

# Family & Medical Leave Act (FMLA)

MINNESOTA STATE UNIVERSITY MOORHEAD

Minnesota State University Moorhead recognizes that during an employee's career, situations requiring prolonged or intermittent absences from work can occur. Minnesota State University Moorhead and the [Family and Medical Leave Act](#) (FMLA) provide you with the right to take job-protected leave with continued medical benefits. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity.

## Who is eligible for FMLA leave?

In order to take FMLA leave, you must work for a covered employer such as the State of Minnesota and have met these additional criteria:

1. You must have been employed by a State of Minnesota agency for at least 12 months.
  - These 12 months do not have to be consecutive, but your break in service cannot be more than seven years.
2. You must have worked for a State of Minnesota agency for at least 1,250 hours in the 12 months before you take leave.
  - This minimum 1,250 hour calculation includes actual hours worked, including overtime hours worked. Vacation, annual, sick, personal, holiday, and compensatory time taken are excluded from these 1,250 hours.



## When can you use FMLA leave?

If you are an eligible employee, you can take up to 12 weeks of FMLA leave in a fiscal year for a variety of reasons, including:

1. [Serious Health Condition](#)
  - You are unable to work because of your own serious health condition.  
*Examples may include: surgery & recovery, serious injuries, recurring medical appointments, chronic conditions, ongoing counseling, etc.*
  - You need to care for your spouse, child or parent who has a serious health condition.  
*Examples may include: temporary recovery from a surgery, end of life care, ongoing appointments for a child's therapy, etc.*
2. [Military Family Leave](#)
  - Your leave is for specified reasons related to certain military deployments.
  - You need to care for a covered service member with a serious injury or illness.
3. [Expanding your Family – Parental Leave](#)
  - You are unable to work because of the birth of a child and to bond with the newborn child.
  - You are unable to work because of the placement of a child for adoption or foster care and to bond with that child.
  - State of MN Paid Parental Leave Policy: <https://mn.gov/mmb-stat/policies/1435-PaidParentalLeave.pdf>

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## Benefits of the FMLA

Leave taken for any of the reasons above is leave that is protected under the [Family Medical Leave Act](#) (FMLA). FMLA offers you a total of 12 weeks (480 hours—pro-rated for employees less than 1.0 FTE) of leave in a fiscal year period and includes the following benefits:

- **Uninterrupted health care insurance:** The University will continue to pay the employer portion of your health insurance premiums, and you will continue to pay your portion of the insurance premiums during your FMLA leave. You may receive a bill directly from the State Employee Group Insurance Program (SEGIP) if you should go unpaid at any time during your FMLA leave.
- **Job protection:** Employees who use FMLA leave have the right to go back to work at their same job or to an equivalent job that has the same pay, benefits, and other terms and conditions of employment at the end of their FMLA leave.
- **Flexibility:** You can take FMLA leave as a single block of time or in multiple, smaller blocks. **By itself, FMLA leave is unpaid leave.** However, if you are eligible for paid leave and have sick leave, vacation leave, annual leave, personal leave or other paid leave available, generally you will be required to use your available balances.

## Short Term Disability (STD) & FMLA

Employees who have a short-term disability (STD) policy (through [MetLife](#)) may be eligible to receive short term disability benefits if they cannot work because of a disabling illness, injury, or pregnancy. If you are approved for STD benefits, you will be eligible to collect your STD insurance benefit starting on the **1st day** of total disability due to an accident or the **8th day** of total disability due to an illness or pregnancy related claim.

- While an employee is receiving short-term disability benefits, they can utilize their own paid leave to supplement their STD benefits.
- Short-term disability cannot be used in addition to paid parental leave.
- Reference this guide for [filing a short-term disability claim](#). Policy number to file a claim: **023458**
- The Office of Human Resources must be notified if you are collecting short term disability benefits.

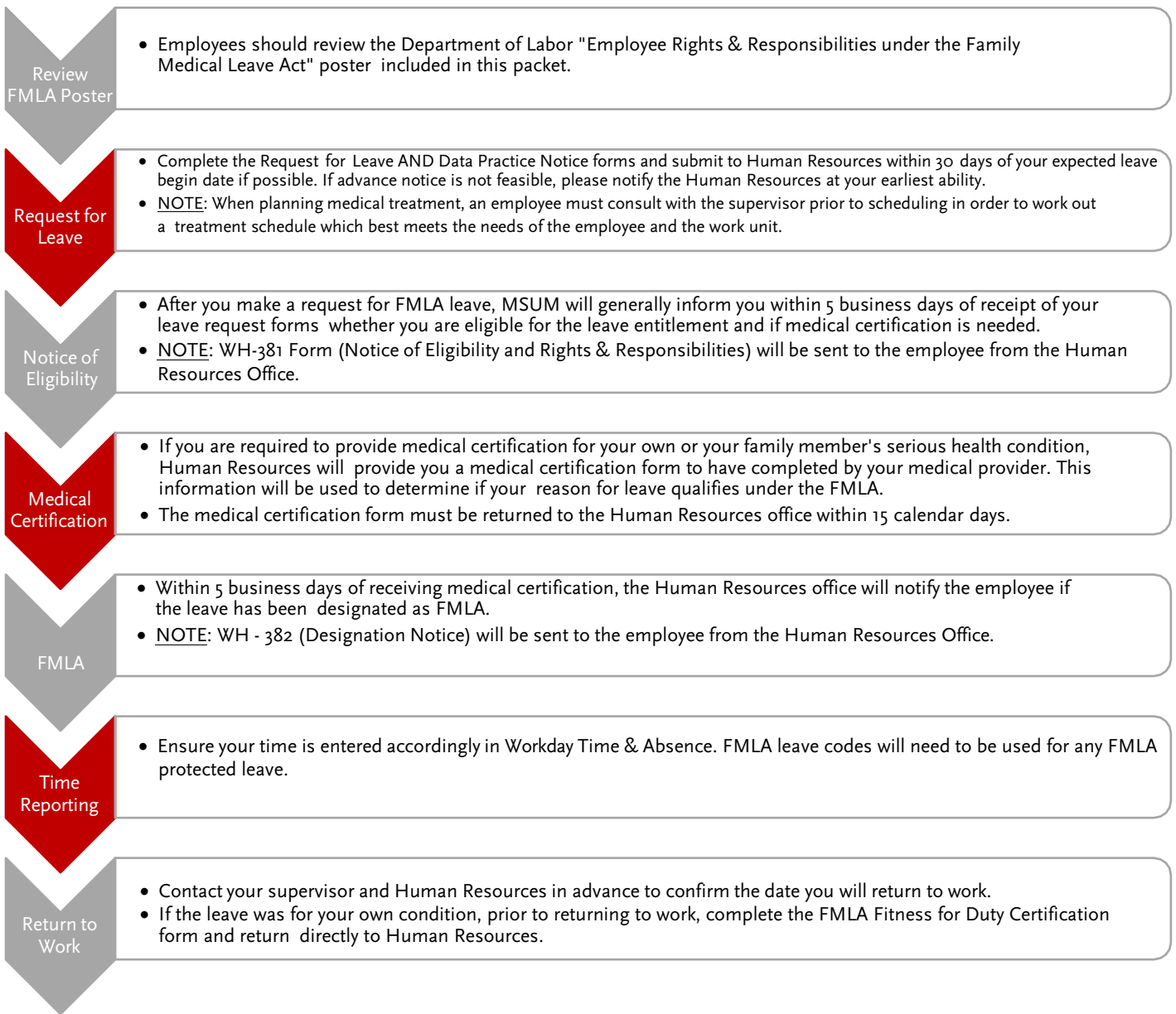


Other laws that apply to workers who may be on FMLA leave or who may be considered disabled include: [Title VII](#) which prohibits employment discrimination based on sex, pregnancy, or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission [EEOC]) and The [ADA](#) which prohibits employment discrimination based on disability (enforced by the EEOC).

MSUM ADA webpage: <https://www.mnstate.edu/human-resources/employee-resources/ada/>

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## Questions?

If you have questions regarding your employee rights or the information mentioned above, please contact the Office of Human Resources.

- Phone: 218-477-2157
- Email: [HR@mnstate.edu](mailto:HR@mnstate.edu)

Paid and Unpaid Leave Webpage: <https://www.mnstate.edu/human-resources/employee-resources/paid-unpaid-leave/>

# Your Employee Rights Under the Family and Medical Leave Act

## What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

## Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

## How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

## What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

## Where can I find more information?

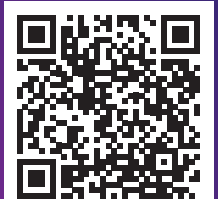
Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

SCAN ME





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PART I: EMPLOYEE INFORMATION		
Employee's Name	Position	Department
PART II: REASON FOR REQUEST (check most appropriate)		
<input type="checkbox"/> Personal Illness/Injury Reason:	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Care for Parent/Spouse/Child Reason:	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Military Exigency or Caregiver Leave	Requested Start Date:	Expected Return Date:
<input type="checkbox"/> Birth of Child	Expected Due Date:	
<input type="checkbox"/> Placement for Adoption/Foster Care	Date of Placement:	
PART III: FMLA SCHEDULE (check most appropriate)		
<input type="checkbox"/> For a continuous block of time (several continuous days, weeks or months off work)		
<input type="checkbox"/> For a reduced work schedule (change in work schedule needed – fewer hours per day or fewer hours per week) <i>For IFO: If you plan on taking the reduced workload option under the IFO bargaining agreement, please indicate anticipated credits and length of time for reduced workload (reduction of up to 4 credits allowed)</i>		
<input type="checkbox"/> For an intermittent basis (periodic time that is not usually expected to be the same days/times off from work; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments) <i>Please provide an outline of your anticipated leave needs and/or schedule for leave if available.</i>		
PART IV: EMPLOYEE SIGNATURE & ACKNOWLEDGEMENT		
<p>Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided). Determination of eligibility for leave under the FMLA and/or additional documentation may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. I certify that the statements made above are true and accurate and that my request is subject to the eligibility requirements established by the United States Department of Labor. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave. By signing below, you acknowledge receipt of the FMLA policies and procedures.</p> <p>Employee Signature: _____ Date: _____</p>		

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In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights as they pertain to the private information we collect from you. The information collected from you may be classified by law as either public (anyone can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee, some of the data your employer maintains about you is public and some of the data is private or confidential according to Minnesota Statutes, section 13.43. To read the statute in its entirety go to: <https://www.revisor.mn.gov/statutes/?id=13.43>.

The information we are requesting from you may be used for one or more of the following purposes:

- To determine your eligibility for a leave of absence;
- To assess the impact that any physical conditions you report or disclose may have on your ability to perform your job;
- To distinguish you from other employees and identify you in our personnel files;
- To determine your eligibility for employment;
- To contact you or other significant persons in an emergency;
- To compile Equal Opportunity and Affirmative Action reports.

Information which you are asked to provide generally is not required by statute. However, it may be to your benefit to provide it. Without the requested information, your employer may not be able to determine your eligibility for rights afforded by law or your collective bargaining agreement related to your request for leave from your job.

The information you provide may be shared with Minnesota State's payroll and human resources staff and any other Minnesota State employees who require the information to do their jobs. It may also be shared with employees of other State of Minnesota agencies whom Minnesota State may need to consult in response to your request for leave.

Information you provide may be shared with other agencies authorized by law to receive specific data relating to:

1. Civil/human rights complaints;
2. Workers' Compensation;
3. Unemployment Compensation;
4. Labor contracts (to the extent specified in Minn. Stat., chapter 179A)
5. Employee assistance programs.

Private or confidential information you disclose may also be released to anyone authorized by a court order.

If you have any questions about this notice, Human Resources staff will explain it to you. The information on this form applies to your present and all of your future communications with your employer related to your current request for leave (whether these communications be in person, by mail/email, or by phone) and to any and all information you or your designee supply to your employer related to your request for leave.

Employee: I have read and understand the above Tennessee Notice:

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Print Name

Employee Signature

Date