



Family and Medical Leave Quick Reference Guide for Employees

The Federal Family and Medical Leave Act (FMLA) and the Wisconsin Family and Medical Leave Act (WFMLA) provide you with the right to take job-protected leave with continued medical benefits when you need time off from work to care for yourself or a family member who is seriously ill, to care for a newborn or newly adopted child, or to attend to the affairs of a family member who is called to active duty in the military. Family Medical Leave is calculated and granted per calendar year (January 1 – December 31).

Refer to the eligibility section to determine if you might qualify for Family Medical Leave (FML). Eligibility for W/FMLA is separate, meaning you may be eligible for one and not the other. If you think you might be eligible for either W/FMLA or have questions, contact Human Resources.

Eligibility	
Work Eligibility	
WFMLA	Worked for the State for at least: <ul style="list-style-type: none"> • 52 consecutive weeks and • 1,000 hours during the preceding 52-week period <ul style="list-style-type: none"> ○ Paid leave used counts towards the 1,000 worked
FMLA	Worked for the State for at least: <ul style="list-style-type: none"> • 12 months (months do not need to be consecutive) and • 1,250 hours during the preceding 12-month period <ul style="list-style-type: none"> ○ Only actual hours worked count towards the 1,250 hours
Eligibility for WFMLA and FMLA is determined by considering all hours worked up to your first day of leave.	
Reasons	
Serious Health Condition for self or a family member (<i>family member defined below</i>)	WFMLA Means a disabling physical or mental illness, injury, impairment or condition involving inpatient care in a hospital, nursing home or hospice, or out-patient care that requires continuing treatment or supervision by a health care provider.
	FMLA (includes one or more of the following) <ul style="list-style-type: none"> • Conditions requiring an overnight stay in a hospital or other medical care facility • Conditions that incapacitate you or your family member (for example, unable to work or attend school) for more than three consecutive days and require ongoing medical treatment (either multiple appointments with a health care provider, or a single appointment and follow-up care such as prescription medication) • Chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year • Pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest)
Military Family Leave	FMLA provides certain military family leave entitlements. You may take FMLA leave for specified reasons related to certain military deployments. Additionally, you may take up to 26 weeks of FMLA leave in a single 12-month period to care for a covered service member with a serious injury or illness. For specific details and military leave family member definitions: https://www.dol.gov/whd/regs/compliance/whdfs28ma.pdf
Expanding Your Family	Leave for the birth of a child and for an employee who becomes a parent to bond with the newborn child, or for the placement of a child for adoption or foster care and to bond with that child. Bonding leave must be taken within one year of the child's birth.
Family Member Definitions for Care of Family Member with a Serious Medical Condition	
WFMLA	<ul style="list-style-type: none"> • Spouse or domestic partner • Biological, adoptive, or foster parent • Employee's in-laws • Step-parent or legal guardian of the employee or the employee's spouse • Child: Biological, adopted, or foster child, stepchild, legal ward, under the age of 18 years or an adult child unable to care for self because of a serious health condition

FMLA	<ul style="list-style-type: none"> • Parent: biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a child. This term <u>does not</u> include parents-in-law. • Child: biological, adopted, or foster child, stepchild, legal ward, or child of a person standing <i>in loco parentis</i> to the child, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” at the time that FMLA leave is to commence. • Spouse: husband or wife as defined or recognized in the state where the individual was married and includes individuals in a common law marriage or same-sex marriage. <p><i>In loco parentis</i> means that you consider yourself to have a parental relationship to a child but you do not have a legal or biological relationship to the child.</p>
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Types of Leave	
Continuous	All the days of a leave are for one purpose are taken consecutively or all at once.
Intermittent	Leave taken in separate blocks of time due to a single qualifying reason.

Leave Entitlement	
FMLA and WFMLA leave run concurrently for eligible reasons. Therefore, leave available under the various provisions is exhausted simultaneously.	
WFMLA	<p>Eligible employees are entitled to:</p> <ul style="list-style-type: none"> • Up to six weeks in a calendar for the birth or adoption of a child, to begin within 16 weeks of the birth or placement of that child (no more than one 6-week period per child). • Up to two weeks in a calendar year to care for a child, spouse, domestic partner, or parent (including parents of your spouse or domestic partner) with a serious health condition. • Up to two weeks in a calendar year for your own serious health condition.
FMLA	<p>Eligible employees are entitled to:</p> <ul style="list-style-type: none"> • Up to twelve weeks of leave in a calendar year for: <ul style="list-style-type: none"> ○ the birth of a child and to care for the newborn child within one year of birth; ○ the placement of a child for adoption or foster care with the employee and to care for the newly placed child within one year of placement ; ○ to care for the employee’s spouse, child, or parent who has a serious health condition; ○ a serious health condition that makes the employee unable to perform the essential functions of his or her job; ○ any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter or parent is a member of the active or reserve component of the Armed Forces and is on covered active duty or has been notified of a call to active duty in a foreign country or international waters; or • Up to twenty-six weeks of leave during a single 12-month period to care for a current military service member or eligible veteran* with a serious injury or illness if the employee is the service member’s or veteran’s spouse, son, daughter, parent, or next of kin (military caregiver leave). <ul style="list-style-type: none"> ○ Leave provisions to care for an injured or ill military service member are based on a rolling 12-month schedule. ○ In order to be eligible to take a FMLA-covered leave to care for a veteran, the veteran must have been honorably discharged within the 5-year period before the family member first takes military caregiver leave.

Employee Rights and Responsibilities

Rights

- FML is unpaid leave. You may take sick, vacation, other allotted leave (in accordance with leave policies), or income continuation (if you elected that benefit)
 - *Reminder from sick leave policy:* If you miss work due to illness for 5 or more consecutive days, you must provide written physician certification (does not apply if on approved FMLA leave).
- Maintain your health benefits
 - You continue to pay any employee required premium in a timely manner to maintain benefits
- Return to your job at the end of your FML

Responsibilities

- Provide as much advance notice of the need to take FML when the leave is foreseeable
- Provide medical certification for a serious medical condition for self or a family member
- Provide request/certification forms in a timely manner so that HR may review for FML eligibility
- Provide updates to Human Resources and your supervisor if expected leave date(s) change
- Provide re-certification of condition if requested
- If approved for FML:
 - Provide your supervisor and HR updates on return-to-work status (determined by the details of the leave)
 - Inform your supervisor and HR if/when leave is for a reason for which FML is certified (intermittent leave)
 - Enter paid leave time on your timesheet
 - If you need guidance, contact your [Payroll Specialist](#)
 - Coordinate appointments outside of working hours as possible or coordinate with your supervisor to determine appointment times that work for both the employee and the department (After returning from continuous leave or if approved for intermittent leave)

When UW-Stevens Point has sufficient information to determine whether an absence is W/FMLA protected, we must notify you whether the leave is designated as FMLA leave and, if possible, how much leave will be counted against your W/FMLA entitlement.

More Information

To learn more, apply for FML, or ask questions, contact Human Resources at 715-346-2606 or hr@uwsp.edu.

For additional resources related to birth, bonding, nursing, and/or adoption see [Pregnancy Parental Leave and Nursing-Breastfeeding Resource for UWSP Employees \(and Students\)](#).