



Leave Process Summary
Family and Medical Leave Act
(FMLA)

The Family and Medical Leave Act (“FMLA”) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. (Source – Department of Labor website)

1. An employee requesting FMLA leave must submit the FMLA Leave Request Form to the FMLA Coordinator in the Human Resources Department. The FMLA Leave Request Form may be found online at EmployeeNet, or by requesting this from your department’s HR liaison, or from the Human Resources Department. If the employee is incapacitated or physically incapable of completing the FMLA Leave Request Form, an immediate family member of the employee may complete the form on the employee’s behalf.
2. After the FMLA Leave Request Form has been received by Human Resources, the FMLA Coordinator will provide the employee with the FMLA forms. The forms below must be completed by the employee and the health care provider (when applicable) and then returned to the FMLA Coordinator:
 - a. GINA Disclaimer for FMLA Leave
 - b. FMLA Notice of Eligibility, Rights and Responsibilities
 - c. FMLA Medical Certification
 - d. FMLA Fitness for Duty Certification
3. Upon receipt of the completed 1) GINA Disclaimer for FMLA Leave, 2) FMLA Notice of Eligibility, Rights and Responsibilities, and 3) FMLA Medical Certification, the FMLA Coordinator, within 5 business days, will respond in writing to the employee and to the employee’s supervisor via the FMLA Designation Notice regarding the approval or denial of the employee’s FMLA leave request.
4. If the employee is on approved FMLA leave due to their own serious health condition, the employee will be required to submit a completed FMLA Fitness for Duty Certification to the employee’s supervisor and/or Human Resources prior to the employee returning to work.

For additional FMLA information, please contact:

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