



**Guam Community College  
Human Resource  
Procedure for Requesting Family Medical  
Leave Act (FMLA)**


1. Read Employee Rights & Responsibilities under the Family Medical Leave Act on the U.S. Department of Labor website (<https://www.dol.gov/whd/regs/compliance/1421.htm>) or request a copy from Human Resources.
  - a. Also refer to GCC Personnel Rules & Regulations, or Union Agreement.
    - NOTE: To be eligible for FMLA leave, an employee must have worked for GCC for at least 12 consecutive months. (at least 1,250 hours during the 12 months)
2. Notify the Human Resources Office that you are requesting FMLA leave.
  - a. Indicate specific dates.
  - b. Indicate which of the following reasons you are requesting FMLA:
    - ❖ The birth of a child of the employee and the care of such a child.
    - ❖ The placement of a child with the employee for adoption or foster care.
    - ❖ The care of a spouse, son, daughter or a parent with a serious health condition.
    - ❖ A serious health condition of the employee.
    - ❖ A covered family member's active duty or call to active duty in the National Guard or Reserves in support of a contingency operation.
    - ❖ To care for an injured or ill covered service member.

An eligible employee is entitled to take up to 12 weeks of FMLA leave during a 12-month period for circumstances 1 through 5 above and up to 26 weeks of FMLA leave during a 12-month period for circumstance 6 above.

3. The Human Resources Office will have 5 business days to notify employee of eligibility.

4. If eligible, complete the appropriate **Certification Form** and submit to HR as soon as possible. CERTIFICATION FORMS AS FOLLOWS:
- a. Certification of Health Care Provider for Employee's Serious Health Condition. DOL Form WH- 380-E <https://www.dol.gov/whd/forms/WH-380-E.pdf>.
  - b. Certification of Health Care Provider for Family Member's Serious Health Condition. DOL Form WH 380-F <https://www.dol.gov/whd/forms/WH-380-F.pdf>
  - c. Certification of Qualifying Exigency for Military Family Leave. DOL Form WH- 384 <https://www.dol.gov/whd/forms/WH-384.pdf>
  - d. Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave. DOL Form WH- 385 <https://www.dol.gov/whd/forms/WH-385.pdf>
  - e. Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave. DOL WH- 385V <https://www.dol.gov/whd/forms/wh385V.pdf>
5. The Human Resource Administrator will review all documents submitted for FMLA for approval or disapproval.
6. For more information, please contact:

Human Resources Office  
[hr@guamcc.edu](mailto:hr@guamcc.edu)  
Tel: (671) 735-5537/8  
Fax: (671) 734-5238

  
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**Joann Waki Muna**, SHRM-SCP, SPHR  
Human Resources Administrator

6.2.17  
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Date

Adc 05/31/2017