

May 1999

KANSAS STATE UNIVERSITY
FAMILY AND MEDICAL LEAVE ACT

NOTICE TO EMPLOYEES REQUESTING LEAVE UNDER
THE FAMILY AND MEDICAL LEAVE ACT OF 1993

The following is important information regarding Kansas State University's policies and procedures for leave under the Family and Medical Leave Act of 1993 (FMLA) effective August 5, 1993, and your rights and responsibilities. It is important that you are aware of your obligations and the consequences if you fail to meet these obligations.

Please read this notice carefully and contact the Office of Unclassified Affairs and University Compliance or the Division of Human Resources for more information.

FMLA Information

1. You are eligible for leave under FMLA if you are a University employee and:
 - a. have been employed by the University, another Regent's institution, or another Kansas state agency for at least twelve months prior to commencement of leave; AND
 - b. have been in a pay status with the University, another Regent's institution, or another Kansas state agency at least 1,250 hours during the twelve months immediately preceding the date FMLA leave begins.

2. If you are eligible as indicated above, you are entitled to use leave under FMLA when taken:
 - a. for the birth of your child or placement of a child in your home for adoption or foster care, and to care for the child upon birth or placement in your home (must be taken within twelve months following birth or placement);
 - b. to care for your spouse, son, daughter, or parent, as defined by 29 Code of Federal Regulations 825, with a serious health condition; or
 - c. for your own serious health condition that prohibits you from performing the functions of your position.

3. You are entitled to use twelve workweeks leave for-FMLA purposes during any twelve-month period from the first day leave was taken. Leave with or without pay that you use that is FMLA-qualifying will be counted against your annual FMLA entitlement.
4. You are required to give the University 30 days notice or as much notice as feasible if leave is to begin in less than 30 days. Failure to provide timely notice as required may result in your request for leave being denied until at least 30 days after the date you provide notice.
5. You are required to use all accrued leave toward the twelve-weeks of FMLA leave to which you are entitled.
6. Group health insurance at the same level of contributions and benefits as was provided prior to the FMLA leave will continue for the duration of the FMLA leave period. Any share of health plan premiums which were paid by the employee prior to FMLA leave must continue to be paid by the employee while on FMLA leave. Failure to pay your portion of the premium when due will result in termination of health insurance coverage.

Intermittent or Reduced Leave

1. You may request intermittent or reduced leave. The request must be approved by your department head AND the Director, Division of Human Resources for classified employees or the Provost for unclassified employees.
2. When FMLA leave is taken on an intermittent or reduced leave schedule, the leave may be measured in increments of not less than one hour.
3. Intermittent or reduced leave may be given when taken for the birth of your child or placement of a child for adoption or foster care; however, it is not required to be granted.
4. If you work less than full time, the amount of leave to which you are entitled is determined on a proportional basis by comparing your new schedule with your normal schedule.
5. If you are granted intermittent or reduced leave, you may be required to accept a temporary transfer to an available alternative position for which you are qualified and which better accommodates recurring periods of leave than does your regular position.

Medical Certification

1. You will be provided a form that must be completed by your health care provider or, in the case of a seriously ill spouse, son, daughter, or parent, their health care provider.

2. The following medical certification requirements will apply to any request for leave under FMLA:
 - a. When requesting FMLA leave due to your serious health condition or the serious health condition of your spouse, son, daughter, or parent, you may be required to provide medical certification by a health care provider.

 - b. The University may require periodic medical certification during any FMLA leave and may designate health care providers to furnish second and third opinions at the University's expense.

 - c. The University may require you to submit medical certification that you are able to return to work.

Return to Work

Upon return to work from FMLA leave, you shall be returned to the same or equivalent position. You may not accrue additional benefits, such as sick or annual leave, during a period of unpaid leave.

I have read and understand my rights and obligations relative to the FMLA.

Employee's signature

Date