



State of Alaska

Application for Family Medical Leave (FMLA/AFLA)

Conditional Family Leave Notification

Employee Information

Employee Name: _____ Employee ID: _____

Department: _____ Division: _____

Work Location: _____ Work Phone: _____

Supervisor Name: _____ Supervisor Phone: _____

Home Address: _____

Cell/Preferred Phone: _____ Personal Email: _____

List any relative working for the State and the relationship to the employee:

Name	Relationship

Leave Start Date: _____ Leave End Date: _____

Type of Leave Requested (Choose One):

Continuous Leave ☐

Intermittent Leave or Reduced Work Schedule ☐

Estimated duration of Intermittent or Reduced Work Schedule:

Number of hours needed per absence: _____ AND/OR

Number of days needed per absence: _____

Reason for Leave (Check One)

☐ Your own serious health condition that makes you unable to perform the essential functions of your job.

☐ Your family members serious health condition, for which you need to provide them care.

Spouse ☐ Child ☐ Parent ☐

☐ Maternity leave for the birth of a child. (Estimated due date: _____)

☐ Parental leave after a child's birth or for a child's placement with you for adoption or foster care.

- ☐ A qualifying exigency arising from your family member being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces.
- ☐ To care for a covered servicemember for whom you are related. *Spouse* ☐ *Child* ☐ *Parent* ☐ *Next of Kin* ☐

Leave Options (Select Below)

- Consult the collective bargaining agreement that applies to your position, if applicable.
- Personal and/or sick leave must be exhausted before an unpaid medical leave of absence for your own personal illness, unless you specify in writing that you would like to retain a leave balance.
 - Retaining Leave Hours: Some bargaining unit agreements/statutory provisions may allow you to elect to retain up to five (5) days of leave in your personal/annual leave account for use upon your return. You will need to notify Absence Management if you are interested in this option.
- **If no preference is stated, all available leave will be used to cover your absences.**

Personal Leave Option: Use All ☐ Retain Leave ☐ Enter amount to retain: _____

Employee Acknowledgment

- I understand that if approved, my leave may count towards my leave entitlements under the federal Family and Medical Leave Act, Alaska Family Leave Act, departmental policies, and any applicable collective bargaining agreement.
- I certify that my leave balance should be used as stated above, where authorized, and I understand that my leave selections will be processed in accordance with my preferences stated above and in line with policies and procedures.
- I understand that it is my responsibility to accurately report family leave and follow all policies and procedures related to family leave and the reporting of absences.
- I understand that a fitness for duty report may be necessary prior to returning to work.
- I understand that I am conditionally invoking family leave and I need to submit the Certification of Health Care Provider within 15 days.

Employee Signature: _____ Date: _____

Supervisor Acknowledgement

****This section is only needed if the supervisor is submitting the form on behalf of the employee**

- I am emailing this form to the employee and Absence Management (soa.absence.management@alaska.gov). In doing so, I am providing the employee with notice of their rights and responsibilities regarding the Family Medical Leave and conditionally invoking family medical leave.
- I understand that the employee is responsible for completing this form, the Certification of Health Care Provider (CHCP), and sending all completed forms to Absence Management.
- I understand that all medical information related to an employee is confidential between the employee and the Department of Personnel and Labor Relations representatives.

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

Application Instructions

If you will be off work for three days or more, you must complete and send this application to the Absence Management Unit. Please indicate the type of leave you are requesting, dates of leave, and any personal hours to be retained (in accordance with your collective bargaining agreement).

Employee Responsibilities:

- Timing of the Notice
 - Leave that is Foreseeable
 - In general, you must provide at least 30 days advance notice of the need to take FMLA leave when you know about the need for leave in advance and it is possible and practical to do so.
 - In the event you do not have a reasonable excuse for not providing at least 30 days advance notice, your FMLA leave may be delayed until 30 days after the date notice is provided.
 - For planned medical treatments, you must consult with your Department to schedule the appointment at a time that minimizes disruption to the Department.
 - Leave that is Unforeseeable
 - When the need for leave is unexpected, you must provide notice to the Department as soon as possible and practical.
 - If you do not give timely notice of unforeseeable leave and do not have a reasonable excuse, the Department may delay or deny the FMLA leave.
- You must follow your agency's leave notification requirements, including established call-in procedures.
- If you take leave for the covered condition(s), notification must be given to the supervisor and "family leave" must be noted on the leave slip.
- You must notify your supervisor of your expected return to work date.
- In the case of an extended absence, it is expected that the employee will provide regular updates regarding the expected return to work date to their supervisor.
- All leave designated as family leave will count against the employee's family leave entitlements.
- You may be required to provide a return to work note from your provider. If this is required, the note should state either you are released to full or partial duty and if there are any work restrictions.
- When a fitness for duty report is required, it must be provided as requested prior to the employee returning to work.
- With rare exception, an employee who does not return to work for at least 30 days will be required to reimburse the State of Alaska's portion of the health insurance premiums for the period the employee was on family leave.
- You will be responsible for payment arrangement on any other payroll deductions that remain active while on paid leave.

Family and Medical Leave Act (FMLA) / Alaska Family Leave Act (AFLA)

FMLA eligible employees have worked for a covered employer at least one year and for at least 1,250 hours over the previous 12 months. Under the FMLA, eligible employees have up to 12 weeks of leave in a 12-month period for:

- Your own serious health condition.
- Your spouse's, child's, parent's serious health condition for which you are needed to provide care.
- The birth of a child or the placement of a child with you for adoption or foster care.
- A qualifying exigency arising from your spouse, child or parent being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces.
- To care for a covered service member who is your spouse, child, parent or next of kin.

AFLA eligible employees have been employed at least 6 consecutive months and worked at least 35 hours a week. Alternately, an AFLA eligible employee may have worked at least 17.5 hours per week for the preceding 12 months. Under AFLA, eligible employees have up to 18 weeks of leave in a 12 or 24 month period for:

- Your own serious health condition.
- Your spouse's, child's, parent's serious health condition for which you are needed to provide care.
- The birth of a child or the placement of a child with you for adoption or foster care.
- A qualifying exigency arising from your spouse, child or parent being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces.
- To care for a covered service member who is your spouse, child, parent or next of kin.

You may also be eligible for up to 26 weeks of leave in a 12-month period for qualifying care for a covered service member, although any other FMLA leave during that period will count toward the 26-week entitlement.

Your health benefits are maintained during FMLA, although you are required to pay your portion of the premium. You must be reinstated to the same or an equivalent job with the same pay, benefits, and conditions of employment on your timely return from leave.

Clarification and notice of your FMLA rights and responsibilities will be sent to you separately. If you are not eligible for FMLA or AFLA, you may have other leave options available under your collective bargaining agreement and at the discretion of your supervisor.

Absence Management Unit Contact Information

Email: soa.absence.management@alaska.gov

Voicemail: 907-269-7951

Fax Number: 907-465-1218

Mailing Address: PO Box 110201, Juneau, AK 99811