

RE-EVALUATION OF FMLA STATUS

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



**HUMAN
RESOURCES**
OUR SERVICES - YOUR FUTURE

EMPLOYEE NAME (Last, First Middle)	UIN	FISCAL YEAR
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Texas A&M University-Corpus Christi is required to comply with federal regulations regarding the Family Medical Leave Act (FMLA). FMLA requests must be re-evaluate each fiscal year. This form serves as acknowledgment of obligations for employees as it relates to seeking FMLA coverage.

INSTRUCTIONS

Read and complete the entire form below. Sign, date, and return all related required documentation to HR Specialist Jennifer Escamilla at Jennifer.Escamilla@tamucc.edu. Failure to provide all required forms may result in loss of FMLA coverage for the fiscal year.

SECTION ONE: REASON FOR FMLA

Check all that apply.

- For the Birth of a child and to care for a newborn child of the employee or spouse.
- Placement with the employee of a child through adoption or foster care of a child.
- To care for the employee's spouse, dependent child, or parent of the employee who has serious health condition.
Relationship of person: Spouse Dependent Child Parent
- For a serious health condition that renders me unable to perform the essential duties of my job.
- For a qualify exigency: Eligible family member on active duty or call to duty status in the Armed Forces, National Guard or Reserves. *Relationship of person: Spouse Child Parent*
- Illness of covered service member: leave to care for covered service member.

SECTION TWO: FMLA COVERAGE

Indicate whether you will seek FMLA coverage this fiscal year.

- I do not require FMLA at the present time but will contact your office in the future as necessary.
- I continue to need this leave on: an intermittent basis. a continuous basis.

SECTION THREE: FMLA FORMS

Check the applicable box.

- Attached please find a Medical Certification Form (MCF) to support my request for continued FMLA.
- I will provide a MCF to support my request for continued FMLA coverage within 15 days of this notice.
- I submitted a Medical Certification Form to document my FMLA request within the last 60 days.

SIGNATURE

Return signed form to Jennifer Escamilla at Jennifer.Escamilla@tamucc.edu.

Signature

Date

FMLA ELIGIBILITY

- FMLA Eligible - FMLA eligibility requirements met.
**A Medical Certification Form (MCF) or Doctor's Report has been received and does not have to be updated at this time.*
- FMLA Conditionally Approved.
**A new Medical Certification Form must be completed by health care provider and received by HR within 15 days of this notice.*
- FMLA is being denied at this time because:
Records indicate that you did not work the requisite 1250 hours in 12 months preceding your request for continued leave under FMLA. Please contact Jennifer Escamilla at (351) 825-2180 if you believe this information is incorrect.
- Other: