Applying for Family & Medical Leave:
Your Own Serious Health Condition, Pregnancy, Care of Newborn, or Adoption/Foster Care

1. Notify Supervisor or BA of your FMLA leave request.
   - Once you notify your supervisor or BA, you should receive a provisional letter within 5 days of your request.

2. Complete the Short-Term Disability/Family & Medical Leave Request Form [Penn Form].
   - Complete Sections A, B, and C.
   - It must include your and your supervisor’s or BA’s signatures and time balances if you are monthly paid (Section D).
   - Submit the completed form to the FMLA Administrator at least 30 days prior to your proposed leave date.

3. Have your treating physician complete the appropriate Certification of Health Care Provider Form* [DOL form].
   - Complete Sections I and II; then give the form to the treating physician to complete Section III.
   - The treating physician must send the completed form to the FMLA Administrator within 20 days of your proposed leave date.
   * If you’re taking leave to care for a newborn or are adopting/fostering a child, please provide the child’s birth certificate or court documentation if applicable, in lieu of a certification form.

4. The FMLA Administrator will send you a letter stating whether your FMLA leave request is approved, denied, or incomplete.
   - You’ll receive the letter at your home address within 3 weeks of submitting your paperwork.

5. Verify whether your letter is correct.
   - Contact the FMLA Administrator at fmla@hr.upenn.edu or at 215-898-0914 if your leave request is:
     - Approved but the dates are different than what you expected.
     - Denied and you are unsure why.
     - Incomplete and you are unsure what is missing; you have 7 days to submit the missing documentation.

6. While you are on leave: Submit the appropriate paperwork to the FMLA Administrator. If your leave is for:
   - Pregnancy
     A physician’s note with the date of delivery. Your leave dates will be adjusted based on the delivery date.
   - Care of Newborn
     A copy of your child’s birth certificate.
   - Adoption/Foster Care Placement
     Copies of your court documentation.

7. If your leave is intermittent, complete the intermittent leave tracking form.
   - Submit this form to the FMLA Administrator on a monthly basis.

8. Returning to work: Ask the treating physician to submit a note to the FMLA Administrator that allows you to return to work.
   - The note must include the date you’re eligible to return to work, your doctor’s signature, and any medical restrictions.
   * If you’re taking leave to care for a newborn, are adopting/fostering a child, or caring for a family member, you don’t need to submit this information.

9. If you don’t expect to return to work on your scheduled date:
   - Notify your supervisor or BA and the FMLA Administrator.
   - Complete and submit one of the following:
     - A new, completed Certification of Health Care Provider form
     - An amendment of the original certification form
     - A signed doctor’s note on letterhead extending the leave