

PROVISIONAL DESIGNATION NOTICE – MEDICAL LEAVE OF ABSENCE
COMPLETE THIS FORM AS SOON AS THE NEED FOR LEAVE* IS KNOWN
SEND THIS FORM TOLoadm@uc.edu

Department Instructions: You are required to determine if an employee’s absence could be for an FMLA qualifying event. Please note the FMLA regulation’s definition of qualified family member (spouse, parent, son or daughter under 18 years of age or 18 or over and incapable of self-care) is more limited than UC policies and collective bargaining agreements regarding use of sick time for family members.

You are required to determine if an employee is eligible for FMLA time. See Section B below. Upon notice (e.g., birth of a child, hospitalization or an absence exceeding three consecutive calendar days) or request of a medically-related absence, the university must give an employee written notice that his/her time off will/will not be designated as FMLA. If the employee is not eligible for FMLA, you are required to send the employee a DOL WH-382 notice within five (5) business days of request or notice. If the employee is eligible for FMLA, you are required to send the employee the Certification of Health Care Provider (CHCP) form or form WH-385 for Military Family Leave, the Employees Rights and Responsibilities Notice and a cover letter. The employee should be instructed to return the completed CHCP to University of Cincinnati Human Resources Department. FMLA forms, notices and letters are available at www.uc.edu/hr (search for Leaves of Absence).

Upon certification of the CHCP by UC HR, you will receive an email confirming the beginning date of the absence and the employee’s expected return date. You are required to submit a Leave of Absence PCR for any absence of *fifteen (15) consecutive calendar days or more. You should use the dates in the UC HR email when submitting the PCR. You are also responsible for time entry. Time must be reported using the appropriate pay codes. F M L A t i m e m u s t b e r e p o r t e d . U C t i m e and FMLA entry is critical for accurate pay and recordkeeping purposes.

Section A – Employee Information	
Employee Name:	M#
Contact Name and Department/College:	EE Home Phone or personal email address, if known:
Last Day Worked:	Expected Return Date, if known:

Section B - FMLA Eligibility Determination – check appropriate boxes to confirm FMLA eligibility		
Employee has worked 12 cumulative months for the University of Cincinnati in the past 7 years (student worker service included).	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Employee has worked 1250 hours in the previous 12-month period (excluding vacation, sick, holiday or comp time). These are only hours actually worked, including overtime hours worked.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Employee has not used 12 work weeks of FMLA time in the 12 month period immediately preceding the first day of this event.	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Employee eligible for FMLA, if 'Yes' to all of the above.	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Section C - Leave Reason – indicate reason for absence	
<input type="checkbox"/> Employee Medical (including childbirth)	<input type="checkbox"/> ... Family Medical
<input type="checkbox"/> Work-related injury	<input type="checkbox"/> ... Military Family Leave***
<input type="checkbox"/> Occupational Injury Leave (OIL) (FOP only)	

*** Requires completion of Form WH 385

Comments: