



**SUBJECT: Medical Leave of Absence**

**REFERENCE: Higher Education Policy Commission Procedural Rule Series 35 and Family Medical Leave Act of 1993 (FMLA)**

**1. PURPOSE**

To identify the procedures and requirements for taking a Medical Leave of Absence in compliance with the Family Medical Leave Act of 1993 (FMLA), Board of Directors, State College System Rules, Series 35; and the Americans with Disabilities Act of 1990 (ADA).

**2. SCOPE AND APPLICABILITY**

All regular employees.

**3. DEFINITIONS**

*Family Medical Leave Act of 1993 (FMLA)* -- Enables qualified employees to take up to 12 weeks (paid or unpaid) leave for family and health-related reasons without loss of their jobs.

*Public Employees Insurance Agency Form (PEIA)* -- Employee Statement of Necessity for Medical Leave of Absence. This form is required by PEIA in order to continue insurance coverage while on medical leave.

**4. POLICY**

All regular employees are required to complete appropriate forms for days of absence from work due to medical reasons for themselves or family members.

- A Except in an emergency, medical leave request forms are required to be completed and approved prior to the beginning of the leave period.
- B. The type of forms required depends upon the number of consecutive (full or partial) days of absence for medical reasons. Forms are required regardless of whether the consecutive days of absence are taken as sick leave, annual leave, compensatory time, or unpaid leave. For purposes of determining required forms, holidays that occur during a period of medical leave are counted in the number of consecutive days of absence.
  - 1. Absence of five (5) or fewer consecutive (full or partial) days – Requires a

*Leave Request or Faculty Absence Report* form.

2. Absence consisting of six (6) to ten (10) consecutive (full or partial) days – Requires a *Return to Work Authorization / Medical Release* form (in addition to the *Leave Request or Faculty Absence Report* form).
  3. Absence of more than ten (10) consecutive (full or partial) days. Requires completion of a *Request for Medical Leave of Absence* and a *Treating Licensed Physician Statement/Medical Leave Verification* form.
- C. The President has the final authority for approval or denial of Medical Leave of Absence.
- D. Medical Leave of Absence is granted for a particular period of time with a specific beginning and end date. These dates are determined based upon medical necessity as determined by the *Treating Licensed Physician Statement/Medical Leave Verification* form.
- E. While on approved Medical Leave of Absence the employee is required to continue payment of his or her respective proportionate share of health/ hospitalization/life/drug insurance coverage premium cost. If the approved Medical Leave of Absence continues after 12 consecutive months the employee may be required to pay the full cost of insurance coverage.
- F. In order to receive continuous coverage of the insurances, the employee is required to submit a *PEIA Statement of Necessity for Medical Leave of Absence* form each month while on approved medical leave of absence.
- G. The extent of this leave will count toward entitlement of the FMLA, as applicable, which provides up to 12 weeks job-protected leave to eligible employees for certain family and medical reasons.
- H. If an extension of leave becomes necessary, a new *Request for Medical Leave of Absence* and a new *Treating Licensed Physician Statement/Medical Leave Verification* form must be submitted prior to the expiration of the current approved leave.
- I. Prior to returning to work, the employee must have his or her physician complete and sign Southern's *Return to Work Authorization Medical Release* form. When possible the employee should return this form to the Human Resources Office before the

expiration of the current approved leave.

**D. BACKGROUND OR EXCLUSIONS**

Southern understands the importance of health and family issues in today's work force. Because our employees may find it necessary to take leave from their jobs for a temporary period to address certain family responsibilities or their own serious health conditions, Southern hereby establishes its Medical Leave of Absence policy.

**E. GENERAL PROVISIONS**

In order to make sound and appropriate decisions regarding medical leave of absence employees must obtain beginning date, diagnosis, prognosis, and expected dates of return to work from a licensed treating physician. All employee medical information is kept in strict confidentiality according to the 1974 Privacy Act. All employees who, through the course of performing their job, obtain knowledge of another employee's medical information are required to maintain strictest confidentiality. Medical information is to be forwarded to the Human Resources Office for appropriate record keeping.

**F. RESPONSIBILITIES AND PROCEDURES**

**Supervisor:**

- 1 Is responsible for consistent application of this policy and for ensuring the appropriate leave request(s) and/or medical leave of absence forms are completed in a timely manner for employees reporting to them.
2. After six (6) to ten (10) consecutive (full or partial) days of absence for medical reasons, must have the employee complete a *Return to Work Authorization-Medical Release* form. Supervisor must forward the completed form to the Human Resources Office upon receipt from the employee.
3. Must notify Human Resources Office of a medical absence of any employee that is more than ten (10) consecutive (full or partial) days.
4. Must maintain employee confidentiality and must forward all confidential employee medical information to the Human Resources Office.
5. Is responsible for monitoring employees' leave balance to ensure that an employee has not received an illegal wage in violation of payment beyond accrued leave.

**Employee:**

1. Must complete appropriate leave request and medical leave forms. Must obtain the appropriate forms from the Human Resources Office, as far in advance as possible for scheduled medical procedures requiring more than five (5) consecutive days of absence from work.
2. Must complete and sign *Request for Medical Leave of Absence* form and have his/her treating physician complete the *Treating Licensed Physician Statement/Medical Leave Verification* form. Secure immediate supervisor's signature on the "*Request for Medical Leave of Absence*" and return both forms to the Human Resources Office.
3. Upon approval of Medical Leave of Absence, must complete and return a new *PEIA Statement of Necessity for Medical Leave of Absence* form to the Human Resources Office every 30 days while on approved leave. This is required in order to continue health, hospitalization, and other insurances.
4. Must have the physician complete and sign the "*Return to Work Authorization Medical Release Form*" and deliver to the Human Resources Office prior to returning to work.

**Human Resources Office:**

1. Upon notification by the supervisor, will forward a *Return to Work Authorization/Medical Release* form to the employee who has six (6) to ten (10) consecutive days of medical absence for completion prior to returning to work. Upon notification of supervisor, will forward to the employee all appropriate forms necessary to request a Medical Leave of Absence for absence taken for medical reasons of more than ten (10) consecutive days.
2. Will review incoming Medical Leave of Absence requests for completion and calculate remainder of leave balances (if applicable) and present leave request to the President for consideration.
3. After decision of the President, communicate approval/denial of Medical Leave of Absence to employee and supervisor.

**3. CANCELLATION**

None

4. SIGNATURE

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President

Date

**Attachments**

WH Publication 1420: *Your Rights under the FMLA of 1993.*

PEIA Statement of Necessity for Medical Leave of Absence

Forms:

*SCP-2484.A Medical Leave of Absence Request,*

*SCP-2484.B Treating License Physician Statement Medical Leave Verification,*

*SCP-2484.C Return to Work Authorization-Medical Release.*

**Distribution**

All employees

**Revision Date**