Human Resources Contact Information

You may have questions about your leave, we’re here to help.

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VISIT US ON-LINE

Go to the UHS Intranet,
click on Services
click on Human Resources
click on Benefits

If you would like to speak directly with a representative, please feel free to contact us at the numbers below.

<table>
<thead>
<tr>
<th></th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>LOA Representative</td>
<td>(210) 358-0055</td>
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<tr>
<td></td>
<td>(210) 358-2230</td>
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<tr>
<td>Employee Benefits</td>
<td>(210) 358-2056</td>
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<tr>
<td>Fax</td>
<td>(210) 358-4765</td>
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Did you know?

For maternity leave....

*You have 31 days to enroll your newborn on the insurance from the date your baby is born. Submit verification of birth to Human Resources and complete a Benefits Change form (available on the UHS Intranet) to add your child.

During a continuous leave....

*Your PTO will stop accruing.

*Your next evaluation date will be adjusted by the number of days you were out. This will allow you to be evaluated for one complete year of service. Evaluations will not be adjusted for Military Leave.

During an intermittent leave....

*If you call in due to a flare-up of your (or your family member’s) serious health condition, you need to clearly state that the absence is FMLA related.

* Doctor appointments should be scheduled in advance on a PTO request form in accordance with your department’s policy and should clearly indicate “FMLA related appointment”.

For military leave....

*While on a continuous military leave, you have the option to stop your benefits. You must notify HR prior to starting your leave. Once you have returned from leave, you must notify HR if you want to reactivate your benefits.

Leave of Absence Steps

1. Turn in a Leave of Absence Request form to Human Resources or fax to 358-4765. (see page 17)

2. Take a Certification of Healthcare Provider form to your physician. Submit the completed form to Human Resources within 15 days from turning in your Leave of Absence Request form.

3. Review all materials provided by Human Resources including your FMLA rights. Contact your LOA Representative with any questions.

4. If placed on a continuous leave, review your benefits to see if you qualify for Short-Term Disability. Please refer to the UHS Intranet > Services > Human Resources > Employee Benefits on information on how to file a claim.

5. Prior to returning from your continuous leave, provide your job description to your physician to review and fill out the Employment Release form (see page 19).
   - **If you have restrictions,** you will need to visit the Employee Health Clinic before clearing through Human Resources.
   - **If you have no restrictions,** you will go directly to Human Resources to clear back to work.
Q: Who is eligible for FMLA?
A: You are eligible for FMLA after you have been employed for one year and worked at least 1,250 hours in the past 12-months. Your LOA letters will communicate if you are eligible for FMLA.

Q: What if I don't qualify for FMLA?
A: You may qualify for a Medical Leave in your first 12 months of employment if you have been employed for at least 6 months, have worked at least 16 hours per week, and are requiring leave for your own serious health condition or injury.

Q: What can you use an FMLA leave for?
A: You can apply for up to 12 weeks of FMLA leave in a 12-month period for the following:

- Care for a child or placement for adoption or foster care.
- Care for a spouse, son or daughter, or parent who has a serious health condition.
- A qualifying exigency that arises from your spouse, child or parent being on active duty.
- A serious health condition that makes you unable to perform your job.

Q: What is considered a “serious health condition”?
A: A serious health condition is any illness, injury, or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider, including job related illnesses and injuries.

Q: What's the difference between continuous and intermittent leave?
A: Continuous leave is taken when an employee needs days off consecutively due to a serious health condition of their eligible family or self. Leaves may be granted on an intermittent basis (i.e. an arrangement under which leave of a few days may be taken in intervals) or on a reduced leave schedule (i.e. an arrangement under which the number of hours usually worked each day or week is reduced) when the leave is medically necessary because of a serious health condition of an employee, employee’s spouse, child or parent. Any days of intermittent leave and any hours of reduced schedule leave will accrue toward the employee’s maximum allowable leave within a 12-month period.

Q: Will my benefits continue while I am on a leave of absence?
A: Benefits accrued prior to your leave will be maintained while you are on a leave of absence. Once all PTO hours are exhausted, contact Human Resources to continue paying your monthly portion of the insurance premiums. Employees on a leave of absence will be responsible for paying their ongoing voluntary benefit premiums every month. Failure to pay these monthly premiums may result in loss of coverage. If you wish to discontinue your benefits while on Military Leave you will need to notify Human Resources prior to your leave. You may call 358-0575 if you have any questions regarding your insurance premiums due.

Q: How do I get placed on a Military leave of absence?
A: Orders to active duty must be presented to Human Resources with a Leave of Absence Request form in a timely manner. You must report to Human Resources prior to returning to work.

Q: Can I use PTO when I am placed on a leave of absence?
A: While you are absent, your department director or designated timekeeper will automatically submit your available Paid Time Off (PTO) hours each pay period. Your PTO hours will be paid out to you each pay period until all of the hours have been exhausted. Employees receiving Workers’ Compensation will receive a partial payment of their PTO hours based on the benefit received. If you choose not to use your PTO while on Military Leave or while receiving Worker’s Compensation, you must notify your timekeeper. If you are approved for short-term disability, you will need to exhaust all your PTO prior to receiving short-term disability benefits.

Q: How many days can I take for a leave of absence?
A: Eligible employees may take up to 12 weeks for medical leave or family care leave under FMLA during a 12-month period. Eligible employees may take 30 days of medical leave within their first 12 months of employment if the employee’s own serious health condition makes the employee unable to work.
Before returning to work from a continuous leave of absence, you must have your physician complete the Employment Release Form on page 19 of this guide. You must provide your department and the Leave of Absence Representative in Human Resources with advance notice of when you are expecting to return to work.

**Required for employees returning to work due to the employee's serious health condition**

- Before returning to work, provide your physician with your job description and have him/her complete the Employment Release Form (page 19).

- Once the Employment Release Form is complete, contact Human Resources to verify whether you will need to report to the Employee Health Clinic. **All employees must clear through Human Resources prior to returning to work.**

- Contact your supervisor once you have been cleared to return to work.

**Returning from other types of leave**

- Employees must report to Human Resources to complete all necessary paperwork before returning from Military leave or due to a family member’s serious health condition.

- If an employee fails to report to HR prior to returning from leave, they will not accrue PTO and will not receive reimbursement of PTO once they have cleared through HR.

**Returning from Military Leave**

- You must notify Human Resources when you plan to return to work.

- If returning from Military leave and you elected to discontinue benefits, you must notify the LOA Representative that you would like to re-activate your benefits.

- For periods of service of up to 30 consecutive days, the person must report back to work for the first full regularly scheduled work shift on the first full calendar day following completion of the period of service and safe transportation home, plus an 8 hour period for rest.

- After a period of 31-180 days, the employee shall return no later than 14 days after the completion of service.

- After a period of 181 days or more, the employee shall return to work no later than 90 days after the completion of service.
PURPOSE:
To define short-term leave and long-term leave of absence benefits provided for employees of the University Health System (Health System). To define the relationship between leave and PTO benefits, the circumstances under which leave may occur, eligibility requirements, approval procedures and benefits associated with leave. To ensure compliance with the provisions of the Family & Medical Leave Act (FMLA), USERRA, National Defense Authorization Act of 2010 (NDAA) and other applicable state and federal regulations. This is a revised policy and supersedes policy dated 06/01/07. [Key Words: Family & Medical Leave Act, FMLA, Assigned Leave, Family Care Leave, Jury Duty, Leave of Absence, LOA, Medical Leave, Military Leave, Permitted Leave, Reserve Military Duty, Military Exigency Leave, Military Caregiver Leave, Voluntary Leave, Holidays.]

POLICY STATEMENT:
The Health System will provide specific leave benefits that, when used in combination with PTO benefits, reasonably accommodate periods of necessary absence. Leave benefits will be established to meet: family, medical and civic obligations, and respond to unusual operating conditions. Leave benefits, in combination with PTO, afford employees a reasonable measure of employment security and allow the Health System to retain valuable members of its health care team.

PHILOSOPHY STATEMENT:
The Health System recognizes that authorized leave from work is sometimes necessary to balance job responsibilities with major family, medical, and civic obligations. The Health System believes that leave time can serve to energize employees, enhances job satisfaction and retention, and contributes to the well-being of families and our community. These outcomes have a direct, positive effect on the quality of services rendered to our patients. The value of leave benefits is optimized for the Health System and its employees when joint efforts are made to anticipate staffing requirements and leave needs, pre-plan leave time, conserve leave benefits, preserve employment, and ensure continuation of other benefits.

POLICY ELABORATION:

I. SHORT-TERM LEAVE:
The Health System provides the following forms of short-term leave for absences that are not covered by Paid Time Off (PTO) benefit accruals:

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<tr>
<th>Permitted Leave</th>
<th>Assigned Leave</th>
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<tr>
<td>Voluntary Leave</td>
<td>Jury Duty Leave</td>
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<tr>
<td>Reserve Duty Leave</td>
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Permitted Leave and Voluntary Leave are provided to allow time off without pay. The Health System provides paid leave time for employees serving as a juror or military reservist. Assigned leave is initiated at the discretion of the Health System on a paid or unpaid basis. Short-term leave is administered through the daily time and attendance system.

A. SHORT-TERM LEAVE ELIGIBILITY:
1. Regular full-time employees (House Staff on the Health System payroll inclusive) are eligible for all categories of leave of absence.
2. Regular part-time employees are eligible for Voluntary Leave, pro-rated Jury Duty Leave and Assigned Leave.
3. Temporary employees are not eligible for short-term leave.

B. PERMITTED LEAVE:
Up to 40 hours of Permitted Leave can be authorized during any 12-month period to allow time off without pay when no PTO or other short term leave benefit is available. Permitted Leave can be approved for full-time entry probation employees and full-time regular employees with no PTO balance. Permitted leave will be requested and administered as any other occurrence of planned or unplanned absence.

C. VOLUNTARY LEAVE:
Supervisors are authorized to call for volunteers and grant voluntary leave time, for non-exempt employees, to correct excess staffing levels. Up to 24 hours of Voluntary Leave may be granted to an employee within any week. Employees who wish to volunteer to take time off may be granted Voluntary Leave time without pay for a full or partial shift.

D. JURY DUTY LEAVE:
1. Regular full-time and part-time employees who are required to answer a jury call, or who are required to serve on the jury of any legal and recognized court of law, will receive full pay at the base rate, plus shift differential, for each regularly scheduled work day required to serve as a juror in addition to any pay provided by the court. PRN/STARS employees serving as a juror will be excused from work.
2. Jury duty is not considered work time. (Overtime rates will apply only if the actual work time exceeds forty hours in the work week.)
3. The jury duty summons must be presented to the employee’s supervisor when the employee requests Jury Duty Leave and the jury duty earnings voucher must be presented to the supervisor as proof that Jury duty was performed.
4. Employees should be removed from the work schedule on days they are in the service of a court, even if the hours of court service do not conflict with the scheduled hours for work for the day.
5. Employees summoned to appear in court for Health System business will be considered at work and paid accordingly.

E. MILITARY RESERVE DUTY:
1. Full-time regular employees are eligible for up to 15 days of Reserve Duty Leave with pay, at the base rate plus shift differential, in any federal fiscal year (October 1 through September 30).
2. The employee must present military orders to the immediate supervisor to provide adequate notice and arrange appropriate scheduling.
3. Employees scheduled for normal reserve duty (normally weekend scheduling) must present official orders in a timely manner to the immediate supervisor or an unplanned absence may be incurred. The employee will receive a schedule adjustment to include scheduled days off, any available paid time off (PTO) days and Permitted Leave without pay if no other alternative is available, or a combination thereof.

F. ASSIGNED LEAVE:
Employees may be assigned to leave status to facilitate a Health System investigation or other administrative proceeding. Assigned leave must be approved in advance by the Area Administrator and the Vice President for Organizational Development. Assigned leave may not be authorized to provide or extend leave for illness, injury, family, or military service.

G. RELATIONSHIP TO PTO BENEFITS:
1. PTO (Paid Time Off) benefits are provided to accommodate normal short term employee absences. PTO is administered in keeping with the Health System's Paid Time Off (PTO) Policy, No 4.0204.
2. Eligible employees may plan PTO for holidays, vacations and personal business. The Health System observes the following holidays:
   - New Years Day
   - Martin Luther King Day
   - President’s Day
   - Memorial Day
   - Independence Day (July 4th)
   - Labor Day
   - Thanksgiving Day
   - Day After Thanksgiving
   - Christmas Day

   When a Health System observed holiday falls on a Saturday it will be observed on the Friday preceding. When a Health System observed holiday falls on a Sunday it will be observed on the following Monday.

   The workload in some departments will decrease on holidays and other specified days, causing the department to close or operate with reduced staffing. Employees may be required to conserve PTO hours to use on these days.

II. LEAVE OF ABSENCE:
The Health System provides several types of Leave of Absence to accommodate long term absences: Medical Leave of Absence under the provisions of FMLA, Family Care Leave of Absence under the provisions of FMLA, Military Leave of Absence, Military Exigency Leave of Absence, and Military Caregiver Leave. A Leave of Absence must be authorized whenever an eligible employee is expected to be absent for a qualifying medical, family, or military reason.

A. LEAVE OF ABSENCE ELIGIBILITY:
1. Regular full-time employees (budgeted to work 40 hours per week, House Staff on the Health System payroll inclusive) are eligible for all categories of leave of absence, in keeping with the specific qualification provisions of the leave category.
2. Regular part-time employees (budgeted to work 16 or more hours per week) are eligible for all categories of leave of absence, in keeping with the specific qualification provisions of the leave category.
3. Temporary employees are eligible for Military Leave.
B. MEDICAL LEAVE:

1. An eligible employee may take 30 calendar days of continuous leave during his/her first twelve (12) months of employment if he/she is not eligible for FMLA because of his/her own serious health condition that makes the employee unable to perform the function of the position of such employee. (See B.7.b. for definition.)

2. A physician's certification must be provided for leave based upon a serious health condition. This certification must include the date on which the serious health condition commenced, the probable duration of the condition, appropriate medical facts about the condition within the knowledge of the physician, and a statement that the employee is unable to perform the functions of his or her position. The employee is to use the Certification of Healthcare Provider form. The Health System reserves the right to require a second opinion at its expense. If the two opinions conflict, a third and binding opinion will be obtained by the Health System at its expense. Periodic re-certification may be required on a reasonable basis.

3. Any days of medical leave will accrue toward the employee's maximum allowable leave within the initial 12-month period of employment. Employees must submit a leave request form and proper medical certification for any required leave.

4. Department directors are responsible for monitoring the accumulation of leave hours and ensuring appropriate time and attendance records are accurately entered into the time and labor system.

5. Available paid time off (PTO) hours will be utilized during leave, for the purpose of pay continuation, at a rate not to exceed the average base rate plus shift differential when combined with workers' compensation or disability benefit plans sponsored by the Health System.

6. If a leave is considered compensable by the Health System’s Workers’ Compensation carrier, the employee will also receive Workers’ Compensation wage benefits. The rate of PTO benefit payout will be determined by the wages being earned when the employee was injured.

7. Medical Leave Definitions:
   a. Eligible Employee – for medical leave purposes means an employee (House Staff inclusive) who has been employed by the Health System at least 6 months and has worked at least 16 hours per week during the previous 6 month period.
   b. Serious Health Condition – any illness, injury, or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider, including job related illnesses and injuries.

C. LEAVE OF ABSENCE UNDER FMLA:

1. An eligible employee (see C.8.a. for definition) may take 12 weeks of leave during any 12-month period in the following circumstances:
   a. The birth of a son or daughter to the employee and to care for such son or daughter;
   b. Placement of a son or daughter with the employee for adoption or foster care;
   c. To care for the spouse, or a son, daughter, or parent of the employee, if such a spouse, son, daughter, or parent has a serious health condition.
   d. The employee’s own serious health condition.

2. A physician's certification must be provided for leave based upon a serious health condition of the employee's spouse, son, daughter, or parent. This certification must include the date on which the serious health condition commenced, the probable duration of the condition, appropriate medical facts about the condition within the knowledge of the physician, and a statement that the employee is needed to care for his/her child, spouse, or parent. The employee is to use the Certification of Healthcare Provider form. The Health System reserves the right to require a second opinion at its expense. If the two opinions conflict, a third and binding opinion will be obtained by the Health System at its expense. Periodic re-certification may be required on a reasonable basis.

3. Where both the husband and wife are employees of the Health System, the amount of leave that both may take in the aggregate is limited to 12 weeks to take care of a newborn or newly placed adopted or foster child or a seriously ill parent.

4. Leave may be granted on an intermittent basis (i.e., an arrangement under which leave of a few days or weeks may be taken at intervals) or on a reduced leave schedule (i.e., an arrangement under which the number of hours usually worked each day or week is reduced) when the leave is medically necessary because of a serious health condition of the employee's spouse, child, or parent. When the leave is foreseeable the employee may be transferred to an alternative position that better accommodates the leave.

5. Any days of intermittent leave and any hours of reduced schedule leave will accrue toward the employee's maximum allowable leave within a 12-month period. Employees must submit a leave request form and proper medical certification for any required intermittent or reduced schedule leave.

6. Department directors are responsible for monitoring the accumulation of intermittent and reduced schedule leave hours and ensuring appropriate time and attendance records are accurately entered into the time and labor system.

7. Available paid time off (PTO) hours will be utilized during the leave of absence, for the purpose of pay continuation, at a rate not to exceed the average base rate plus shift differential.

8. Family and Medical Leave Act Definitions:
   a. Eligible Employee – For family care leave purposes means an employee (House Staff inclusive) who has been employed by the Health System at least 12 months and has worked at least 1,250 hours during the previous 12-month period.
b. **Serious Health Condition** – Any illness, injury, or physical or mental condition that requires inpatient care in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider, including job related illnesses and injuries. A chronic serious health condition is one that requires periodic visits to a health care provider for treatment (two or more visits per year).

c. **Continuing Treatment** – An employee must, in connection with a period of incapacity of more than three consecutive full calendar days, have: (1) one in-person visit to a health care provider within the first seven days of incapacity and a regimen of continuing treatment, such as prescription; or (2) two in-person visits to a health care provider that occur within 30 days of the beginning of the period of incapacity unless extenuating circumstances exist. The 30 days begin with the first day of incapacity, and the first in-person visit to a health care provider must occur within the first seven days of incapacity.

d. **FMLA - Family & Medical Leave Act** – The Family and Medical Leave Act provides up to 12 weeks of unpaid job-protected leave to “eligible” employees for certain family and medical reasons. To be “eligible” for FMLA leave, an employee must have been employed for at least one year and have worked at least 1,250 hours during the previous twelve months. The FMLA provides leave to care for a new-born child or a child place in the employee’s home for adoption or foster care; to care for an employee’s parent, spouse, son or daughter with a personal serious health condition; or for a serious personal health condition which prevents the employee from performing his or her job. Eligibility, requirements and benefits of Medical Leave and Family Care Leave provided by the Health System either meet or are more generous than the FMLA. Son or daughter means a biological, adopted, or foster child, a step child, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability.

e. **Other Employee Benefits** – All other benefits provided or made available to employees, including group life insurance, health insurance, disability insurance, paid time off (PTO) benefits, educational benefits, and pensions.

D. **MILITARY LEAVE OF ABSENCE:**

1. The Health System supports the Uniformed Services Employment and Reemployment Rights Act and will conform to all veteran's reemployment regulations in effect at the time an eligible former employee makes application for reemployment. Orders to active duty will be presented to the immediate supervisor in a timely manner and the employee will be placed on leave status.

2. Leaves for employees who accept an opportunity for an extended reservist training assignment will be granted and administered as if the employee were called to active duty.

3. All benefits and other employment practices for employees on Military Leave status will be administered in accordance with the Uniformed Services Employment and Reemployment Rights Act for a maximum period of five years.*

   *As defined by the Uniformed Services Employment and Reemployment Rights Act at the time of eligibility.

E. **MILITARY EXIGENCY LEAVE:**

1. Under the National Defense Authorization Act of 2010 (NDAA), an employee may take FMLA leave for a “qualifying exigency” that arises from the employee’s spouse, son or daughter (of any age), or parent being on active duty or having been notified of an impending call or order to active duty who is a member of the Armed Forces or any regular or reserve component of the Armed Forces and is or has been deployed to a foreign country. The leave also only applies to a federal call to active duty and not a state call to active duty.

2. A “qualifying exigency” includes:

   a. **Short-notice deployment**, defined as a notification of an impending call or order to active duty seven or less calendar days prior to date of deployment. This leave can only be used for seven calendar days, beginning on the date the covered military member is notified of an impending call or order to active duty.

   b. **Military events and related activities**, defined as any official, military-sponsored ceremony/program/event, or any family support/assistance program/informational briefing sponsored or promoted by the military, military service organization, or the American Red Cross, that is related to the active duty or call to active duty status of a covered military member.

   c. **Childcare and school activities**, defined as the following when necessitated by a covered military member’s active duty or call to duty: (a) arranging for alternative childcare; (b) providing childcare on an urgent, immediate basis; (c) enrolling a child in or transferring the child to a new school; (d) attending meetings at a school or day care facility.

   d. **Financial and legal arrangements**, defined as making or updating financial or legal arrangements to address the covered military member’s absence.

   e. **Counseling**, defined as attending counseling provided by someone other than a healthcare provider for oneself, the covered military member, or a qualifying family member, if that counseling is necessitated from the active duty or call to active duty status of a covered military member.

   f. **Rest and recuperation**, defined as spending time with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment. Eligible employees may only take up to five days of leave for each instance of rest and recuperation.
g. Post-deployment activities, defined as attending arrival ceremonies, reintegration briefings and events, and any other military sponsored ceremony or program for a period of 90 days following the termination of the covered military member’s active duty, or to address issues that arise from a military member’s death.

h. Additional activities, defined as other events that arise out of a covered military member’s active duty or call to active duty status, provided that both the employer and employee agree that such leave qualifies as an exigency, and both agree to the timing and duration of such leave.

3. Certification for Leave Taken Because of Qualifying Exigency: Employees must provide a copy of the covered military member’s active duty orders or other documentation issued by the military that indicates the covered military member is on active duty or has been notified of an impending call or order to active duty in support of a contingency operation. The employee must also provide documentation regarding the dates of the covered military member’s active duty service.

F. MILITARY CAREGIVER LEAVE:

1. An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember may take 26 workweeks of leave during a 12-month period to care for the servicemember.

2. Covered Servicemember includes current members of the Regular Armed Forces, current members of the National Guard or Reserves, or members of the Regular Armed Forces, National Guard, or Reserves who are on the temporary disability retired list, and veterans who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness that was incurred while on active duty or a pre-existing injury or illness that was aggravated in the Armed Forces, regardless of whether the illness or injury manifested itself before or after the member became a veteran. A covered veteran must have been a member of the Armed Forces, National Guard or Reserves at any time during the five-year period before he/she began treatment, recuperation or therapy.

3. Next of Kin is defined as the servicemember’s nearest blood relative other than his/her spouse, parent, son, or daughter in this order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provision; brothers and sisters; grandparents; aunts and uncles; and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. The regulations specifically note there can be more than one “next of kin.” For instance, if three siblings exist, all three are next of kin who can qualify for leave, either consecutively or simultaneously. Employees must provide reasonable documentation of next of kin status.

4. This military caregiver leave is allowed to care for a covered servicemember with a serious injury or illness incurred in the line of duty that rendered the servicemember medically unfit to perform the duties of his/her office, grade, rank, or rating, and for which the servicemember is: (1) undergoing medical treatment, recuperation, or therapy; or (2) otherwise in outpatient status; or (3) otherwise on the temporary disability retired list. The regulations do not provide a time proximity limit between the date of the injury or illness and the date needed for leave for current members of the Regular Armed Forces, current members of the National Guard or Reserves, or members of the Regular Armed Forces, National Guard, or Reserves who are on the temporary disability retired list. The regulations do provide a time proximity limit for veterans who must have been a member of the Armed Forces, National Guard or Reserves at any time during the five-year period before he/she began treatment, recuperation or therapy.

5. Employees may take 26 workweeks of caregiver leave in any single 12-month period. If the employee does not take 26 weeks of military caregiver leave in that 12-month period, the remaining leave is forfeited. If the leave qualifies under both military caregiver leave and FMLA leave, the leave will be designated as military caregiver leave first. However, an eligible employee is only entitled to a combined total of 26 weeks for leave for any qualifying FMLA reason during the single 12-month period, provided that the employee receives no more than 12 weeks leave for a traditional FMLA qualifying event or for a qualifying exigency.

6. The 26 work week entitlement is applied on a per-servicemember, per-injury basis. In other words, an employee may take 26 weeks of leave to care for one covered servicemember in one 12-month period, and then take another 26 weeks in a different 12-month period for a different servicemember, or for the same servicemember with a subsequent injury or illness.

7. Certification for Military Caregiver Leave: When leave is taken to care for a covered servicemember with a serious injury or illness, certification is required. This certification may be from: (1) a Department of Defense health care provider; (2) a Department of Veteran Affairs health care provider; (3) a Department of Defense TRICARE network authorized private health care provider; or (4) a Department of Defense non-network TRICARE authorized private health care provider. The health care provider is allowed to rely on Department of Defense representatives for military-related determinations.

The certification may seek information regarding: (1) whether the servicemember has incurred a serious injury or illness; (2) whether the injury or illness may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank, or rating; (3) whether the injury or illness was incurred by the member in the line of duty; (4) whether the servicemember is undergoing medical treatment, recuperation, or therapy, or is otherwise on outpatient status, or is otherwise on the temporary disability retired list; (5) the probable duration of the injury or illness; (6) the frequency and duration of leave required; (7) if the leave is requested on an intermittent or reduced schedule basis, an estimate of the frequency and duration of such leave; and (8) the family relationship of the eligible employee to the covered servicemember.
G. REQUESTING LEAVE OF ABSENCE:
Employees must submit requests for leave at least 30 calendar days in advance except in cases of emergency. Requests for leave must be submitted to the department director on Form No. 68-A, Leave of Absence Request. Department directors must initiate leaves for qualified employees who are not physically able to do so. An employee unable to report to work because of an On-the-Job Injury must also complete Form No. 502, Accident/Injury Report.

H. RETURNING FROM LEAVE OF ABSENCE:
1. Employees must provide their department director and Human Resources with an expected return to work date when the Leave Request Form is submitted and promptly update the return date information as/if it changes.
2. An employee will be returned to the same job without loss of pay status or accrued service credits, provided the total leave time does not exceed 12 weeks in a 12-month period or as specified by the Family and Medical Leave Act or Uniformed Services Employment and Reemployment Rights Act.
3. If the FMLA leave extends beyond 12 weeks, every effort will be made to reinstate the employee to a similar position. If a suitable position is available (first within the department, then within the division and finally within the System) the employee will be placed in that position and returned to work. In any event, the employee will be considered for the next position available in the same category and will receive all due consideration and priority afforded in-house applicants. The employee will also be allowed to apply for transfer to any vacant position for which he/she is qualified.
4. The total number of days of Medical Leave cannot exceed 30 calendar days within the initial 12-month period. Employees who accrue more than 12 weeks of FMLA within 12 months will be removed from the payroll. There are only three exceptions to this maximum leave policy: (1) military leave (2) military caregiver leave and (3) Reasonable accommodation under state or federal disability laws (American’s with Disabilities Act).
5. Employees who are ready to return to work from Leave of Absence must report directly to human resources to complete the return to work clearance process. A Return to Work Certificate from the employee’s physician must be presented at that time. No employee may report to their department or begin work before the return to work clearance process has been fully completed.
6. The Health System will make every reasonable effort to accommodate employee needs for temporary light duty and any other accommodations that may be appropriate. The Employee Health Clinic will document work restrictions on the Return to Work Clearance Form. Human resources will coordinate the accommodation of employees with conditions that may rise to the level of disability as defined by the American’s With Disabilities Act (ADA).
7. Should an employee seek to return to work with a temporary restriction, every effort will be made to temporarily place the employee in a suitable position that is currently vacant. Temporary assignments will not exceed 21 calendar days unless ADA provisions are applicable.

I. EFFECT OF LEAVE OF ABSENCE ON OTHER BENEFITS:
1. None of the benefits provided employees shall accrue during a Leave of Absence. Service credit for Pension Plan and Retirement Savings Plan eligibility will not be affected provided total Leave of Absence time in a 12-month period does not exceed 12 weeks.
2. Leave of Absence status will not result in the loss of any employee benefits accrued prior to leave, but the employee will not accrue benefits during a Leave of Absence. In addition, the Health System will maintain group health, dental, vision, disability, and life insurance coverage on the same terms, and at the same rates, as if the employee were at work. The employee will continue to remain responsible for his or her portion of the premium. Failure to pay the required premiums may result in the loss of the coverage.

III. OTHER CONSIDERATIONS:
A. Employees who fail to keep their director and human resources informed of their status while on any form of leave or fail to supply timely documentation to support the continuation of a leave will be removed from the payroll.
B. An employee absent on leave who, without the consent of the Health System: engages in other employment, applies for unemployment compensation, or who fails to report to work on or before the expiration of the leave, will be removed from the payroll.
C. The Health System reserves the right to investigate the reason given for requesting leave, either before or after granting the leave. If the reason has been misrepresented, the employee is subject to termination.
D. The next scheduled performance appraisal date will be adjusted by any period of Leave of Absence.
E. The first day of absence will be established as the first day of any Leave of Absence, even if the employee is utilizing PTO benefits for the purpose of pay continuation.
F. Any absence of 15 or more calendar days is considered a leave of absence unless the absence is granted for the purpose of vacation. Leaves of absence may be granted for periods of less than two weeks if all other leave of absence criteria are met.
G. No employee will be disciplined, discharged or discriminated against for exercising his or her rights under the Family and Medical Leave Act, Uniformed Services Employment and Reemployment Rights Act, Americans with Disabilities Act or other applicable regulation. Any employee who feels they have been treated unfairly should contact the administrative director for human resources. If the problem cannot be resolved at that level, the employee may appeal to the vice president for organizational development.
REFERENCES/BIBLIOGRAPHY:
Health System Policy No. 4.02.04, Paid Time Off
Health System Policy No. 4.09, Equal Opportunity and Affirmative Action in Employment
Health System Policy No. 4.02, Wage and Salary Guidelines
Family and Medical Leave Act
National Defense Authorization Act
U. S. Department of Labor
Uniformed Services Employment and Reemployment Rights Act
Texas Labor Code, Section 504.052

OFFICE OF PRIMARY RESPONSIBILITY:
Senior Vice President/Chief Administrative Officer
### Appendix A: Summary of Employee Leave Categories:

#### Short-Term Leave Categories

<table>
<thead>
<tr>
<th>LEAVE TYPE</th>
<th>ELIGIBLE EMPLOYEES</th>
<th>REASON FOR LEAVE</th>
<th>LEAVE DURATION</th>
<th>POSSIBLE EXTENSIONS</th>
<th>PAY SOURCES</th>
<th>BENEFIT CONTINUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permitted Leave</td>
<td>All full-time employees, including entry probation employees</td>
<td>Emergency absences during entry probation and when PTO accruals are exhausted</td>
<td>Up to 40 hours in any 12-month period</td>
<td>None</td>
<td>None</td>
<td>Leave has no effect on benefit eligibility or accrual</td>
</tr>
<tr>
<td>Voluntary Leave</td>
<td>All full- and part-time regular non-exempt employees</td>
<td>Employee has volunteered for unpaid time off on over-staffed day</td>
<td>As necessary and approved by department director.</td>
<td>None</td>
<td>None</td>
<td>As Above</td>
</tr>
<tr>
<td>Jury Duty Leave</td>
<td>All full- and part-time regular employees</td>
<td>Employee is summoned to serve a juror</td>
<td>As long as the Court requires the employee's service</td>
<td>N/A</td>
<td>Jury Duty Pay</td>
<td>As Above</td>
</tr>
<tr>
<td>Reserve Duty Leave</td>
<td>All full-time regular employees</td>
<td>Employee is called for annual reserve duty</td>
<td>Up to 15 days in any federal fiscal year</td>
<td>None</td>
<td>Reserve Duty Pay</td>
<td>As Above</td>
</tr>
<tr>
<td>Assigned Leave</td>
<td>All employees</td>
<td>Administrative necessity</td>
<td>One or more days</td>
<td>N/A</td>
<td>Accrued PTO/Regular pay if directed by administration</td>
<td>As Above</td>
</tr>
</tbody>
</table>
### Appendix A: Summary Of Employee Leave Categories:

**Long-Term Leave Benefits**

<table>
<thead>
<tr>
<th>LEAVE TYPE</th>
<th>ELIGIBLE EMPLOYEES</th>
<th>REASON FOR LEAVE</th>
<th>LEAVE DURATION</th>
<th>POSSIBLE EXTENSIONS</th>
<th>PAY CONTINUATION</th>
<th>BENEFIT CONTINUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Leave (Only available during initial 12 months of employment).</td>
<td>Employees who have worked 6 + months &amp; 16 + hours/week. Any employees requiring Medical Leave for on-the-job injury</td>
<td>Employee's own illness or injury</td>
<td>Up to 30 days</td>
<td>N/A</td>
<td>Accrued PTO, Disability insurance if elected. Workers’ compensation Wage Benefits if applicable</td>
<td>Benefit continue at employee rates (excluding PTO accrual)</td>
</tr>
<tr>
<td>Leave of Absence under FMLA</td>
<td>Employees who have worked 12 + months and 1250 + hours in prior 12 month period</td>
<td>Care of a newborn or newly adopted child, Care of an ill child, spouse or parent Employee’s own serious health condition.</td>
<td>Up to 12 weeks</td>
<td>N/A</td>
<td>Accrued PTO</td>
<td>As Above</td>
</tr>
<tr>
<td>Military Leave of Absence</td>
<td>All employees</td>
<td>Employee is called to active duty or extended training as a reservist</td>
<td>As stated in military orders</td>
<td>As necessary, military orders must be presented</td>
<td>Accrued PTO if requested</td>
<td>As Above</td>
</tr>
<tr>
<td>Military Exigency Leave</td>
<td>All employees</td>
<td>Spouse, son or daughter or parent on active duty, OR notified of impending call, or order to active duty</td>
<td>Up to 12 weeks</td>
<td>N/A</td>
<td>Accrued PTO</td>
<td>Benefit continue at employee rates (excluding PTO accrual)</td>
</tr>
<tr>
<td>Military Caregiver Leave</td>
<td>All employees</td>
<td>Care for a covered servicemember who is a spouse, son, daughter, parent or next of kin.</td>
<td>Up to 26 workweeks</td>
<td>N/A</td>
<td>Accrued PTO</td>
<td>Benefits continue at employee rates (excluding PTO accrual)</td>
</tr>
</tbody>
</table>

Refer to the University Health System Leave Policy for complete information regarding leave eligibility, authorization and utilization.
Notice: On October 28, 2009, the President signed the National Defense Authorization Act for Fiscal Year 2010 (2010 NDAA), Public Law 111-84. Section 565 of the 2010 NDAA amends the military family leave entitlements of the Family and Medical Leave Act (FMLA). These amendments expand coverage for “qualifying exigency” leave to eligible employees with covered family members in the Regular Armed Force and coverage for “military caregiver leave” to eligible employees who are the spouse, son, daughter, parent, or extended family of a covered military member. On December 21, 2009, the President signed the Airline Flight Crew Technical Corrections Act, Public Law 111-119, which modifies the FMLA requirements for flight crew members. This Fact Sheet does not incorporate these amendments to the FMLA.

The U.S. Department of Labor’s Employment Standards Administration, Wage and Hour Division, administers and enforces the Family and Medical Leave Act (FMLA) for all private, state and local government employees, and some federal employees. Most federal and certain congressional employees are also covered by the law and are subject to the jurisdiction of the U.S. Office of Personnel Management or the Congress.

The FMLA entitles eligible employees to take up to 12 workweeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons, or for any “qualifying exigency” arising out of the fact that a covered military member is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. The FMLA also allows eligible employees to take up to 26 workweeks of job-protected leave in a “single 12-month period” to care for a covered service member with a serious injury or illness. See Fact Sheet #28A: The Family and Medical Leave Act Military Family Leave Entitlements.

**EMPLOYER COVERAGE**

The FMLA applies to all public agencies, including state, local and federal employers, local education agencies (schools), and private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including joint employers and successors of covered employers.

**EMPLOYEE ELIGIBILITY**

To be eligible for FMLA benefits, an employee must:

- work for a covered employer;
- have worked for the employer for a total of 12 months;
- have worked at least 1,250 hours over the previous 12 months; and
- work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

While the 12 months of employment need not be consecutive, employment periods prior to a break in service of seven years or more need not be counted unless the break is occasioned by the employee’s fulfillment of his or her National Guard or Reserve military obligation (as protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA)), or a written agreement, including a collective bargaining agreement, exists concerning the employer’s intention to rehire the employee after the break in service. See “FMLA Special Rules for Returning Reservists.

**LEAVE ENTITLEMENT**

A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- for the birth and care of a newborn child of the employee;
- for placement with the employee of a son or daughter for adoption or foster care;
- to care for a spouse, son, daughter, or parent with a serious health condition;
- to take medical leave when the employee is unable to work because of a serious health condition; or
- for qualifying exigencies arising out of the fact that the employee’s spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

A covered employer also must grant an eligible employee who is a spouse, son, daughter, parent, or next of kin of a current or former member of the Armed Forces, including a member of the National Guard or Reserves, with a serious injury or illness up to a total of 26 workweeks of unpaid leave during a “single 12-month period” to care for the service member. For specific information regarding military family leave, see “Fact Sheet #28A: The Family and Medical Leave Act Military Family Leave Entitlements.”

Spouses employed by the same employer are limited in the amount of family leave they may take for the birth and care of a newborn child, placement of a child for adoption or foster care, or to care for a parent who has a serious health condition to a combined total of workweeks (or 26 workweeks if leave to care for a covered servicemember with a serious injury or illness is also used). Leave for birth and care, or placement for adoption or foster care, must conclude within 12 months of the birth or placement.
Under some circumstances, employees may take FMLA leave intermittently – taking leave in separate blocks of time for a single qualifying reason – or on a reduced leave schedule – reducing the employee’s usual weekly or daily work schedule. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer’s operation. If FMLA leave is for birth and care, or placement for adoption or foster care, use of intermittent leave is subject to the employer’s approval.

Under certain conditions, employees or employers may choose to “substitute” (run concurrently) accrued paid leave (such as sick or vacation leave) to cover some or all of the FMLA leave. An employee’s ability to substitute accrued paid leave is determined by the terms and conditions of the employer’s normal leave policy. “Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves either:

• Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, including any period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; or
• Continuing treatment by a health care provider, which includes:

  (1) A period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also includes:
  • treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or
  • one treatment by a health care provider (i.e., an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); or
  (2) Any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; or
  (3) Any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (at least twice a year) to a health care provider, and may involve occasional episodes of incapacity. A visit to a health care provider is not necessary for each absence; or
  (4) A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; or
  (5) Any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated.

MAINTENANCE OF HEALTH BENEFITS
A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave. In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

JOB RESTORATION
Upon return from FMLA leave, an employee must be restored to the employee’s original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee’s use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave, nor be counted against the employee under a “no fault” attendance policy. If a bonus or other payment, however, is based on the achievement of a specified goal such as hours worked, products sold, or perfect attendance, and the employee has not met the goal due to FMLA leave, payment may be denied unless it is paid to an employee on equivalent leave status for a reason that does not qualify as FMLA leave. An employee has no greater right to restoration or to other benefits and conditions of employment than if the employee had been continuously employed.

NOTICE AND CERTIFICATION
Employee Notice
Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable. If leave is foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable – generally, either the same or next business day. When the need for leave is not foreseeable, the employee must provide notice to the employer as soon as practicable under the facts and circumstances of the particular case. Absent unusual circumstances, employees must comply with the employer’s usual and customary notice and procedural requirements for requesting leave.

Employees must provide sufficient information for an employer reasonably to determine whether the FMLA may apply to the leave request. Depending on the situation, such information may include that the employee is incapacitated due to pregnancy, has been hospitalized overnight, is unable to perform the functions of the job, and/or that the employee or employee’s qualifying family member is under the continuing care of a health care provider.
When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. When an employee seeks leave, however, due to a FMLA-qualifying reason for which the employer has previously provided the employee FMLA-protected leave, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave.

**Employer Notice**

Covered employers must post a notice approved by the Secretary of Labor explaining rights and responsibilities under the FMLA. An employer that willfully violates this posting requirement may be subject to a civil money penalty of up to $110 for each separate offense. Additionally, employers must either include this general notice in employee handbooks or other written guidance to employees concerning benefits, or must distribute a copy of the notice to each new employee upon hiring. Employers may use the notice prepared by U.S. Department of Labor to meet this requirement.

When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA purpose, the employer must notify the employee of his or her eligibility to take leave, and inform the employee of his/her rights and responsibilities under the FMLA. When the employer has enough information to determine that leave is being taken for a FMLA-qualifying reason, the employer must notify the employee that the leave is designated and will be counted as FMLA leave. Employers may use the optional forms WH-381 and WH-382 prepared by the U.S. Department of Labor to meet these notification requirements.

**Certification**

Employers may require that an employee’s request for leave due to a serious health condition affecting the employee or a covered family member be supported by a certification from a health care provider. An employer may require second or third medical opinions (at the employer’s expense) and periodic recertification of a serious health condition. An employer may use a health care provider, a human resource professional, a leave administrator, or a management official – but not the employee’s direct supervisor – to authenticate or clarify a medical certification of a serious health condition. An employer may have a uniformly-applied policy requiring employees returning from leave for their own serious health condition to submit a certification that they are able to resume work. If reasonable safety concerns exist, an employer may, under certain circumstances, require such a certification for employees returning from intermittent FMLA leave. Employers may use the optional forms WH-380-E and WH-380-F prepared by the U.S. Department of Labor for obtaining medical certifications of serious health conditions.

**UNLAWFUL ACTS**

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to the FMLA.

**ENFORCEMENT**

The Wage and Hour Division investigates complaints. If violations cannot be satisfactorily resolved, the U.S. Department of Labor may bring action in court to compel compliance. Individuals may also be able to bring a private civil action against an employer for violations.

**OTHER PROVISIONS**

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent leave or when leave is required near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the “salary basis” requirement FLSA’s exemption extends only to an “eligible” employee’s use of leave required by the FMLA.

For additional information, visit our Wage and Hour Division Website: http://www.wagehour.dol.gov and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243). This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210
1-866-4-USWAGE
TTY: 1-866-487-9243
Leave of Absence Request Form

(PLEASE PRINT)

Name: __________________________________________ Employee ID#: ___________ Shift: _____

Dept / Supervisor: _________________________________ Last Day Worked: __________________

Address: ______________ Home Phone: ________________________

City/State/Zip: ___________________________________ Alternate Phone: _____________________

Please read leave policy summary on pages 5-13, and then complete the following.

Please submit this form even if pending documentation so Human Resources can process.

Reason for Leave of Absence: (Please select one)

_______ Leave of Absence under FMLA (Please submit the certification of health care provider form within 15 days.)
☐ Continuous ☐ Intermittent
☐ Self ☐ Spouse ☐ Child-Age: ____ ☐ Employee’s Parent ☐ Maternity/Paternity
☐ Worker’s Compensation
*Is this person a military service member? ☐ Yes ☐ No

_______ Medical Leave (Please submit the certification of health care provider form within 15 days.)
(Medical leave is continuous and only available for a qualifying employee’s own serious health condition.)

_______ Qualifying Exigency Leave (Please attach copy of military orders) ☐ Continuous ☐ Intermittent
☐ Self ☐ Spouse ☐ Child ☐ Employee’s Parent

_______ Military Leave (Please attach copy of military orders)
Do you wish to discontinue your benefits while on Military leave? ☐ Yes ☐ No

Request Dates for Leave of Absence: _________________ to _________________

Extension to Current Leave of Absence: (Complete only if extension to current leave is needed)

Dates of Current Leave of Absence: _________________ to _________________

Request Dates for Extension: _________________ to _________________

University Health System reserves the right to investigate the reason given for this leave of absence, before and after granting the leave. If the reason has been misrepresented, you are subject to immediate discharge without notice.

Employee Signature / Date

ATTENTION EMPLOYEE- Fax a copy of this form to Human Resources at 358-4765 before forwarding for supervisor signature.

Supervisor Signature / Date / Work Extension

Department Director Signature / Date / Work Extension

Administrator Signature / Date

Human Resources Signature / Date

Leave of Absence
BCHD# 68-A-NS Rev. 01/13
Employment Release Form

Employee: ___________________________  Employee ID# ___________________________

Department: ___________________________  Job Title: ___________________________

Normal Work Week is: ___________  Hours per Day: ___________  Days per Week: ___________

Shift Begin Time: ___________________________  Shift End Time: ___________________________

PHYSICIAN’S STATEMENT

According to the University Health System Leave of Absence policy, before an employee may return to work, the return to work clearance process must be fully completed. Based on the employee’s current medical examination and the job description, please complete the following:

Other restrictions: ____________________________________________________________

☐ Employee can return to work with no restrictions on: ___________________________

☐ Employee can return to work on: ___________ if the job description is modified with the above restrictions.

☐ Restrictions will be re-evaluated on: ___________  or  ☐ Restrictions will end on: ___________

☐ Employee remains unable to work because of the following reason(s): ___________________________

until the following date ___________ (New employment release form will be required).

_________________________________________  ___________________________  ___________________________
Physician’s Signature  Print Name  Print Address

_________________________________________  ___________________________  ___________________________
Phone  Fax  Date
Return to Work Clearance

Name: ___________________________ Employee ID#: ___________________________
Department: ___________________________ Supervisor: ___________________________

1. If you have restrictions, report to the Employee Health Clinic with your Employment Release Form.
   
   To be completed by Employee Health:

   The above named employee:
   □ Is not cleared to return to work.
   □ Is cleared to return to work on ____________.
   □ Is cleared to return to work with restrictions on ____________. Please specify restrictions:

   ______________________________________________________________
   ______________________________________________________________

   Restrictions approved by: ___________________________ Extension: ___________
   (Department Director/Manager)
   Provider Signature: ___________________________ Date: ______________

2. Report to Worker’s Compensation Representative (if returning from OJI leave)

   The above named employee:
   □ Is not cleared to return to work.
   □ Is cleared to return to work on ____________.
   □ Is cleared to return to work with restrictions on ____________. Please specify restrictions:

   ______________________________________________________________
   ______________________________________________________________

   Restrictions approved by: ___________________________ Extension: ___________
   (Department Director/Manager)
   □ This employee will need to continue on leave: □ Continuous □ Intermittent
   Until the following date: ______________
   Worker’s Compensation Signature: ___________________________ Date: ______________

3. Report to Human Resources – Leave of Absence Representative
   
   To be completed by Human Resources:

   The above named employee:
   □ Is returning to original position on ________________.
   □ Is returning with accommodations on ________________.

   Name of supervisor notified of return to work date: ________________ Extension: ________________
   HR Representative Signature: ___________________________ Date: ______________

I have completed each of the clearance procedures specified above.

Employee Signature: ___________________________ Date: ___________________________