

provided for under FMLA.

If an FMLA leave is approved by the University Benefits Office, health insurance coverage will be continued by the employer for the period of approved leave under the same terms and conditions applicable to employees actively at work. If the request for unpaid leave is not approved as FMLA leave, health insurance and other benefit coverage may be discontinued when the leave begins, unless the employee and the employer make arrangements to continue coverage.

Employees represented by 99 and the State Nurses Association will continue for the term of the FMLA leave to receive health benefits at the same level with the same contractual conditions if they qualify for an FMLA leave.

Staff covered under the University's 3(r t)-8(MC) will continue to pay the premium cost of their health insurance (and other benefits), if they wish to continue such coverage during an approved FMLA leave period, if the employee fails to return from the leave.

To be completed by Employee:

Last Name _____ First Name _____ MI _____

SS# _____ Dept. _____ Tel# _____ Hrs worked/week _____

1) Reason for Leave (please check one box)

Birth of a child or placement of a child in foster care or adoption

Employee's own serious health condition

To care for a child, spouse or parent who has a serious health condition

A qualifying exigency that occurs because the employee's spouse, parent, daughter or parent who is serving in the National Guard or Reserves is serving on or has been called to active duty in the U.S. Armed Forces.

To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

2) Type of Leave (please check only ~~to~~)