



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Application for Family and Medical Leave (FML)

Instructions to Employee: As a TTUHSCEP employee, you are required to apply for FMLA coverage for Family Medical Leave Act (FMLA) requiring your absence from work for more than 3 days. A 30 day notice is required before taking leave under FMLA. If 30 days' notice is not possible, notice is to be provided as soon as practicable. Application for FMLA requires completion and submission of this form as well as the appropriate FMLA certification form/supporting documentation; however submission of the application is not a guarantee of FMLA eligibility. Refer to TTUHSCEP OP 70.32 for Family and Medical Leave certification forms and additional information. **Note: Failure to provide a complete application may result in the delay and/or denial of your request.**

EMPLOYEE INFORMATION		
Employee Name:	Employee R#	Department
Employee Mailing Address(Street/P.O. Box, City, State, Zip Code)		
Employee Telephone Number:	Employee Cell Number:	
Supervisor Name:	Supervisor Telephone Number:	
LEAVE INFORMATION		
Period of Leave Request: Beginning (Date)	Through (Date)	Last date of work prior to leave of absence (Date)
Reason for Leave Request (check one):		
FAMILY LEAVE:		
Birth of a child on _____ (Attach completed Certification of Health Care Provider, Attachment C or D as applicable)		
The placement of a child with me for adoption or foster care. (Provide name of child, age and date of placement in "Remarks" section)		
MEDICAL LEAVE: (You MUST meet one the conditions for a "serious health condition": refer to Attachment A page 2)		
My own serious health condition which does not permit the performance of my assigned job duties at TTUHSCEP. (Attach completed Certification of Health Care Provider, Attachment C)		
To care for my (circle one) spouse/child/parent (name) _____ who has a serious health condition. (Attach completed Certification of Health Care Provider, Attachment D)		
SERVICEMEMBER FAMILY AND MEDICAL LEAVE:		
Qualifying Exigency Leave (Attach completed Certification of Qualifying Exigency, Attachment E)		
Service Member Family Leave (Attach completed Certification of Serious Injury or Illness, Attachment F)		
Veteran for Military Caregiver Leave (Attach completed Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave Attachment G)		
Remarks:		
CERTIFICATION AND ACKNOWLEDGEMENT		
Is this a result of an on-the-job-injury?	Yes	No
My spouse	is	is not employed by the State of Texas or TTU/TTUHSC
Do you have Prior State service other than your employment with TTU/TTUHSC?	Yes	No
I certify that I intend to return to work at the end of this leave.		
Employee Signature:	Date:	
Supervisor Acknowledgement (signature required) :	Date:	

Upon Completion of this form, submit to ELPHRleaveadmin@ttuhsc.edu or Human Resources -Benefits

TTUHSCEP OP: 70.32, Family and Medical Leave (FML)

g. Qualifying reasons for FMLA Leave include:

- 1) the birth of a child and to care for or bond with the newborn child within one year of birth,
- 2) the placement with the employee of a child for adoption or foster care and to care for or bond with the newly placed child within one year of placement,
- 3) to care for the employee's spouse, son or daughter, or parent who has a serious health condition,
- 4) the serious health condition of the employee that makes the employee unable to perform any of the essential functions of his or her job,
- 5) a qualifying exigency arising out of the fact that the eligible employee's spouse, son, daughter, or parent is a military member called to or on covered active duty, and
- 6) to care for a service member with a serious injury or illness when the employee is the spouse, son, daughter, parent, or next of kin of the service member.

h. A **serious health condition** is an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider and for which the employee is unable to perform the essential functions of the job or the family member is unable to work, attend school, and perform other regular daily activities.

Unless qualifying complications arise, common ailments such as colds, flu, ear aches, upset stomach or minor ulcer flare-ups, headaches (other than migraine), routine dental, orthodontia or periodontal disease, cosmetic treatments, or plastic surgery do not qualify for FMLA Leave.

The most common serious health conditions that qualify for FMLA Leave include:

- 1) conditions requiring an overnight stay in a hospital, hospice, or residential medical care facility and any subsequent treatment provided in connection with such inpatient care.
- 2) conditions that incapacitate the employee or the employee's qualified family member for more than three consecutive, full calendar days and require ongoing medical treatment that includes in-person treatment by a health care provider in the first seven days of incapacity, and at least one more in-person treatment by a health care provider within 30 days or an ongoing regimen of continuing treatment under the supervision of the health care provider. The ongoing regimen of treatment includes, for example, a course of prescription medication or therapy requiring special equipment.
- 3) chronic conditions that cause occasional periods when the employee or qualified family member is incapacitated and require treatment at least twice a year by a health care provider or a nurse under the direct supervision of a health care provider. Examples of chronic conditions that may meet the FMLA definition of a serious health condition include asthma, diabetes, epilepsy, and migraine headaches.
- 4) permanent or long-term conditions for which treatment may not be effective but require continuing supervision by a health care provider.
- 5) any period of incapacity due to pregnancy or for prenatal care including absences occasioned by complications such as severe morning sickness or medically required bed rest qualify even though the employee or the covered family member does not receive treatment from a health care provider during the absence and if the absence does not last more than three consecutive full calendar days.
- 6) any period of absence to receive multiple treatments by a health care provider for restorative surgery after an accident or injury.
- 7) qualified treatment for substance abuse excluding any absences because of the employee's use of the substance. An employee may take FMLA Leave to care for a covered family member who is receiving treatment for substance abuse and the employer may not take action against the employee for such leave.