Request for Leave of Absence Form

UW Medicine
VALLEY
MEDICAL CENTER

PLEASE COMPLETE AND RETURN THIS FORM TO HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

VALLEY MEDICAL CENTER HUMAN RESOURCES
PHONE 425.690.4193 - FAX 425.690.9006 – EMAIL LEAVEADMINISTRATOR@VALLEYMED.ORG

EMPLOYEE INFORMATION

Employee Name (Last, First)			
Address	**City**	**State**	**Zip**
Employee Phone Number	**Manager Name**		

ABSENCE INFORMATION

Requested Start Date:	Anticipated Return Date:

TYPE OF LEAVE

☐ Continuous Leave of Absence ☐ Intermittent FMLA Absence

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.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below.

- ☐ Employee's Own Serious Health Condition *
- ☐ To Care for a Parent*
- ☐ To Care for a Spouse *
- ☐ To Care for a Child *

***** ***For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.***

- ☐ A completed Medical Certification form is attached.
- ☐ I will submit a Medical Certification form within **15 days** to Human Resources.

- ☐ Pregnancy *
- ☐ Baby Bonding (Care for Newborn/Placed Child) °

° *Provide Due Date or Date of Placement of Child (if applicable)*:

- ☐ Military Leave: Active Duty
- ☐ Military Leave: To care for a Service Member*
- ☐ Military Leave: Qualifying Exigency Leave
- ☐ Other, Explain:

☐ Personal Leave (Up to 30 days): Must be approved by employee's Senior VP of the Department

Senior VP Approval Signature: **Date**

MANAGER INFORMED OF NEED FOR LEAVE

☐ I have informed my manager that I am requesting a leave of absence.

STATEMENT OF EMPLOYEE RESPONSIBILITIES AND PROCEDURE

For Intermittent leaves: 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.

Length of Leave: 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.

Pay During Leave: 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). **You may apply for WA Paid Family & Medical Leave. If you are approved for WA PFML, you are not required to use your PTO while out on Leave. You may choose to use your PTO to make up the difference between WA PFML and your regular rate of pay.** Using paid time off does not add to the total amount of leave available, nor does it lengthen the period of 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 Valley Medical Center leave policy and applicable law, regardless of whether it is paid or not.

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: While on leave, you must continue to pay your normal portion of any applicable premiums for health insurance or any other benefits that will be continued during the leave. Please contact the Human Resources or Payroll department to make arrangements for payment of your portion of applicable insurance premiums. Failure to make the required payments may result in cancellation of your benefits. If you have not paid your portion of the premiums while out on Leave, deductions will be made to your paychecks upon your return based on the following schedule: 1 – 6 weeks of Leave – 1 pay period. 7 – 12 weeks of Leave – 2 pay periods. 13 – 18 weeks of Leave – 3 pay periods. 19+ weeks of Leave – 4 pay periods. If you choose not to return to work at the end of your leave, you may be required to reimburse Valley Medical Center for the premiums it paid on your behalf or for the cost of providing health insurance coverage to you and your family, unless you are not returning because of circumstances beyond your control. If you are unable to return to work because of a serious health condition, you must provide an FMLA Medical Certification form from the appropriate health care provider stating you are unable to perform the essential functions of your position on the date your leave expired, or that you are needed on that date to care for your spouse, child or parent with a serious health condition.

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:

Official 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 the employee's own medical condition or that of a parent, spouse or child.

VMC Representative Signature:	Date: