

STATE OF MICHIGAN  
CIVIL SERVICE COMMISSION

**FAMILY MEDICAL LEAVE ACT (FMLA)  
EMPLOYEE REQUEST & EMPLOYER RESPONSE**

**SECTION I – Employee Request: Fill out items 1 through 7 and submit to your Human Resources (HR) Office.**

When the need for FMLA leave is foreseeable, an employee must provide 30 days notice before the leave is to begin. When leave is not foreseeable, an employee must provide as much notice as is practicable. If eligible (1) you have a right under the FMLA for up to 12 weeks of leave in a 12-month period for qualifying reasons listed below in Section I, #7, (2) your health benefits are maintained during any period of unpaid FMLA leave as if you continued to work, and (3) 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. You may also have other leave options under civil service rules or regulations or a collective bargaining agreement.

<b>1. Name</b>	<b>2. Employee's ID Number</b>	<b>3. Bargaining Unit (if any)</b>
<b>4. Home Address</b>	<b>5. Date(s) of Leave Requested</b> From: To:	<b>6. Telephone Numbers</b> Work Home

**7. Reason Leave Requested:**

- The birth of a child, or the placement of a child with you for adoption or foster care.
- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your  spouse,  child,  parent, for which you are needed to provide care.

**SECTION II – Employer Response: Fill out appropriate items and provide employee copy of completed form.**

An employee or their representative may request FMLA leave in writing or verbally. The HR office must give a written or verbal provisional approval or denial within 2 business days. If a provisional approval is written, the HR office must provide the employee a completed copy of this form. If a provisional approval is verbal, the HR office must subsequently provide the employee a completed copy of this form by the next payday at least one week after the provisional verbal notice. *(Check appropriate boxes; explain where indicated.)*

Your request was received on \_\_\_\_\_. This is to inform you that:

1.  You are eligible for leave under the FMLA. It appears you are eligible for \_\_\_\_\_ hours.  
 You are not eligible for leave under the FMLA. *(Explain why not eligible, e.g., leave exhausted, new hire, etc. If not eligible go to #10.)*

2.  Provisional FMLA approval given pending human resources review and approval of your documentation.  
 Your requested leave is granted and will count against your FMLA leave entitlement.  
 Your requested leave is granted and will **not** count against your FMLA leave entitlement. *(Explain why. Go to #10.)*  
 Your requested leave does not meet the requirements for FMLA leave. *(Explain why. Go to #10.)*

3. You  will or  will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ *(insert date at least 15 calendar days after this notice is provided to the employee)* or we may delay the start of your leave until the certification is submitted.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave as provided in your collective bargaining agreement or the civil service rules and regulations. Note: Compensatory time, banked leave time (BLT), and deferred hours may be used for an FMLA qualifying purpose, subject to the normal requirements for approval of such leave. The use of such hours will not count against your FMLA leave entitlement and is not covered by the provisions of the FMLA.

We  will or  will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave use is required, the following conditions will apply: *(Explain)*

5. To retain your health, dental, and vision insurance coverage during an unpaid FMLA leave, you must pay any required employee share of the biweekly insurance premiums once you go off the payroll. You have a 30-day grace period to make premium payments. If not timely paid, your health, dental, and vision coverage will be canceled 15 days after we send written notice that your health, dental, and vision coverage will lapse.

In the alternative, and at our option, we may continue your health, dental and vision coverage and recover your premium payment upon your return to work.

- You must arrange to pay your biweekly share of health, dental, and vision premiums with your HR office.
- We will recover your share of health, dental, and vision premiums from you upon your return to work.

You may be required to repay the share of premiums paid by the department to retain your health, dental, and vision coverage if you do not return to employment at the expiration of an FMLA designated unpaid leave for reasons other than continuation or recurrence of a serious health condition or circumstances beyond your control.

6. You  will or  will not be required to present a fitness-for-duty certificate before being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7. (a) You  are or  are not a "key employee" as described in §825.217 of the FMLA regulations. If you are a key employee, restoration to employment may be denied after FMLA leave if such restoration will cause substantial and grievous economic injury as discussed in §825.218. *(Explain below.)*

(b) We  have or  have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm. *(Explain below. See §825.219 of the FMLA regulations.)*

8. While on leave, you  will or  will not be required to furnish us with periodic reports every \_\_\_\_\_ *(indicate interval, as appropriate for the particular situation)* of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated in Section I, #5, on the first page of this form, you  will or  will not be required to notify us at least two work days before the date you intend to report to work.

9. You  will or  will not be required to furnish recertification relating to a serious health condition. *(Explain below, including the interval between certifications. See §825.308 of the FMLA regulations for conditions.)*

10. This form was provided to the employee on \_\_\_\_\_ *(insert date)* by \_\_\_\_\_ *(insert name)* by:

- Personal delivery
- First-class mail
- Return receipt requested
- Other \_\_\_\_\_