

**Family and Medical Leave Certification-
Parental Leave for Parent Other than the
Birth Mother (For UW Facilities Employees Only)**

To Employee - Complete the following information on every page
Employee Name:
Department:
Employee Phone:
Employee Email:

<p>To Employee: Complete and return this form as soon as possible but no later than 15 calendar days after you receive it. Return to the person or location indicated in the "Return to" space at the right. Contact this person or office if you believe that you will not be able to return the completed form within the specified time period.</p>	<p>Return to: UW Facilities Partner Resources fsleave@uw.edu Fax: (206) 543-5135</p>
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PART 1 – To Be Completed by Employee (Please Print)

Supervisor's name	Supervisor's title	Supervisor's phone	Supervisor's email
I am requesting time off work <input type="checkbox"/> No <input type="checkbox"/> Yes From (date) to (date)		I am requesting a reduced work schedule as follows <input type="checkbox"/> No <input type="checkbox"/> Yes hours/day for days/seek until (date)	
I am requesting an intermittent work schedule <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe requested schedule:			
Employee Signature: _____ Date: _____			

PART 2 – To Be Completed by Health Care Provider, Adoption Agency or Foster Care Agency

Our employee is requesting time off from work or a modified work schedule under the FMLA as the parent (other than the birth mother) of a newborn child, or of a newly placed, adopted, or foster child. Please provide the information requested below. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For Birth Parent – Health Care Provider

Expected date of baby's delivery:	Expected dates during which the birth mother is considered temporarily incapacitated due to pregnancy and delivery. From (date): to (date):
Birth Mother's Health Care Provider information (please complete or attach business card)	
Provider Name:	Phone:
Business Address:	
Provider Signature _____ Date: _____	

For Adoptive or Foster Parents – Adoption or Foster Care Agency

Anticipated date of adoption or of becoming a foster parent:	
Provider information (please complete or attach business card)	
Name of Agency or Organization:	Provider Name:
Business Address:	Phone:
Provider Signature _____ Date: _____	

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

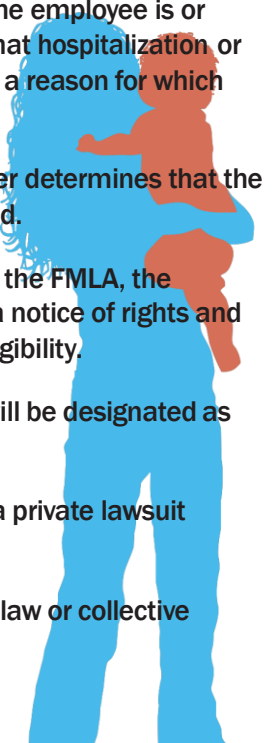
BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

