

**Family Medical Leave Form
Employee Acknowledgement**

I have read and understand the following:

I am required to furnish medical certification for a serious health condition for myself or a family member. I must furnish this certificate within 15 days after applying for Family Medical Leave. For my own medical leave, the certification must include a finding that I am or will be unable to perform one or more of the essential functions of my job.

For continuation of health insurance, I must continue to pay my portion of the premiums. If I am in a paid status during any part of my leave, usual deductions will be made from my paycheck. If I am in an unpaid status, a Benefits Retention form must be completed to allow me to continue benefits during the unpaid portion of the leave.

I am responsible for timely payment of my portion of premiums for health insurance and other benefits I elect to continue during the leave. If the premiums become past due for 30 days or more a 15-day written notice of termination of health insurance will be issued. If payment is not made within the time specified in that notice, health insurance coverage will be canceled and cannot be reinstated until I return to paid status.

If the leave is due to my serious health condition, I will be required to present a fitness for duty certificate from my physician prior to being restored to employment. If such a certificate is not received, my return to work may be delayed until such certificate is provided.

While on leave, I am required to furnish my supervisor with periodic reports of my status and intent to return to work. The supervisor will determine the interval of such status reports (weekly, monthly etc.) If the circumstances of my leave change and I am able to return to work earlier than the date indicated on the designation form approving the leave I should, where practical, provide up to three days advance notice to my supervisor.

My signature below authorizes the release of my medical information to UAH and release of my Physicians Certification for FMLA Leave form relative to this request. I understand that all medical information is kept confidential.

I may elect to use any accrued sick and/or annual leave time in order to receive pay. **FMLA runs concurrently with the use of any paid leave.** It is my responsibility to continue to submit the Bi-weekly Labor and Leave Reports to the Payroll Office *unless* I have been placed on "Leave without Pay" status on a PAF (Personnel Action Form).

I understand that if I do not return to work upon the expiration of the requested leave, UAH may recover from me those payments for health insurance made by it during any period of unpaid leave of absence. UAH may recover those payments by taking deductions, to the extent permitted by law, from my unpaid wages, vacation pay, or any pay due me, or by initiating legal action. However, I will not be liable for such payments if the reason I do not return to work is due to: (1) the continuation, recurrence, or onset of a serious health condition affecting me or a family member of mine which would otherwise entitle me to leave under FMLA; or (2) other circumstances beyond my control.

I understand that if I do not return to work at the expiration of this leave, unless a written extension has been granted in advance, my employment may be terminated.

I understand that misrepresentation of facts, orally or in writing, regarding this requested leave of absence may also result in disciplinary action, including termination of employment.

I have received a copy of the UAH Employee/Family Medical Leave Policy and a copy of My Rights under the Family Medical Leave Act of 1993. (These are available on the HR Policy web site regarding FMLA at: <http://www.uah.edu/admin/HR/FMLA/FMLA.php>)

Employee Signature

Date

Completed forms should be returned to Benefits Office, Human Resources, 102 Shelbie King Hall.

The FMLA Policy and forms can be found on the HR FMLA Policy web site at: <http://www.uah.edu/admin/HR/FMLA/FMLA.php>

For assistance call the Benefits Office at 824-6640.