



Applying for FMLA

- Submit a written request for leave to your supervisor at least 30 days prior to the proposed leave date for all foreseeable qualifying events (birth, scheduled surgery, adoption/foster care placement) or in the event of unforeseen leave, as soon as you can. Faculty should submit the request to their department chair or dean.
- Please click on the following link <http://www.famu.edu/index.cfm?hr&Forms> to view the forms on the Office of Human Resources website. Select the form that pertains to the type of leave requested.
 - ❖ Parental Leave of Absence Request
 - ❖ Military Leave of Absence Request
 - ❖ Medical Leave of Absence Request
- If eligible, you will be required to submit a medical certification form from your health care provider within fifteen (15) calendar days from receiving the FMLA Notice of Eligibility and Rights and Responsibilities from the FMLA Coordinator. The eligibility guidelines are as follows:
 - ❖ Have been employed with the University for a total of twelve months (don't have to be consecutive).
 - ❖ Have worked at least 1,250 hours in the immediate twelve months preceding the requested leave.
- If you meet the eligibility guidelines, your leave will be designated as FMLA. You may elect to substitute accrued paid leave (annual or sick leave) for unpaid FMLA leave in accordance with the usual requirements and procedures for using accrued paid leave. Please discuss your leave options with the FMLA Coordinator prior to beginning your leave.
- Please submit all forms in person, by mail, or fax to the FMLA Coordinator at:
Office of Human Resources
ATTN: Time & Labor Administration
1700 South Adams Street
211 Foote Hilyer Administration Center
Tallahassee, FL 32307
Phone: (850) 599-3611 Fax: (850) 412-5566

Office of Human Resources Family and Medical Leave Act (FMLA) Checklist

- Please contact the Office of Human Resources at (850) 599-3611 to speak with a representative in Benefits to discuss payment options for your portion of premiums for health benefits.
- The FMLA Coordinator will provide a copy of documents and emails pertaining to your FMLA leave requests.

Returning to Work

- You will be required to present a fitness-for-duty certificate before being restored to employment. The form must be completed by the health care provider and submitted at least three (3) business days prior to your scheduled return date. Attach a copy of your position description. The fitness-for-duty certification must address your ability to perform the essential functions of your position. Please submit the form to the FMLA Coordinator. The form must include:
 - ❖ The date you are eligible to return to work,
 - ❖ The health care provider's signature, and
 - ❖ Any medical restrictions.
- If you require accommodations under the Americans with Disabilities Act (ADA) to perform the essential functions relating to your position, please contact the Office of Equal Opportunity Programs (EOP) at (850) 599-3076.

If You Don't Expect to Return to Work on Time

- Please submit a written notification to your supervisor, department chair or dean immediately. This must be done before your current leave ends. The request must include:
 - ❖ The reason you need to extend your leave of absence,
 - ❖ The additional dates you plan to be absent and the date you expect to return to work, and
 - ❖ The amount of each type of leave (e.g., sick leave, unpaid leave, etc.) you plan to use.
- Send the extended leave request and completed medical certification from your health care provider to the FMLA Coordinator.

This checklist is for informational purposes only and should not be sent to the Office of Human Resources.