## YESHIVA UNIVERSITY

ALBERT EINSTEIN COLLEGE OF MEDICINE	BELFER EDUCATION	AL CENTER FOR HEALTH SCIENCES	
JACK & PEARL RESNICK CAMPUS 1300 MOR	RRIS PARK AVENUE	BRONX, NEW YORK 10461	
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		and click on Employee Rights	
& Policies FMLA Leaves			

The Family and Medical Leave Act (FMLA) provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any name any name and to eligible, covered employees the following reasons: 1) birth of a child, or placement for foster one option of a child with the employee; 2) for the employee's own serious health condition, or 3) to care for a child, spouse or parent who has a serious health conditione FMLA was recently amended to address Military Family Leave Entitlements that allow eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation to request a leave for up to 12 weeks for qualifying exigencies. In

FMLA also requires that employee's group health benefits be maintained during the leave. The FMLA is administered by the Employment Standards Administration's Wage and Hour Division within the U.S. Department of Labor.

addition, a special leave entitlement of up to 26 weeks is available to eligible employees to ca for a covered service member who incurred a serious injury or illness in the line of duty while on

active duty in the Armed Forces. FMLA leaves can be requested as continuous leave

intermittent leave or as a reduced work schedule leave

If you are eligible for FMLA under the lawow may request a leave of absence that may qualify for protection under FMLA. If you do not specifically request an FMLA leave but your manager or supervisor is aware that the reason for your absence may qualify FMLA, your leave will be designated as an FMLA Leave until proven otherwise.

If you are a represented employee, please **dtowith** the Human Resources Department or the applicable collective bargaining agreement to determine what benefits you may be entitled to.

## Applying for a FMLA Leave

In order for your absence to be covered under FMLAyou must meet all of the eligibity requirements and (2) the reason for your leave must qualify under FMLA. (Stemptheyee Eligibility andQualifying Reasonsections of this document for more information).

To apply for FMLA for a new 12nonth period, complete the MLA Leave Request Form indicating the qualifying reason for your leavequest You can also download the appropriate certification forms that will need to be submitted to determine whetheraly to equalifies as FMLA leave and submit the certification along with your request form if you so choose. Otherwise, once we receive your request form, we will send you the appropriate certification that will need to be completed and returned to us in order for your leave to be (e)-6-10(y)20(ous)3(t me)6t

3. If your leave request is to care for a child, spouse or parent who haserious health condition?

If you are requesting a leave to eafor a child, spouse or parent with a serious health condition, you will also receive the following form which must be completed and sent back to the Benefits Office before ur leave can be approved and your rights under FMLA can be protected.

- x Certification of Health Care Provider for Family Member's Serious Health Condition which must be fully completed by the health care provider
- 4. If your leave requests for a "qualifying exigency" that occurs because your spee, son, daughter or parent who is serving in the National Guard or Reserves is serving on or has been called to active duty in the U.S. Armed Forces

If you are requesting a leave for a qualifying exigency that occurs because your spouse, son, daughteor parent who is serving in the National Guard or Reserves is serving on or has been called to active duty in the U.S. Armed Foyceswill also receive he following form which must be returned to the Benefits Office before leave can be approved and our rights under FMLA can be protected.

- x Certification of Qualifying Exigency for Military Family Leaveyou must complete Section II of this form.
- 5. If your leave request is to care for your spouse, child, parent or red tin (nearest blood relative) who is also a covered service member of the U.S. Armed Forces with a serious injury or illness

If you are requesting a leave to care **you**r spouse, child, parent or nextkin (nearest blood relative)who incurred a serious injury or illness in the line of duty while on active duty in the Armed Force will also receive the following form which must be returned to the Benefits Office beforeur leave can be approved and your rights under FMLA can be protected.

x Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave. You must complete Section II of this form

You can download the FMLA Leave Request Form and all the appropriate certification forms by clicking on the following link <a href="www.yu.edu/hr/employeerights&policies">www.yu.edu/hr/employeerights&policies</a>

Regardless of the reason for your leave, if supporting documentation is sent to you for completion, onceyou have returned the information and certification is requested, you will receive a Designation Notion hich will indicate whether your leave has been provedor not.

Additional information and definitions

A "Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either:

• Inpatient carei(e., an overnight stay) in a hospital, hospice, or residential medical facility, including any period of incapacity. (e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; or

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