

**FACT SHEET**  
**New Jersey State Family Medical Leave Act (NJFLA)**

1. NJ State FMLA provides up to 12 weeks of job-protected leave in a 24-month period, providing the employee has worked for a covered employer for at least one year and has worked 1000 base hours in the previous 12 months.
2. Leave may be taken in cases of birth, adoption placement, or serious health condition of a child, parent, parent-in-law, or spouse.
3. Leave may not be taken for the employee's own health condition.
4. The University has elected to use a fixed year to calculate FMLA usage.
5. Employee shall provide the employer notice of the expected leave in a reasonable and practical manner.
6. Requested leaves will count against any available annual leave entitlement.
7. You are required to have your physician complete a Certificate of Healthcare Provider Form. This form must be received by Human Resources within 15 calendar days of the employer's request for medical certification.
8. If your physician recommends an extension of your medical leave of absence beyond the end date of your approved leave, you must provide further medical documentation prior to your stated return to work date.
9. If your leave of absence extends past the 12 week limitation for FMLA, you must contact Human Resources.
10. You are required to furnish further certification if you request a leave extension or if circumstances described by the original certification change significantly.
11. You may elect to substitute accrued paid leave for unpaid FMLA leave. You are not required to substitute accrued paid leave for unpaid FMLA leave.
12. Continuation of benefits
  - a. You may continue benefit programs in which you are enrolled in at the time of the FMLA leave. If you are on an unpaid leave, in order for the coverage to be continued, you will be responsible for your portion of the cost (percentage of the cost of health and prescription or the 1.5% of salary, whichever is higher) for up to three months. If your unpaid leave extends beyond the three month period, you will be responsible for the full cost of your health benefits. Payment is due the first of the month.
  - b. If payment is not made on time, your group health insurance may be cancelled. You will be provided notification in writing at least 15 days before the date that your health coverage will lapse. The University is not responsible for the employee's share of health insurance premiums while the employee is on a leave of absence without pay.
13. On the actual day that you are scheduled to return to work, you are required to bring to Human Resources documentation from a medical professional regarding your ability to return to work. If such documentation is not received, your return to work may be delayed until the documentation is provided.