

# Request for Leave of Absence Form

**PLEASE COMPLETE AND RETURN THIS FORM TO HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE**  
**VMC HR: PHONE 425.690.4193 - FAX 425.690.9006 - EMAIL LEAVEADMINISTRATOR@VALLEYMED.ORG**

EMPLOYEE INFORMATION	
<b>Employee Name (Last, First)</b>	
<b>Personal Email Address</b>	<b>Mailing Address</b>
<b>Employee Phone Number</b>	<b>Manager Name</b>
ABSENCE INFORMATION	
Requested Start Date:	Anticipated Return Date:
TYPE OF LEAVE	
<input type="checkbox"/> Continuous Leave of Absence	<input type="checkbox"/> Intermittent FMLA Absence
<p><i>Example of Intermittent FMLA leave: An employee is taking time off in separate blocks due to a serious health condition that qualifies for FMLA. Intermittent leave can be used in hourly or daily increments. Intermittent leave can not be back-dated beyond the date this form is submitted.</i></p>	
REASON(S) FOR LEAVE	
<p>Please indicate the applicable reason(s) for your leave below.</p> <p><input type="checkbox"/> Employee's Own Serious Health Condition *</p> <p><input type="checkbox"/> To Care for a Parent*</p> <p><input type="checkbox"/> To Care for a Spouse *</p> <p><input type="checkbox"/> To Care for a Child *</p> <p><b>* For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.</b></p> <p><input type="checkbox"/> A completed <u>Medical Certification form</u> is attached.</p> <p><input type="checkbox"/> I will submit a <u>Medical Certification form</u> within 15 days to Human Resources.</p> <p><input type="checkbox"/> Pregnancy *</p> <p><input type="checkbox"/> Baby Bonding (Care for Newborn/Placed Child) ◦</p> <p>◦ Provide Due Date or Date of Placement of Child (if applicable):</p> <p><input type="checkbox"/> Military Leave: Active Duty</p> <p><input type="checkbox"/> Military Leave: To care for a Service Member*</p> <p><input type="checkbox"/> Military Leave: Qualifying Exigency Leave</p> <p><input type="checkbox"/> Other, Explain:</p> <p><input type="checkbox"/> Personal Leave (Up to 30 days): Must be approved by employee's Senior VP</p>	
<b>Senior VP Approval Signature:</b>	<b>Date</b>
MANAGER INFORMED OF NEED FOR LEAVE	
<input type="checkbox"/> I have informed my manager that I am requesting a leave of absence.	
STATEMENT OF EMPLOYEE RESPONSIBILITIES AND PROCEDURE	
<p><b>For Intermittent leaves:</b> You must provide medical certification that supports your leave request to Human Resources. Medical certification must be renewed every six months. You are responsible for initiating the renewal process.</p> <p><b>Length of Leave:</b> Up to 12 weeks (or 26 weeks for Military Care Giver Leave) of FMLA are available for eligible employees. VMC policy and FMLA guidelines will define the 12-month period. If you are requesting intermittent or reduced-work schedule leave or are taking leave for a chronic or long term condition for which you may need occasional future leave, the notice designating your leave as FMLA will be valid for six months, and will cover only leave taken as a result of the stated serious health condition. You will be required to complete a new FMLA Request Form every six months. If circumstances change or you need leave for another reason other than stated herein, you must notify your manager and Human Resources immediately.</p>	

**PLEASE READ! - IMPORTANT INFORMATION ABOUT PAY DURING LEAVE:**

**FMLA:** You must use any accrued benefit hours (sick/vacation/floating holiday) while you are on a FMLA leave (employees on workers compensation will be subject to workers compensation leave rules).  
**WA PFML** If you apply for WA Paid Family & Medical Leave while on FMLA, you must send a confirmation (screen shot) of your accepted application to [LeaveAdministrator@valleymed.org](mailto:LeaveAdministrator@valleymed.org) to stop required use of your accrued time. HR will ask you if you want to supplement the WA PFML pay with any of your available accrued time. If your WA PFML is later declined, VMC will default to the FMLA policy and deduct any available accrued time off you may have.

Using paid time off does not add to the total amount of leave available, nor does it lengthen the time for which leave is approved. All time off work for reasons covered by FMLA will be counted against the maximum annual leave you are permitted by the VMC leave policy and applicable law.

**Employee Notification Responsibilities:** While away from work on leave you are expected to maintain regular and appropriate contact with your manager and Human Resources. You must contact your manager at least every 2 weeks to let them know how you are doing and if you still intend to return to work at the end of your leave. You must notify Human Resources immediately of any change in the address and telephone number where you can be contacted. Contact Human Resources regarding changes to your medical or personal status, your employment status, your intent to return to work, your expected date of return, or any change in the information contained in the FMLA Medical Certification form. You are prohibited from engaging in any outside employment, including self-employment, which is inconsistent with the nature of your leave or the reasons you gave for needing leave.

**Benefits:** Please refer to the Benefits Summary while on Leave on page 3 and 4.

**Return to Work:** When you are ready to return, you must notify your manager at least 5 working days before the date you want to resume work. Failure to provide this notice may result in you having to remain off work for additional time so that the necessary paperwork, scheduling, and transfers may be completed in an orderly manner. If you are returning from a continuous leave for a personal serious health condition, you must submit a return to work release from your health care provider to Human Resources. You will not be allowed to return to work until you have done so. If you return to work within 90 days of the start date of your leave, you will be returned to the position you held prior to taking leave or to an equivalent position with equivalent benefits. In most circumstances, if you do not return to work within 90 days, your position will be posted. Once you are able to return to work, you may apply for an open position for which you are qualified.

**Authorization:** I authorize the Valley Medical Leave Administrator or designee in Human Resources to contact my physician or health provider for more information regarding any type of FMLA or medical exigency leave.

I hereby certify that I have received and read the foregoing provisions:

Employee Name Printed:

Employee Signature:

Date:

**HR Use Only:**

**FMLA Eligibility**

- The employee has been employed by Valley Medical Center for 12 months.
- The employee has 1250 actual work hours in the past 12 months prior to this leave.
- The employee's FMLA allotment has not been exhausted.
- The employee submitted supporting certification of health care provider form.
- The leave request is to care for the employee's own medical condition or that of a parent, spouse or child.

\_\_\_ Your requested leave will be counted against your bank of annual Family and Medical Leave, unless otherwise notified following our receipt of your Family and Medical Leave Medical Certification and investigation of your request.

\_\_\_ Your requested leave will not be counted against your bank of annual Family/Medical Leave and will be handled pursuant to the terms of your labor agreement and/or Valley Medical Center's general leave of absence policy because:

- You have not been employed by Valley Medical Center for 12 months.
- You have not worked 1250 hours during the past 12 months immediately prior to the start date of your leave.
- You have exhausted your 12-week allotment.
- The leave request is to care for someone other than their own medical condition or that of a parent, spouse or child.

VMC Representative Signature:

Date:

Original: Confidential FMLA File

Copy: Employee

## REVIEW: WHAT HAPPENS TO MY BENEFITS WHILE ON LEAVE AND WHAT I NEED TO DO

1. <b>Medical, Vision &amp; Dental</b>	Coverage continues until you return, or when leave is exhausted, or when you end employment with VMC; whichever occurs first. Except in the case of a Union Child Care Leave, in which dental and medical coverage will be dropped if you do not return within 30 days.						
2. <b>Flexible Spending Account (FSA)</b>	<p>Contributions will cease during your leave and any missed contributions towards your Health Care FSA will be collected in the form of catch-up deductions when you return.</p> <p>Health Care FSA funds can be used for eligible expenses accrued during leave. Since Dependent Care FSAs are established to allow the employee to work, Dependent Care FSAs are suspended during leave.</p> <p>If you have any questions regarding claims during your leave, contact Navia* at 800-669-3539.</p> <p><i>*Employer Code for Navia access is VMC</i></p>						
3. <b>Voluntary Benefits – Individual Policies</b>	<p>If you have one or more of the following policies and you have been on one or more leaves <b>totaling 60 days</b>, you will need to set up direct payment with Unum to avoid cancellation or lapse in coverage. Upon returning to work, you must notify Unum of your return to be added back to Group Billing via payroll deductions.</p> <p>Contact Unum at 800-635-5597.</p> <ul style="list-style-type: none"> <li>—Group Accident Insurance</li> <li>—Critical Illness Insurance</li> <li>—Whole Life Insurance</li> <li>—Voluntary Short-Term Disability Insurance (also referred to as Individual Short-Term Disability)</li> </ul>						
4. <b>Voluntary Benefits – Group Policies</b>	<p>If you have one or more of the following policies, coverage will continue until your leave is exhausted or when you end employment with VMC, whichever occurs first. Any missed deductions will be collected in the form of catch-up deductions.</p> <p>Contact Unum if you have any questions.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Voluntary (Supplemental) Life Insurance</td> <td style="width: 50%;">800-445-0402</td> </tr> <tr> <td>Voluntary AD&amp;D Insurance</td> <td></td> </tr> <tr> <td>Long Term Disability Insurance</td> <td>866-679-3054 or 800-858-6843</td> </tr> </table>	Voluntary (Supplemental) Life Insurance	800-445-0402	Voluntary AD&D Insurance		Long Term Disability Insurance	866-679-3054 or 800-858-6843
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5. <b>MetLife: Auto &amp; Home Insurance</b>	If you have payroll deductions set up for premium payments towards your Metlife/Farmers auto and/or home insurance policy, please contact 1-800-438-6381 for policy continuation. Failure to do so will result in policy cancellation by Metlife/Farmers Insurance.						
6. <b>403(b), 457(b) Plan(s)</b>	<p>Contributions to your 403(b) and/or 457(b) will resume when you return to work.</p> <p>You may log into <a href="#">Fidelity NetBenefits</a> at any time to review or update your information at any time. Please <b>contact Fidelity Investments at 1-800-343-0860 if you have any questions.</b></p>						
7. <b>Sick, Vacation, Accruals</b>	<p>Sick and vacation hours:</p> <p><b>will not</b> accrue during <b>unpaid leave.</b></p> <p><b>will</b> accrue during <b>paid leave.</b></p>						
8. <b>Payroll Deductions</b>	<p>Payroll deductions in effect at the time of your leave will continue to be deducted as long as you receive a paycheck. Any missed deductions* during your leave will be scheduled as a catch-up deduction upon your return.</p> <p>Infor will track and schedule all missed deductions by taking one missed deduction with your normal deduction until you are caught up. <i>Catch-up deductions are in <b>addition</b> to your regular payroll deduction amounts, not in place of.</i></p>						

	<p><i>*For clarification, missed deductions may be due to exhaustion of accruals or unpaid leave.</i></p> <p>Regardless of employment status, VMC retains the right to pursue and compel payback of premiums owed. Contact <a href="mailto:TotalRewards@valleymed.org">TotalRewards@valleymed.org</a> if you have any questions.</p>
<b>9. Review Your Benefit Elections</b>	<p>You can review your current benefit election and deduction amounts in Compass Employee Self Service. <i>Please reference the Employee Self Service Tip Sheet for additional help.</i> <a href="#">Compass – MyPeople Employee Self-Service   TiP (valleymed.net)</a></p>