

**JUDICIARY FOR THE STATE OF MARYLAND
REQUEST FOR FAMILY / MEDICAL LEAVE**

TO BE COMPLETED BY EMPLOYEE

1.	Name: _____ Home address: _____ _____ Home phone number: _____ Social Security Number: _____	2.	Title: _____ Department: _____ Jurisdiction: _____ Work phone number: _____
3.	Entry on Duty Date: _____	4.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (hours per week _____)
5.	Reason for requesting leave: (a) <input type="checkbox"/> Birth of employee's son or daughter and in order to care for such child (b) <input type="checkbox"/> Placement of son or daughter with employee for adoption or foster care (c) <input type="checkbox"/> Care of spouse, child*, or parent ("covered relation") with a serious health condition. (*Son or daughter who is either under age 18, or age 18 or older and incapable of self-care because of mental or physical disability. Physical or mental disability means a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Regulations at 29 CFR 1630.2(h), (i), and (j), issued by the Equal Employment Opportunity Commission under the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., quoted on page two, define these terms.) (d) <input type="checkbox"/> My own serious health condition which makes me unable to perform the functions of my position		
6.	If 5(c) is checked, please indicate: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal dependent <input type="checkbox"/> Child (DOB: _____) State name and address of relation: _____ _____		
7.	Date on which you wish to commence leave:	8.	Date of anticipated return to work:
9a.	Are you requesting leave on an intermittent or reduced leave schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9b.	If "yes," please give schedule of when you anticipate you will be unavailable for work: _____ _____		

EMPLOYEE AGREEMENT

Employees seeking leave because of reason "5(c)" or "5(d)" above must complete the attached Medical Certification Form (JHR012) and return it within 15 days, or as soon as practicable. I understand that my leave may be delayed until I provide the completed Medical Certification Form.

The 12-month period during which the 12 weeks FMLA leave may be taken will be counted as a "**rolling**" 12-month period for all employees who use FMLA.

Employees seeking to return to work after a leave of three or more days because of their own serious illness (reason "5(d)"), also must complete the attached Return to Work Medical Certification Form before they are allowed to resume work. I understand that I may not be permitted to resume my position with the Judiciary for the State of Maryland until I provide the completed Return to Work Medical Certification Form.

I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse the Judiciary for the State of Maryland for the cost of health benefits provided by the Judiciary during my leave, unless I fail to return to work because of the continuation, recurrence or onset of a serious health condition or because of other circumstances beyond my control. If I am unable to return to work because of a serious health condition, I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired, or that I am needed to care for a covered relation because he/she has a serious health condition on the date my leave expired. I understand that while on FMLA leave, I am required to furnish my Administrative Official with periodic reports, **at least once per pay period**, of my status and intent to return to work (see §825.309 of the FMLA regulations).

(h) Physical or mental impairment means:

(1) Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(i) Major Life Activities means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

(j) Substantially limits--(1) The term substantially limits means:

(i) Unable to perform a major life activity that the average person in the general population can perform; or

(ii) Significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.

(2) The following factors should be considered in determining whether an individual is substantially limited in a major life activity:

(i) The nature and severity of the impairment;

(ii) The duration or expected duration of the impairment; and

(iii) The permanent or long term impact, or the expected permanent or long term impact of or resulting from the impairment.

Regulation 825.302(a)	An employee must provide the employer at least 30 days advance notice before FMLA leave is to begin if the need for leave is foreseeable based on the expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member. If 30 days notice is not practicable, such as because of a lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, notice must be given as soon as practicable.
Regulation 825.302(b)	As soon as practicable ... ordinarily would mean at least verbal notification to the employer within one or two business days of when the need for leave becomes known to the employee.
Regulation 825.302(c)	An employee shall provide at least verbal notice sufficient to make the employer aware that the employee needs FMLA-qualifying leave, and the anticipated timing and duration of leave ...
Regulation 825.302(e)	When planning medical treatment, the employee must consult with the employer and make a reasonable effort to schedule the leave so as not to disrupt unduly the employer's operations, subject to the approval of the health care provider. Employees are ordinarily expected to consult with their employers prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of both the employer and the employee. If an employee who provides notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglects to consult with the employer to make a reasonable attempt to arrange the schedule of treatments so as not to unduly disrupt the employer's operations, the employer may initiate discussions with the employee and require the employee to attempt to make such arrangements, subject to the approval of the health care provider.
Regulation 825.302(f)	In the case of intermittent leave or leave on a reduced leave schedule which is medically necessary, an employee shall advise the employer, upon request, of the reasons why the intermittent/reduced leave schedule is necessary and of the schedule for treatment, if applicable. The employee and employer shall attempt to work out a schedule that meets the employee's needs without unduly disrupting the employer's operations, subject to the approval of the health care provider.

EMPLOYEE TO COMPLETE THIS SECTION

To be completed by the employee needing family leave to care for a family member

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

(Employee signature)

(Date)