

# Family and Medical Leave INSTRUCTION SHEET

FMLA CALL CENTER PHONE NUMBER  
**[810] 342-4993**

## QUALIFICATIONS:

1. Must have been employed by McLaren Flint or one of its affiliates for a total of at least 12 months.
2. Must have at least 1250 hours worked within the previous 12 months immediately preceding the requested leave period.
3. Have not used 12 weeks of FMLA during the past 12 months immediately preceding the requested leave period.

## INSTRUCTIONS:

- Read the Leave of Absence Policy for information about FMLA time off. There is a copy in the Human Resources Policy & Procedure Manual (HRPPM), it can be found in your department, with each Manager, in the Medical Library, in Human Resources, and on the McLaren Health Care (MHC) Intranet.
- Contact the FMLA Call Center at [810] 342-4993 to notify McLaren Flint of your need for FMLA consideration within 2 days of the first absence if your leave is not foreseeable. Thirty days notice must be given for leaves which are foreseeable. Notice to the FMLA Call Center is the only accepted notification of a need for FMLA consideration. NOTE: The FMLA Call Center is only for reporting the need for FMLA leave. Information is not forwarded to your department. If you are absent from work, you must also contact your department to report your absence according to your department's reporting procedure.
- Once you have contacted the Call Center with complete information, the necessary forms will be mailed to your home address.
- Health Certification Forms **MUST** be completed by the health care provider and may expire after 30 days unless it involves one continuous leave such as pregnancy, surgery, etc.
- Intermittent Leave-If you already have a Health Certification Form on file within the last thirty days and your leave will be intermittent, you must contact the FMLA Call Center within 2 days of any absence you wish to be considered.
- Only originals of the FMLA Leave Request Form and the Health Certification form will be accepted, no copies. Health Certification Forms may be faxed **from the health care provider's office directly** to [810] 342-4993 with follow up of the original.
- When necessary paperwork has been returned to Human Resources you will be mailed a copy of the FMLA Leave Request Form with a determination. A copy will also be sent to your supervisor to inform him/her of the determination of the request.

If your time off extends beyond the approved return date of the original request, you must inform your manager of the need for an extension and contact the FMLA Call Center **prior to the end date of your leave.**

