

**Oklahoma Department of Corrections
Military Family Leave Request Form (Side 1)
Employer's Notice to Employee (Side 2)**

To Be Completed By the Employee:

Name of Employee (PRINT) State Employee ID# Facility/Unit

I am requesting military family leave pursuant to Merit Rule 530:10-15-45, the National Defense Authorization Act of 2008, Section 585(a), and OP-110355 entitled "Leave Programs" for the following reason: (check ☒ one)

- ☐ a qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation (supporting documentation is required and attached or will be provided within _____ days).
- ☐ to care for my spouse, son, daughter, parent, or next of kin who is a covered service member (name and relationship provided below), who is recovering from a serious illness/injury sustained in the line of duty on active duty (medical certification is required and attached, or will be provided within _____ days, unless waived by the supervisor).

Name: _____ Relationship: _____

Describe the care you will provide: _____

I am electing the following leave option(s) to cover military family leave absence: (number the options in the order in which you plan to use. Contact your HRMS if you do not wish to exhaust any balance prior to changing leave programs):

- ☐ sick ☐ annual ☐ holiday ☐ compensatory (exempt employees only) ☐ administrative leave (hazardous weather)
- ☐ donated leave (if approved and balance available for use) ☐ leave without pay

Anticipated/Actual Date MFMLA Begins: _____ Ends: _____

Is this a request for intermittent leave or a reduced work schedule? ☐ Yes ☐ No

If yes, describe: _____

Employee Signature

Date

To Be Completed By the HRMS:

☐ Yes ☐ No The above referenced employee is eligible for MFMLA: Employment with the State for 12 months; worked (including any period of military leave) a minimum of 1,250 hours in the 12 months preceding the date leave commences; has not exhausted the 12 week limit (qualifying exigency) or the 26 week limit (military caregiver) during the 12 months preceding the date leave commences; has leave balances to cover the leave elections.

HRMS Signature

Date

To Be Completed By the Supervisor:

The request for MFMLA is ☐ Approved through: _____
☐ Denied (check reason(s):
 ☐ Employee is not eligible
 ☐ Documentation not submitted or does not support MFMLA use

Medical certification has been received: ☐ Yes ☐ No Medical certification has been waived: ☐ Yes ☐ No

My signature certifies that I have reviewed the above information and it is correct to the best of my knowledge. It also certifies that if the leave has been designated as MFMLA then I have provided the requesting employee with the "Employer's Notice to Employee (MFMLA)" – Side 2 of Attachment L for OP-110355.

Supervisor Signature

Date

Distribution: Employee Personnel File and Copy to Employee

Employer's Notice to Employee (MFMLA)

1. All leave designated as military family leave (MFMLA) for a qualifying exigency will be counted towards your annual 12 week entitlement. This entitlement in combination with any use of family and medical leave (FMLA) cannot exceed 12 work weeks (480 hours) total during a 12 month period.
2. All leave designated as military family leave (MFMLA) to care for a covered military service member will be counted towards your annual 26 week entitlement. This entitlement in combination with any use of family and medical leave (FMLA) and/or any use of military family leave (MFLMA) for a qualifying exigency cannot exceed 26 work weeks (1040 hours) total during a single 12 month period. However, this will not limit the availability of leave under standard FMLA or MFMLA for a qualifying exigency during any other 12 month period.
3. Military family leave may be paid or unpaid and you may elect to use accrued sick or annual leave, or compensatory time (exempt employees only) in lieu of unpaid leave.
4. If the military service member medical certification is required or has been requested, failure to provide a completed military service member medical certification may result in denial or delay of requested leave.
5. The department may require you to provide confirmation that an instance of intermittent leave is related to the military family leave event for which the MFMLA intermittent leave was originally granted.
6. While on any unpaid absence designated as military family leave, you are responsible for making premium payments for any insurance for yourself or dependents not covered by the benefit allowance(s). Failure to remit such payments may result in a cancellation of that insurance coverage. If any insurance coverage is cancelled due to your failure to make premium payments, the department will cease making any payments towards that coverage.

Checks or money orders must be made payable to the Employee Benefits Department and are due no later than the 10th day of each month at the following address:

Department of Corrections/Benefits Manager
3400 Martin Luther King Avenue
P.O. Box 11400
Oklahoma City, Oklahoma 73136-0400

The department's Benefits Manager will be sending you information about any premium payments for which you are responsible. This information is also available on your Confirmation of Benefits Statement which lists all insurance in which you and your dependents are enrolled, the premiums, the amounts applied from your benefit allowance(s) and the balance.

7. If you fail to return to work following an unpaid absence during which time the department paid insurance premiums on behalf of yourself or your dependents, you will be liable for reimbursing the department for the premiums that were paid.

(R 10/20)