

State of Louisiana - Division of Administration
Statewide Personnel Policy No. 4
Family and Medical Leave Act
Acknowledgement & Certification

Employee Information

Name: _____ P #: _____ Agency: _____

Employee Acknowledgment

My signature hereon acknowledges that:

1. I have received and read a copy of Statewide Personnel Policy No. 4.
2. I understand the purpose, intent and general principles of this Policy.
3. I understand that requests for leave under this Policy are to be processed for consideration by Human Resources.
4. I understand that Human Resources personnel are available to answer my questions and assist me in processing a request for leave under this Policy.
5. I understand that disciplinary action, including dismissal, will be imposed if I knowingly misrepresent facts or provide false information or documentation in support of a request for or use of FMLA leave.
6. I understand that abuse or fraud in the processing of a request for leave under the FMLA may be referred for investigation to the appropriate regulatory or prosecutorial authorities.

Signature

Employee Signature: _____ Date: _____

Management Certification

1. Requests for leave under this Policy will be processed in strict compliance with the Family and Medical Leave Act (29 USC 825).
2. Information and documents pertaining to an employee's or family member's medical condition obtained in connection with an FMLA request will be maintained as confidential medical records by the Office of Human Resources and kept separate from the employee's official personnel file, except as required by law.
3. Employees' exercise or attempt to exercise any right or entitlement provided by the FMLA will not be interfered with, restrained, or denied.
4. Employees will not be dismissed, disciplined, or discriminated against for:
 - Exercising any right provided under the FMLA;
 - Opposing any practice made unlawful under the FMLA;
 - Involvement or participation in any proceeding under or related to the FMLA.

Signature

Appointing Authority/Designee: _____ Date: _____

Print Name: _____