|  |  |
| --- | --- |
| Logo  Description automatically generated | INTERMITTENT FMLA TOOLKIT |

A picture containing person, window

Description automatically generated

|  |  |
| --- | --- |
| **Intermittent FMLA CHECKLIST**  **Please follow the instructions below to ensure your  intermittent FMLA is processed correctly.** |  |

**Step 1:**

* Request your intermittent leave online using the following link: <http://assets.cooperhealth.org/loa/>. Once you submit your request, your leave documents will be sent to you.
* Review ALL information sent to you in the leave of absence packet. Each document is important and includes meaningful information to assist you in navigating the leave process.

**STEP 2:**

Have the following forms completed and returned to the Human Resources Leave of Absence Team at the fax or email listed below:

* Cooper University Health Care Request/Approval for FMLA Form (Employee to complete)
* Certification of Health Care Provider (Employee to complete cover page, Physician to complete pages 1 thru 4)
* All completed forms should be faxed or emailed to the Human Resources Leave of Absence Team:
  + 856-968-8519 (fax)
  + [HRLOA-WC@Cooperhealth.edu](mailto:HRLOA-WC@Cooperhealth.edu) (email)

**STEP 3:**

* Report intermittent FMLA time: (you must complete BOTH steps below each time you use FMLA)
* Follow your departmental call out process if you are unable to report to work due to your intermittent FMLA. AND
* Call the Leave Hotline at 856.968.8779 to report your intermittent time. Please include the date and the # of hours of intermittent FMLA taken as well as a phone number that you can be reached for any follow up questions.

**STEP 4:**

* For intermittent FMLA to care for a family member, you may be eligible for NJ Family Leave Insurance Benefits with the state of NJ.
* NJ Family Leave Insurance Information is included in your leave packet, please follow the instructions to apply for NJ Family Leave Insurance.
* For questions regarding NJ Family Leave Insurance or assistance with your claim, please call the state of NJ directly at 609-292-7060, or visit <https://myleavebenefits.nj.gov>

Intermittent FMLA Frequently Asked Questions

Q: How do I apply for Intermittent FMLA?

A: http://assets.cooperhealth.org/loa/

Q: How do I get my Intermittent FMLA paperwork for me and the doctor to complete?

A: Once you apply at the above link, we will send you the necessary paperwork for completion.

Q: How is FMLA eligibility determined?

A: You must be an employee for 1 year and have 1,000 hours worked in the 12-month period just prior to the start date of your leave.

Q: How will I be paid?

A: If you are a benefit eligible employee:

For intermittent FMLA for your own medical condition will be paid with PTO. You have the option to use all available PTO, or you may retain 40 hours (full time), 20 hours (part time), or 72 hours (HPAE members only).

For intermittent FMLA to care for a family member, you may be eligible for NJ family leave insurance benefits with the state. Please visit www.MyLeaveBenefits.nj.gov for more information and instructions on how to apply. FLI pays 85% of your daily wages, up to $141.85/day. You are then required to use your available PTO to supplement the difference.

Q: What if I am not benefit eligible, how will I be paid?

A: For intermittent FMLA for your own medical condition, this time would be unpaid.

For intermittent FMLA to care for a family member, you may be eligible for NJ family leave insurance benefits with the state. Please visit www.MyLeaveBenefits.nj.gov for more information and instructions on how to apply. FLI pays 85% of your daily wages, up to $141.85/day.

Q: What if I have questions regarding my NJ FLI claim? (To care for family members only)

A: Please contact the state directly at 609-292-7060, or visit www.MyLeaveBenefits.nj.gov

Q: How do I report intermittent FMLA time used?

A: Follow your departmental call out process if you are unable to report to work due to your intermittent FMLA and call the Leave Hotline at 856.968.8779 to report your intermittent time. Please include the date and the # of hours of intermittent FMLA taken as well as a phone number that you can be reached for any follow up questions. You must complete BOTH steps below each time you use FMLA.