Family and Medical Leave Act Overview (FMLA)

The following information regarding the Family and Medical Leave Act pertains to employees of the County Extension Council or District Governing Body, such as program assistants and office professionals. Extension Agents and other employees of Kansas State University should see the K-State Division of Human Resources web site at www.ksu.edu/hr/benefits/fmla.html.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act, Public Law 103-5, was enacted February 5, 1993. The act says employees are granted up to 12 work weeks of leave in a 12 month period for certain family and medical reasons. The employee is required to use all accrued paid leave toward the FMLA entitlement before being authorized leave without pay. Family members are limited to the employee, spouse, children and the employee's parents.

For additional information, see *Policies and Procedures for County Extension Councils and District Governing Bodies*.

When Eligible: Eligibility starts after 12 months of employment with the County Extension Council or District Governing Body and after the employee has worked at least 1250 hours in the 12 months immediately preceding the date FMLA leave begins.

Who Pays: The county/district pays the employee's salary if the employee is in paid leave status; otherwise, the employee is on leave without pay.

INSTRUCTIONS

FOR THE OFFICE PROFESSIONAL OR PROGRAM ASSISTANT:

Give the employer 30 days notice, or as much notice as feasible, if leave is to begin in less than 30 days. Use the following forms:

- *Employee Request Form*
- *Certification of Health Care Provider*
- *Notice to Employees Requesting Leave Under The FMLA*

FOR THE COUNTY/DISTRICT DIRECTOR:

Complete the following steps, even if the employee has ample leave to cover their anticipated absence:

- Use the *Employer Checklist* to determine the employee's eligibility and to be certain that all steps are completed.
- Provide the following to the employee (unless the employee has already completed):
  - *Sample Letter regarding FMLA*
  - *Employee Request Form*
  - *Certification of Health Care Provider*
  - *Notice to Employees Requesting Leave Under the Family and Medical Leave Act of 1993*
  - *FMLA Notice of Designation of FMLA leave*
- File all Documentation regarding FMLA in a file separate from the employee's personnel file.

FORMS AND LETTERS:

Policies and Procedures for County Extension Councils and District Governing Bodies (FMLA 1-2)
FMLA Employee Request Form (FMLA 1-3)
FMLA Certification of Health Care Provider (FMLA 1-4)
FMLA Notice to Employees Requesting Leave Under The FMLA (FMLA 1-5)
FMLA Employer Checklist (FMLA 1-6)
Sample Letter Regarding The FMLA (FMLA 1-7)
FMLA Notice of Designation of FMLA Leave (FMLA 1-8)

For additional information contact the Area Extension Director, or the Extension Operations Office at 785 532-5790.