

YESHIVA UNIVERSITY

ALBERT EINSTEIN COLLEGE OF MEDICINE

BELFER EDUCATIONAL CENTER FOR HEALTH SCIENCES

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Applying for a FMLA Leave

In order for your absence to be covered under FMLA you must meet all of the eligibility requirements and (2) the reason for your leave must qualify under FMLA. (See the Employee Eligibility and Qualifying Reasons sections of this document for more information).

To apply for FMLA for a new 12-month period, complete the FMLA Leave Request Form indicating the qualifying reason for your leave request. You can also download the appropriate certification forms that will need to be submitted to determine whether your absence qualifies as FMLA leave and submit the certification along with your request form if you so choose. Otherwise, once we receive your request form, we will send you the appropriate certification that will need to be completed and returned to us in order for your leave to be (e)-6-10(y)20(ous)3(t me)6t f

3. If your leave request is to care for a child, spouse or parent who has serious health condition

If you are requesting a leave for a child, spouse or parent with a serious health condition, you will also receive the following form which must be completed and sent back to the Benefits Office before your leave can be approved and your rights under FMLA can be protected.

- x Certification of Health Care Provider for Family Member's Serious Health Condition which must be fully completed by the health care provider

4. If your leave request is for a "qualifying exigency" that occurs because your spouse, son, 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

If you are requesting a leave for a qualifying exigency that occurs because your spouse, son, 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 will also receive the following form which must be returned to the Benefits Office before your leave can be approved and your rights under FMLA can be protected.

- x Certification of Qualifying Exigency for Military Family Leave you must complete Section II of this form.

5. If your leave request is to care for your spouse, child, parent or next kin (nearest blood relative) who is also a covered service member of the U.S. Armed Forces with a serious injury or illness

If you are requesting a leave to care for your spouse, child, parent or next kin (nearest blood relative) who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces you will also receive the following form which must be returned to the Benefits Office before your leave can be approved and your rights under FMLA can be protected.

- x Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave. You must complete Section II of this form

You can download the FMLA Leave Request Form and all the appropriate certification forms by clicking on the following link www.yu.edu/hr/employeerights&policies

Regardless of the reason for your leave, if supporting documentation is sent to you for completion, once you have returned the information and certification that is requested, you will receive a Designation Notice which will indicate whether your leave has been approved or not.

Additional information and definitions

A "Serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either:

- Inpatient care (e., an overnight stay) in a hospital, hospice, or residential medical facility, including any period of incapacity (e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; or
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