

## FAMILY AND MEDICAL LEAVE Request Form – Family Member

**Completed forms must be submitted to:**

University of Maryland; Attn: Human Resources; HR ELR  
620 West Lexington Street, 3rd Floor; Baltimore, MD 21201  
Phone: 410-706-7302 | Fax: 410-706-0169  
E-mail: [leaveforms@umaryland.edu](mailto:leaveforms@umaryland.edu)

Original Request       Extension       Recertification

### **PART I: TO BE COMPLETED BY EMPLOYEE**

Name:	Employee ID#:
Home Address:	
Date of which employment with university began:	
Number of years as a USM and/or State employee:	
Department:	Job Title:
Supervisor's Name:	Payroll Representative's Name:
Is this request due to a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has FMLA been previously granted by the University in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Request for:	<input type="checkbox"/> Continuous FML <input type="checkbox"/> Intermittent FML <input type="checkbox"/> Reduced Schedule FML
Leave to begin on:	Expected return to work date:

Reason for requested leave:

Due to a qualifying exigency of a spouse, child, or parent on active duty or called to active-duty status in support of a contingency operation as a member of the National Guard or Reserves.

Schedule: (Please attach a separate sheet if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_

(\*\*) If you selected "d" above, please indicate the name and relationship of the family member (ie: spouse, parent, child, etc.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

The Family and Medical Leave Act (FMLA) permits an employer to require that you, (the employee), submit timely, complete, and sufficient medical certification to support a request for FMLA leave. FMLA leave is used for your own serious health condition or that of an eligible family member. When requested by your employer, you are required to obtain (or retain) the benefit of FMLA protections. You must return this form within 15 calendar days, or as soon as practicable. All medical certifications from physicians and eligible medical practitioners are reviewed solely by the employee and the appropriate personnel within the University. These reviews are for the purpose of evaluation to approve family and medical leave requests. Employees seeking to return to work after approved FMLA for their own serious health condition must provide certification from their healthcare provider stating that they have been cleared to return to work. Employees may not be permitted to return to work until the certification of their fitness to return has been provided. If the employee's serious health condition prevents them from being able to return to work as originally expected, the employee must provide medical certification indicating that they have not been cleared to return. This certification should be provided on or before the date that their approved FMLA leave expires. Certification from a healthcare provider is also required if the employee is unable to return to work when originally expected due to the serious health condition of an eligible family member. As above, this should be provided on or before the date that the approved FMLA leave expires.

**Please Note:** If the employee was on Accident Leave or Parental Leave in the prior 12 months of this request, or during this FMLA period then Accident Leave or Parental Leave will be counted towards the available FMLA hours, if qualifying.

Employee Signature:	Phone:	Date:
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# **Certification for Military Family Leave for Qualifying Exigency under the Family and Medical Leave Act**

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



**DO NOT SEND FORM TO THE DEPARTMENT OF LABOR.  
RETURN THE COMPLETED FORM TO THE EMPLOYER.**

OMB Control Number:  
1235-0003 Expires: 6/30/2026

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at http://www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

## **SECTION I - EMPLOYER**

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the employee for the information necessary for a complete and sufficient qualifying exigency certification, which is set out at 29 C.F.R. § 825.309. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

## **SECTION II - EMPLOYEE**

Please complete all Parts of Section II and sign the form before returning it to your employer. The FMLA allows an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. **You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. § 825.313.

(1) Provide the name of the military member on covered active duty or call to covered active duty status:

(2) Select your relationship of the military member. The military member is your:

Spouse       Parent       Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: \_\_\_\_\_

### **PART A: COVERED ACTIVE DUTY STATUS**

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

(3) Provide the dates of the military member's covered active duty service: \_\_\_\_\_

(4) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:

- A copy of the military member's covered active duty orders
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
- I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

### **PART B: APPROPRIATE FACTS**

Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

(5) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:

- Short notice deployment (*i.e.*, deployment within seven or fewer days of notice)
- Military events and related activities (*e.g.*, official ceremonies or events, or family support and assistance programs):  
\_\_\_\_\_
- Childcare related activities for the child of the military member (*e.g.*, arranging for alternative childcare):  
\_\_\_\_\_

Employee Name: \_\_\_\_\_

- Care for the military member's parent (e.g., *admitting or transferring the parent to a new care facility*): \_\_\_\_\_
- Financial and legal arrangements related to the deployment (e.g., *obtaining military identification cards*)
- Counseling related to the deployment (i.e., counseling provided by someone other than a health care provider)
- Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- Post deployment activities (e.g., *arrival ceremonies, or reintegration briefings and events*): \_\_\_\_\_
- Any other event that the employee and employer agree is a qualifying exigency: \_\_\_\_\_

(6) **Available written documentation** supporting this request for leave is ( attached /  not attached /  not available).

#### **PART C: AMOUNT OF LEAVE NEEDED**

**Provide information concerning the amount of leave that will be needed.** Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

(7) List the approximate date exigency started or will start: \_\_\_\_\_ (mm/dd/yyyy)

(8) Provide your best estimate of how long the exigency lasted or will last:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

(9) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

I am able to work \_\_\_\_\_  
(e.g., 5 hours/day, up to 25 hours a week)

(10) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Employee Name: \_\_\_\_\_

(11) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur: \_\_\_\_\_ times per  
( day /  week /  month) and are likely to last approximately \_\_\_\_\_ ( hours /  days) per episode.

(12) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave (R & R)** of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R & R leave:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

#### **PART D: THIRD PARTY INFORMATION**

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe purpose of meeting: \_\_\_\_\_

Employee  
Signature \_\_\_\_\_

Date \_\_\_\_\_ (mm/dd/yyyy)

#### **PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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## Employee Rights under the Family and Medical Act (FMLA) of 1993

The Family and Medical Leave Act (FMLA) require the University to provide up to 12 weeks (480 hours) of leave to eligible employees. To be eligible, University System of Maryland (USM) requires that an employee have worked for USM or State of Maryland for at least 12 months and have worked at least 1,040 hours in the 12 months preceding the leave. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member.

### **QUALIFYING REASONS FOR FMLA LEAVE**

FMLA leave may be granted for any of the following reasons:

- The birth of a child, or placement of a child for adoption or foster care
- For a serious health condition that renders an employee temporarily unable to perform his/her job
- To care for the employee's spouse, child, or parent who has a serious health condition
- Due to a qualifying exigency of a spouse, child, or parent on active duty or called to active-duty status in support of a contingency operation as a member of the National Guard or Reserves
- For a serious injury or illness of a service member who is a spouse, child, parent, or next of kin

### **ADMINISTRATION:**

The 12 weeks of FMLA leave may be paid, unpaid, or partially paid. **The University System of Maryland requires employees to use all accrued leave before going into an unpaid status;** therefore, any leave taken for a qualifying reason under FMLA is applied towards accrued leave balances. The University administers FMLA on a rolling 12-month period measured backward from the date an employee uses any FMLA. Leave can be taken continuously, intermittently or via a reduced schedule when medically necessary. Employees must make reasonable efforts to schedule leave for medical treatment so as not to unduly disrupt departmental operations. Applicable forms to apply for FMLA may be obtained online at

<https://www.umaryland.edu/hr/forms/employee-and-labor-relations-forms/>

### **EMPLOYEE RESPONSIBILITY:**

FMLA is subject to meeting the requirements below:

- Provide 30 days advance notice in writing to direct supervisor when the leave is scheduled and foreseeable or as soon as practical in an emergency situation, to include anticipated duration
- Submit FMLA Application to HRS/ELR within 30 days when leave is scheduled and foreseeable or as soon as possible
- Provide medical certification completed by a physician to support a serious health condition of the employee or that of an immediate family member within 15 calendar days from the date of request
- Provide periodic updates to the direct supervisor, communicating the ability to return to work as indicated, providing additional medical certification to ER/LR if required
- Submit recertification every 30 days for conditions requiring intermittent leave
- Obtain leave balances to determine if sufficient pay is available, if not inquire about supplemental pay options
- Submit return to work certification from physician to your supervisor on your first day back to work

### **EMPLOYER RESPONSIBILITY:**

- Inform employee of eligibility under FMLA within 5 days of the employee's request
- Inform employee of rights and responsibilities
- Maintain the employee's health coverage under any group plan for the duration of FMLA designated leave
- Inform employee of leave designated as FMLA-protected and the amount counted against leave entitlement
- Restore employee to his/her original or equivalent position with equivalent pay and benefits upon return from FMLA
- Ensure the use of FMLA does not result in the loss of any employment benefit that accrued prior to the start of an employee's leave

### **FOR FURTHER INFORMATION:**

USM POLICY #VII - 7.50 USM POLICY ON FAMILY AND MEDICAL LEAVE FOR EXEMPT AND NONEXEMPT STAFF EMPLOYEES can be found at: <http://www.usmd.edu/regents/bylaws/SectionVII/VII750.pdf>

UMB Policy #VII - 7.50(A) UMB POLICY ON FAMILY AND MEDICAL LEAVE FOR EXEMPT AND NONEXEMPT STAFF EMPLOYEES can be found at: <http://www.umaryland.edu/policies-and-procedures/library/human-resources/policies/vii-750a.php>

Please contact Employee and Labor Relations at 410-706-7302 with any questions.