

UNIVERSITY OF FLORIDA EXTENDED LEAVE OF ABSENCE POLICY

TYPE OF LEAVE	ENTITLED TO UP TO 12 WORKWEEKS UNDER FMLA?	UF EXTENDED LEAVE POLICY PENDING SUPERVISORY APPROVAL	ABLE TO USE AVAILABLE PAID LEAVE?¹	LEAVE DOCUMENTATION
Parental	Yes	Up to six months shall be granted upon request No extension past 6 months	Yes, employee decides if paid leave is to be used completely, intermittently, or complete LWOP Department approval required for reduced work schedule	Extended Leave of Absence Form FMLA Designation notice Department <u>may</u> require Certification of Health Care Provider for Employee's Serious Health Condition Intermittent Leave Application Form (for department use only)
Foster Care	Yes	Not eligible for additional leave beyond FMLA requirement	Yes, employee decides if paid leave is to be used completely, intermittently, or complete LWOP	Extended Leave of Absence Form FMLA Designation notice Official documentation of the foster care relationship
Medical-Self	Yes	Up to six months may be granted upon request May be extended to 1 year for extenuating circumstances	Yes, employee decides if paid leave is to be used completely, intermittently, or complete LWOP	Extended Leave of Absence Form FMLA Designation notice Certification of Health Care Provider for Employee's Serious Health Condition
Medical-Family (Parent, Child, Spouse- including step-parent, step-child and legal guardianship of child)	Yes	Up to six months may be granted upon request May be extended to 1 year for extenuating circumstances	Yes, employee decides if paid leave is to be used completely, intermittently, or complete LWOP	Extended Leave of Absence Form FMLA Designation notice Certification of Health Care Provider for Family Member's Serious Health Condition
Medical-Family (UF broader definition) ²	No	Up to six months may be granted upon request May be extended to 1 year for extenuating circumstances	Yes, with departmental approval	Extended Leave of Absence Form FMLA Designation notice Certification of Health Care Provider for Family Member's Serious Health Condition
Military	No	Shall be granted to leave-accruing employee upon request so long as employee is not on temporary appointment	Contact Leave Administration 392-2477 for all military leaves	Extended Leave of Absence Form Copy of official orders
Military-Family (Exigency)	Yes	Up to 12 weeks shall be granted upon request	Contact Leave Administration 392-2477 for all military leaves	Certification of Qualifying Exigency for Military Family Leave
Military-Family	FMLA grants up to 26 weeks	Up to 26 weeks shall be granted upon request to care for a covered service member during a single 12-month period	Contact Leave Administration 392-2477 for all military leaves	Certification for Serious Injury of Illness of Covered Servicemember
Personal	No	Not FMLA-qualifying May be extended with approval of appropriate VP	No – only complete LWOP permitted	Extended Leave of Absence Form

A total entitlement (not per event) of 12 workweeks in a 12-month period (fiscal year) is provided to eligible employees by the FMLA

¹In order for OPS employees to be eligible for FMLA leave, they must have been employed by the university at least 12 months (these need not have been consecutive) and have worked a minimum of 1250 hours during the 12 months immediately preceding the beginning of the leave. OPS employees who do not have access to paid leave must use leave without pay in all circumstances.

² brother, sister, domestic partner, grandparent, great-grandparent, grandchild, great-grandchild of the employee or the employee's spouse or domestic partner