

Intrastaff FML

Temporary Employee Information Sheet

Federal Law Eligibility for Application of Family Medical Leave(FML)

All employees are eligible for FML if they have worked for Intrastaff for at least 12 months and have been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave.

Intrastaff follows the JHH/JHHS FML policy (not the procedure) except as outlined below. You may find the complete JHH policy in HPO, the JHH online policy manual.

https://hpo.johnshopkins.edu/enterprise/policies/157/19154/policy_19154.pdf?_af=0.103019864494

Please remember that all of your documentation must be sent to Intrastaff, not the JHH HR department.

Directions for applying for FML

Please complete the attached form, Intrastaff Request for Family and Medical Leave, and return it to IntrastaffPayroll@jhmi.edu

The Intrastaff Payroll and Benefits Specialist will determine if you meet the length of service and 12-month hours eligibility requirements. You will be notified by the Intrastaff Payroll and Benefits Specialist, if you meet eligibility requirements for applying. In the email notifying you of your eligibility, you will receive additional medical forms that must be completed and submitted.

You will be notified by Intrastaff Payroll and Benefits Specialist of the final determination of your FML request.

Please contact Intrastaffpayroll@JHMI.edu if you need assistance.

Updated: 8/5/2015, 9/11/2017



REQUEST FOR FAMILY AND MEDICAL LEAVE (FML)

The Johns Hopkins Health System Corporation / The Johns Hopkins Hospital

PART A // EMPLOYEE INFORMATION

Employee Name _____ Last 4 Digits of SS# _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Department Name _____

Employee E-mail Address _____

Dates of Leave Requested _____

(30 days advance notice required for foreseeable leave or if not foreseeable leave then medical certification must be received within 15 days of taking FML Leave)

Duration: Intermittent _____ Weeks Continuous
(Not to exceed 12 weeks in a rolling calendar year)

Reason for Leave:

Illness Injury Surgery Maternity (Paternity) Leave

I have read the section entitled "Employee Rights and Responsibilities" under the Family and Medical Leave Act of 1993 attached:

Employee Signature _____ Date _____

PART B // DEPARTMENT MANAGEMENT CONTACT & SIGNATURE

Note: The employee should take this form and the attached Certification of Health Care Provider to a health care provider before submitting it to the HR Service Center for review. Names listed under the Department Management Contact section will receive a copy of the FML Determination Notice for the employee's request. Please note the employee is not obligated to detail the medical diagnosis on this form since it must be included on the Certification completed by the health care provider.

- PLEASE PRINT CLEARLY -

Manager/ Supervisor Name, Extension: _____

Manager/ Supervisor E-mail Address: _____

Manager/Supervisor Signature: _____ Date _____

PART C // HUMAN RESOURCES (For Official Use Only)

Pern. # _____ Eligibility/Notes: _____

PLEASE RETURN FORM TO the Intrastaff Payroll and Benefits Specialist at
Intrastaffpayroll@jhmi.edu or by faxing to 410-847-3659