Oklahoma Department of Corrections Family and Medical Leave Request Form (Side 1) Employer's Notice to Employee (Side 2)

To Be Comple	eted By the Employ	/ee:				
Name of Employee (PRINT)		State Employee	ID#	Facility/Unit		
				0-15-45, the Family and Medical Leavereason: (check $$ one)		
	a serious health condition (medical certification is required and attached unless waived by the facility/un head)					
	to care for my spouse, son, daughter, or parent (name and relationship provided below)with a seriou health condition (medical certification is required and attached unless waived by the facility/unit head) Name: Relationship: Describe the care you will provide:					
	the placement of a son or daughter for adoption or foster care with me (legal documentation is required and attached unless waived by the facility/unit head)					
	the birth of my son or daughter, and to provide care for the newborn child					
the order in w changing leave sick ann Anticipated/Ac	rhich you plan to use programs): ual	se. Contact your HRM / ☐ leave without pay gins:	S if you do no ☐donated le: _ Ends:	leave absence: (number the options in the prior to the wish to exhaust any balance prior to the average (if approved and balance available)		
		ve or a reduced work s	chedule?]Yes □ No		
☐Yes ☐No (including any p	The above reference of military leave ted the 12 week limit) a minimum of 1,250 ho	urs in the 12 mo	Date Date Dyment with the State for 12 months; worke onths preceding the date leave commences e leave commences; has leave balances to		
HRMS Signature				Date		
		isor: roved through	Der	nied (check reason(s):		
documentation	on not submitted or do	es not support FMLA use				
intermittent o	or reduced schedule fo	r birth or placement of a c	hild will interfere	with the operations of the facility/unit		
Medical certifica	tion has been waived:	☐ Yes ☐	No			
Supervisor Sig	nature			Date		

Distribution: Employee Personnel File and copy to Employee

Employer's Notice To Employee

- 1. All leave designated as family and medical leave will be counted towards your 12 week entitlement.
- 2. Family and medical leave may be either paid or unpaid leave and you may elect to use accrued sick leave, annual leave, compensatory time (exempt employees only), or donated leave in lieu of unpaid leave. Your failure to specify that a leave request is for family and medical leave does not prevent the department from designating leave as family and medical leave when appropriate.
- 3. If medical certification is required or requested, failure to submit complete medical certification may result in delay or denial of leave.

Additional medical certification will be required not more often than every 30 days or when you request an extension of intermittent leave or leave that was originally approved for more than 30 days. The department may also require recertification if the circumstances described in your current statement change significantly or we receive information that casts doubt on your stated reason for absence.

4. While on any unpaid absence designated as family and medical leave, you are responsible for making premium payments for any insurance for yourself or dependents not covered by the benefit allowance(s). Failure to remit such payments may result in a cancellation of that insurance coverage. If any insurance coverage is cancelled due to your failure to make premium payments, the department will cease making any payments towards that coverage.

Checks or money orders must be made payable to the Employee Benefits Department and are due no later than the 10th day of each month at the following address:

Department of Corrections/Benefits Manager 3400 Martin Luther King Avenue P.O. Box 11400 Oklahoma City, Oklahoma 73136-0400

The department's Benefits Manager will be sending you information about any premium payments for which you are responsible. This information is also available on your Confirmation of Benefits Statement which lists all insurance in which you and your dependents are enrolled, the premiums, the amounts applied from your benefit allowance(s) and the balance.

- 5. If you fail to return to work following an unpaid absence during which time the department paid insurance premiums on behalf of yourself or your dependents, you will be liable for reimbursing the department for the premiums that were paid.
- 6. You may be required to provide the department with certification that you are fit for duty prior to returning to work for any absence that was taken for your own serious illness. This requirement will not apply to when leave is taken on an intermittent basis.

(R 10/20)

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