

ALVIN COMMUNITY COLLEGE

**LEAVE OF ABSENCE REQUEST
FAMILY / MEDICAL LEAVE (FMLA)**

This form must be completed and returned to the Human Resources Office to request a leave of absence under the Family and Medical Leave Act (FMLA). Documentation supporting your situation must be attached to this form or provided within 15 days of the initial request.

Employees have a right under the Family Medical Leave Act (FMLA) for up to twelve (12) weeks of unpaid leave in a 12-month period for the reasons listed below. Also, health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and you must 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 do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you will be required to reimburse Alvin Community College for any health insurance premiums paid on your behalf during your FMLA leave. If at the end of the 12-week period, you are still unable to return to work, you will become responsible for the State contributions made toward the premiums for the health insurance coverage.

NAME: _____ DATE: _____
TITLE: _____ DEPARTMENT: _____
HIRE DATE: _____ SUPERVISOR: _____

REQUESTING LEAVE OF ABSENCE FROM: _____
TO: _____

REQUESTED LEAVE FOR (Check One) Single Block of Time Intermittent/Reduced Schedule

REASON FOR LEAVE REQUEST (Check One)

MEDICAL LEAVE:

Employee – Serious Health Condition / Pregnancy

FAMILY LEAVE:

Father's attendance at the birth of a child

Parents' care of a child following birth

Placement of a child with employee for adoption or foster care

Serious health condition of an employee's child (under 18 years of age or disabled)

Serious health condition affecting employee's (for which you are needed to provide care) Spouse Child Parent

EMPLOYEE ACKNOWLEDGEMENT

I understand that a failure to return to work at the end of my approved leave period, if 12 weeks or less, may be treated as a resignation, unless an extension has been agreed upon and approved by the Administration of Alvin Community College. I also understand that I may be replaced in my current position if my absence exceeds 12 weeks, and later terminated if a suitable position cannot be found when I am released to return to work.

I understand that I may elect to substitute accrued paid leave for unpaid FMLA leave.

I understand that I will be required to furnish medical certification of a serious health condition periodically during the leave of absence. (Failure to provide appropriate documentation from a certified health care provider, at the time of request, may be considered grounds for termination.)

I understand that I am required to provide a mailing address and telephone number where I can be reached during the FMLA leave.

Employee Signature

Date

CONTACT INFORMATION DURING FMLA

ADDRESS: _____

PHONE: _____

ALTERNATE/CELL: _____

DEFINITION OF TERMS ESTABLISHED BY THE FAMILY AND MEDICAL LEAVE ACT OF 1993

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

1. Hospital Care

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

2. Absence Plus Treatment

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (1) Treatment 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 (such as a 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 treatment 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 incapacity (such as asthma, diabetes, epilepsy, etc)

5. Permanent / Long-term Conditions Requiring Supervision

A period of incapacity 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 of, 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.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

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

Treatment 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.

A regimen of continuing treatment includes, for example, a course of prescription medication (such as 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.