INSTRUCTIONS FOR COMPLETING FMLA INFORMATION

FAMILY & MEDICAL LEAVE ACT POLICY

- Information regarding the University’s policy and how it relates to the federal information is enclosed.

NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES

- A Department of Labor form where we will confirm that you are eligible for FMLA leave.
- Instructions on certification requirements which must be met in order for us to approve your leave and on your responsibilities related to your leave.

REQUEST FOR FAMILY & MEDICAL LEAVE (form)

- The employee is to complete the form in its entirety.
- The employee is to return the form to the Office of Human Resources in person, via fax (x4177), inter-campus mail or U.S. mail.

CERTIFICATION OF HEALTH PROVIDER (form)

- The employee is to fill out the contact information on the last page of the form.
- The Health Care Provider is to fill out all other sections of the form.
- The Health Care Provider or the employee is to return the form to the Office of Human Resources. Faxing (765-658-4177) is acceptable.

CERTIFICATION OF QUALIFYING EXIGENCY (form)

- Certification that the family member meets the military active duty requirements.
• Certification that the request for leave meets the qualifying exigency definition.

FAMILY & MEDICAL LEAVE CERTIFICATION TO RETURN TO WORK (form)

• If required by the leave designation form received from the Office of Human Resources, the employee is to provide a Certification to Return to Work no later than the first day of work after the end of the leave.
• The Office of Human Resources will provide a sample form for the Health Care Provider to use for this purpose.
• The Health Care Provider may submit a Certification to Return to Work on a form other than the sample provided by the Office of Human Resources if preferred.

January 23, 2009