



Northeastern University

Human Resources Management

APPLICATION FOR LEAVE OF ABSENCE

This form must be completed for all leaves (paid or unpaid) and for all sick time exceeding 5 work days. The completed form should be returned to HRM/Benefits, 716 Columbus Ave., Suite 250, Boston, MA 02120; Fax # 617-373-7610.

To Be Completed by Employee:

Name: _____ Position: _____
Address _____ Dept: _____ Ext # _____
_____ Mgr/Dept Head/Dean _____
Home phone: () _____ Date of Hire _____

Reason for Leave: ☐ Medical ☐ Family
☐ Parental / Recovery Time ☐ Military / Related Family Leave
☐ Parental / Bonding ☐ Personal*

Please see reverse for a description of FMLA-covered leaves.

Type of Leave: ☐ Continuous (*more than 5 consecutive scheduled work days*) ☐ Intermittent (*episodic/sporadic*)

Requested Start Date of Leave: _____ **Requested Return to Work Date:** _____

Sick days available _____ **in conjunction with my leave of absence, I am using** _____ **vacation days.**

Conditions for Approval of Leave:

- I have read and understand the Northeastern Leave of Absence and Paid Parental Leave Policies.
 - If any part of my leave is unpaid, I must make arrangements with HRM/Benefits to continue my health and/or dental insurance coverage. I understand that contributions to the University Basic and Supplemental Retirement Plans will cease while I am on unpaid leave.
 - If approved for a medical or parental leave, I agree to provide HRM/Benefits with the appropriate medical documentation.
 - In order to return to work following a medical or parental leave that exceeds 5 work days in duration, I must provide HRM/Benefits with medical documentation releasing me to return to work after this leave.
 - If I accept work with another employer while on an approved leave of absence, my employment with Northeastern University will be terminated.
 - If I fail to return to work when this leave expires, my employment will be terminated. Any outstanding premiums for benefits are expected to be paid to the University.
- * Personal leave of absence of more than 30 days is permitted only under extenuating circumstances and must be approved by your department and HRM.

I fully understand and accept the above conditions:

Signature of Applicant: _____ Date: _____

Remarks: _____

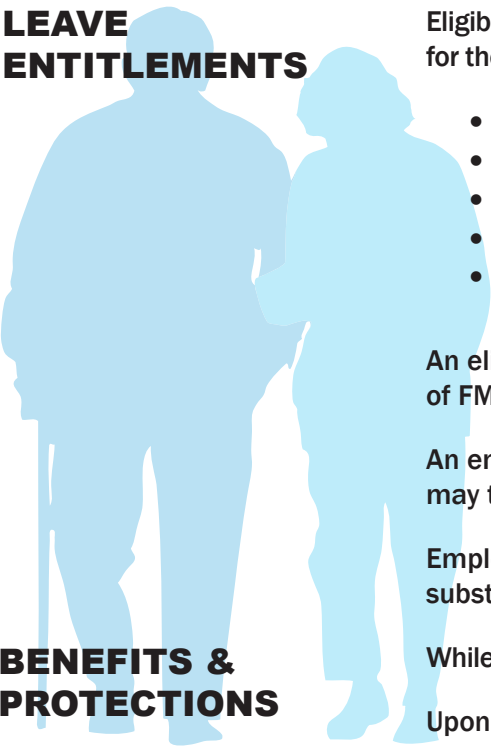
Acknowledge leave request and accrual availability:

Manager/Dean/Department Head: _____ Date: _____

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

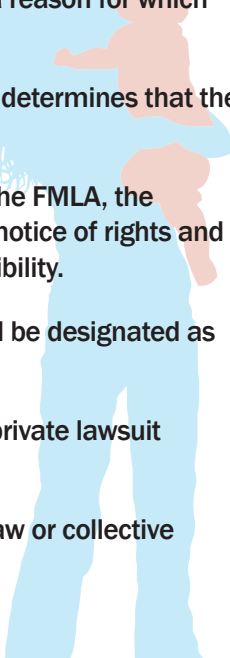
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

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

