217 of the FMLA regulations, restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as described in §825.218. A “key employee” is a salaried FMLA-eligible employee who is among the highest paid 10 percent of all the employees within 75 miles of the worksite.
- An employee on FMLA leave does not have any greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period.
- An employee has no right to reinstatement if the employee would not have otherwise been employed at the time of the request for reinstatement.
- If the request is due to your own serious health condition, you will be required to present a fitness-for-duty certificate to be returned to employment. This certification should normally be provided 5 days prior to return. If it is not received in a timely manner, your return to work may be delayed until certification is provided. The fitness-for-duty must address your ability to perform the essential functions listed in your position description.
- If an employee fails to return within three (3) work days after an approved leave, including any approved extensions, the employee will be considered to have resigned. Refer to Section 2.1. [“Separation of Employment” Policy 3225](#)
- When using paid sick leave, annual leave, or catastrophic leave, an employee who carries health and/or life insurance through the University will continue to have their premiums deducted from their paycheck.
- If an employee is on unpaid leave he/she must pay their portion of insurance premiums. The University will mail the employee a monthly bill showing the amount due. If the employee does not pay his/her portion of premiums in a timely manner, the University has the right to cancel coverage. If so, the employee will be notified in writing prior to such action. In certain circumstances, arrangements may be made to recuperate payments through payroll deductions upon the employee’s return.
- You have the right to use paid sick leave and/or annual leave for FMLA qualifying medical conditions for yourself or a qualified family member simultaneously with FMLA. If you elect this option, please advise your supervisor. The 12 weeks of FMLA leave will be reduced by any catastrophic leave or Worker’s Compensation.
- GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members with certain exceptions including requests for family medical history to comply with the certification provisions of the FMLA or State or local family and medical leave laws, or pursuant to a policy (even in the absence of requirements of Federal, State, or local leave laws) that permits the use of leave to care for a sick family member and that requires all employees to provide information about the health condition of the family member to substantiate the need for leave." If this exception provision is not applicable in your case, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information,’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.