Texas A&M AgriLife Administrative Services – Human Resources



Family and Medical Leave Act Recertification for a New Fiscal Year

Date:	
To:	
Departn	nent:
	nily and Medical Leave Act (FMLA) is administered on a fiscal year basis. Therefore, you will need to requalify A benefits if your need for family and medical leave continues after September 1.
You mu fiscal ye	st work at least 1,250 hours in the 12 months prior to the date above to requalify for FMLA leave in the new ear.
Your fire	st absence with an FMLA-related condition in the new fiscal year was on (date):
This not	tice is to inform you that you are:
	 <u>ELIGIBLE</u> for up to 12 weeks of FMLA leave in the new fiscal year beginning September 1. You have worked the required hours during the previous 12 months of your need for leave.
	Please note your documentation requirements:
	A. Your latest medical information on file is six months or older or is expired. Please provide a Certification of Health Care Provider form within 15 calendar days of your receipt of this notice.
	B. According to information you have provided, you have a reevaluation on (date): Please provide a Certification of Health Care Provider form within 15 calendar days of your appointment.
	C. Your medical information on file is current. No additional information is needed at this time.
	D. Other documentation requirements, if any
	2. NOT ELIGIBLE for FMLA leave at this time because you have not worked the required hours during the previous 12 months of your need for leave. Your medical documentation requirements will be according to sick leave regulations. Note, you may qualify for FMLA leave if you work the required number of hours in the future.
	Documentation requirements per sick leave regulations, if any:
	Note: Failure to provide the requested certification form by the date required may result in the delay or denial of your FMLA benefits.

Sincerely,

Your Rights and Responsibilities under The Family and Medical Leave Act

Rights under FMLA Leave

- You have a right under the FMLA for up to 12 weeks of unpaid FMLA leave per fiscal year (9/1 8/31).
- You have a right under the FMLA for up to 26 weeks of unpaid FMLA leave per fiscal year (9/1 8/31) to care for a covered service member with a serious injury or illness.
- Your health benefits will be maintained while covered under FMLA under the same conditions as if you continued to work.
- You are entitled to be reinstated to the same or an equivalent position with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave provided applicable procedures are satisfied. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not provide the required medical documentation, you will not be able to use sick leave or have the protections of the FMLA.

Responsibilities for Taking FMLA Leave

- You must return a medical certification form or physician's statement within 15 calendar days from your receipt of this notice in order for us to determine whether your absence qualifies as FMLA leave. Failure to provide sufficient documentation in a timely manner may delay or prevent your receipt of FMLA benefits.
- You must attach your position description to the certification form (if FMLA leave is for your own condition) to allow your physician to accurately assess your return-to-work status.
- You may be required to furnish recertification every 30 days if leave for this health condition continues over an extended period of time depending upon circumstances described by the medical certification.
- You may be required to provide sufficient documentation to establish the required relationship between you and your family member.
- You may be required to provide other information needed (such as documentation for military family leave).
- While on leave for your medical condition, you will be required to report periodically (two-week intervals are recommended) to your department with updates of your status and intention to return to work.
- You will be required to use your available paid leave before you are placed in a leave without pay status, except for workers' compensation situations. If you do not meet the paid leave requirement, you remain eligible to take unpaid FMLA leave. FMLA leave runs concurrently with paid sick or vacation leave, or other paid or unpaid leave when the reasons for leave meet the FMLA criteria.
- You may use sick leave when sickness, injury, or pregnancy and confinement prevents you from
 performing your job or when you are needed to care for and assist a member of your immediate family who
 is sick.
- You will be required to present a fitness-for-duty certificate prior to returning to work if you are absent due
 to your own medical condition. If such certification is not received or is unclear, your return to work may be
 delayed.
- If the circumstances of your leave change and you are able to return to work earlier than initially indicated by your physician, you will be required to notify us at least two working days prior to your return.
- If you cannot return on the date given on the last note provided by your physician, you should give us appropriate notice before that date so other arrangements can be made. An updated certification from the physician will be required.
- Insurance Please contact AgriLife Benefits at 979-845-2423 if you have questions regarding your insurance premiums. If you normally pay a portion of the premiums for your health and/or optional group insurances, your payments will continue through regular payroll deductions while you are on paid leave and covered under FMLA. While on unpaid leave, you will be billed for your portion of the premiums. You have a minimum 15-day grace period in which to make your premium payments. If payment is not made timely, your group health coverage for dependents and optional coverage may be cancelled, provided we notify you in writing at least 15 days before the date that your coverage(s) will lapse. 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; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during FMLA leave.

Please review the System regulation on FMLA at http://policies.tamus.edu/31-03-05.pdf and the Department of Labor web site at https://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf which is another excellent resource.