University of Washington
Family and Medical Leave Act Information Summary
(For Non-Academic Employees)

You may be receiving this document because you requested or are taking leave that could be covered by the federal Family and Medical Leave Act (FMLA).

The FMLA allows eligible employees to take job protected leave from work for the reasons and the amount of time described below. This leave is unpaid unless you have accrued leave or compensatory time that you can use. The UW incorporates the requirements of the FMLA into its leave policies, and in some instances University policy and/or state law may provide additional leave rights.

When you request leave for reasons that may be covered by the FMLA, the law requires that the University provide you with information about the following:

- whether you are eligible to be covered by the FMLA, and if not, when you will become eligible for FMLA coverage;
- whether the reason you are requesting leave is covered by the FMLA; and,
- the benefits that the FMLA provides employees.

Eligibility
You are eligible for FMLA covered leave if you:

- have worked for the State of Washington (including the University of Washington) for a total of 12 months; and
- have worked for at least 1,250 hours (average: 24 hrs/wk) during the 12 months prior to the effective date of the leave; and
- have not used all of your available FMLA covered leave during the current calendar year.

Reasons for Family and Medical Leave
If you meet FMLA eligibility requirements, you may take up to 12 workweeks of job-protected FMLA covered leave per calendar year because of:

- Your own serious health condition (see page 4 for definition).
- The serious health condition of a family member defined by the UW as your spouse or same or opposite sex domestic partner, child, parent, grandparent, grandchild, sister, or brother. Family member also means individuals in the following relationships with your spouse or domestic partner: child, parent, or grandparent. It also includes those persons in a “step” relationship.
- The birth, adoption, or placement of a child if taken within 12 months of the child's birth or placement.
- Because of any qualifying exigency arising out of the fact that your family member is on active duty (or has been notified of an impending call or order to active duty) in the armed forces in support of a contingency operation.
Eligible employees may take up to 26 workweeks of FMLA covered leave in a single 12 month period to care for a covered servicemember who is:

- Undergoing medical treatment, recuperation, or therapy,
- Otherwise in outpatient status, or
- Otherwise on the temporary disability retired list for a serious injury or illness.

**Requesting Family and Medical Leave Act Covered Leave**

When possible, you should request time off at least 30 days in advance of the date your leave will start. When you cannot provide advance notice due to an unforeseen or emergency situation, you are expected to request leave following your department’s normal leave request and/or call-in procedures as soon as you know that you will need to take time off work.

**Intermittent or Reduced Schedule**

FMLA leave may be taken all at once, intermittently, or on a reduced leave schedule (working less than the usual number of hours in a week) if medically necessary. If you are approved to take FMLA leave intermittently, you will need to inform your supervisor when an absence is related to your FMLA qualifying condition. FMLA covered leave for parental bonding must be taken continuously unless the employer approves otherwise.

**Certification of Leave**

You may be required to provide certification from a health care provider to support the need for leave due to your own serious health condition or to care for a family member with a serious health condition. If certification is requested, you will need to arrange for completion of a Family and Medical Leave Certification of Health Care Provider Statement, and return it to the Human Resources Office serving your unit within 15 days. Failure to do this may delay approval of your leave request. The University may ask you to provide periodic updates regarding your ability to return to work, and the University may require a second medical opinion at its expense.

For leave related to a family member’s active duty in the armed services, certification of the family member’s military orders or status, or the reason for the leave may be required.

**Leave Use**

Depending on the reason you need to take leave, your employment program, and your leave balances, you may have paid time off that you can use during your FMLA leave including: annual leave, sick leave, compensatory time, discretionary leave, personal holiday, and/or shared leave that has been donated by other employees.

If you are eligible, you may receive long-term disability insurance payments during the unpaid portion of FMLA leave.

**Benefits During Family and Medical Leave**

While on an approved FMLA leave, your medical benefits are the same as when you are working and you remain responsible for the employee portion of premiums or copays. Contact the Benefits Office at benefits@uw.edu if you have questions.
Returning to Work and Reinstatement

Upon returning to work from FMLA-covered leave, you may be required to provide certification from a health care provider that you are fit to return to work. Contact your manager as soon as you know your expected return to work date.

Upon return to work from an FMLA-covered leave, you are entitled to be reinstated to the same or an equivalent job you held before your leave, with the same pay, benefits, and terms and conditions of employment. If your leave extends beyond the period of your FMLA eligibility, the benefits and protections that the FMLA provides end.

Maternal Disability Leave and Parental Leave

Pregnant women are entitled to disability leave for the period of time that they are temporarily disabled from working in connection with pregnancy or childbirth. Under state regulations, you are eligible for up to 4 months of parental leave. For the birth mother, parental leave is in addition to time off due to temporary pregnancy-related disability. Parental leave runs concurrently with FMLA leave. If you wish to take leave to care for a new child on an intermittent or reduced schedule, you must obtain your department’s approval.

If you have questions about this information, please consult the following resources:

<table>
<thead>
<tr>
<th>Office Listings</th>
<th>Office Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Human Resources Operations</td>
<td>206-543-2354</td>
</tr>
<tr>
<td>Risk Management <em>(for on-the-job illness or injury)</em></td>
<td>206-543-0183</td>
</tr>
<tr>
<td>Benefits Office</td>
<td>206-543-2800</td>
</tr>
<tr>
<td>Disability Services Office</td>
<td>206-543-6450</td>
</tr>
<tr>
<td>Disability Services Office TTY</td>
<td>206-543-6452</td>
</tr>
</tbody>
</table>
## FMLA Definitions of a Serious Health Condition

<table>
<thead>
<tr>
<th>Nature of Absence or Condition</th>
<th>Defined as</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care</td>
<td>Any period of incapacity* from a condition requiring inpatient care, including recovery from the condition.</td>
<td>Hospitalization. Post-surgery examinations.</td>
</tr>
<tr>
<td>Incapacity for more than 3 consecutive days (including work and non-work days)</td>
<td>A condition requiring 2 or more treatments by a health care provider, or an ongoing regimen or treatment.</td>
<td>Examination to evaluate a condition plus a course or treatment such as antibiotics or physical therapy.</td>
</tr>
<tr>
<td>Prenatal treatment and pregnancy</td>
<td>Any period of incapacity* due to pregnancy or for prenatal care.</td>
<td>Prenatal doctor visits, absences due to morning sickness, post-partum recovery.</td>
</tr>
<tr>
<td>Conditions that are chronic, long-term or require multiple treatment</td>
<td>Periodic treatment for a condition that may cause episodic incapacity.</td>
<td>Asthma, diabetes.</td>
</tr>
<tr>
<td></td>
<td>Incapacity due to a condition which is not curable but which requires medical supervision.</td>
<td>Terminal illness, multiple sclerosis.</td>
</tr>
<tr>
<td></td>
<td>Absences to receive treatment for a chronic condition.</td>
<td>Kidney dialysis.</td>
</tr>
</tbody>
</table>

*Incapacity*: Inability to work, attend school, or perform other regular daily activities.