

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
HUMAN RESOURCES UNIT
PROCEDURE
SIP-2484**

SUBJECT: Medical and Military Leaves of Absence

REFERENCE: West Virginia Council for Community and Technical College Education
Title 135 Procedural Rule Series 38 Employee Leave
Family Medical Leave Act of 1993 (FMLA)
SCP-2006 Employee Leave

ORIGINATION: September 2, 2000 (as policy)

EFFECTIVE: March 2, 2010

REVIEWED: August 19, 2010

SECTION 1. PURPOSE

- 1.1 To identify the procedures and requirements for taking a Medical Leave of Absence in compliance with the Family Medical Leave Act (FMLA), policy of the Board of Governors, WV Council for Community and Technical College Education Title 135 Procedural Rule Series 38 Employee Leave; and the Americans with Disabilities Act of 1990 (ADA).

SECTION 2. SCOPE AND APPLICABILITY

- 2.1 All regular employees.

SECTION 3. DEFINITIONS

- 3.1 For specific definitions, please see Southern College Policy, [SCP-2006 Employee Leave](#).
- 3.2 *Serious Health Condition* – An illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

SECTION 4. PROCEDURE

- 4.1 For medical leave purposes, all regular employees are required to complete appropriate forms for days of absence from work due to medical reasons for themselves or family members. Forms used by the college will be a combination of forms developed by Human Resources and those recommended for specific purposes by the United States Department of Labor.

- 4.1.1 Except in an emergency, medical leave request forms are required to be completed and approved prior to the beginning of the leave period.
- 4.1.2 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 and days off during a compressed work week schedule that occur during a period of medical leave are counted in the number of consecutive days of absence.
 - 4.1.2.1 Absence of five (5) or fewer consecutive (full or partial) days (one work week or less) – Requires a Leave Request or Faculty Absence Report form.
 - 4.1.2.2 Absence consisting of six (6) to ten (10) consecutive (full or partial) days (more than one work week but no more than two) – Requires a Return to Work Authorization/Medical Release form (in addition to the Leave Request or Faculty Absence Report form).
 - 4.1.2.3 Absence of more than ten (10) consecutive (full or partial) days (more than two work weeks) – Requires completion of a Request for Medical Leave of Absence and either a Certification of Health Care Provider for Employee’s Serious Health Condition (DOL Form WH-380-E) or a Certification of Health Care Provider for Family Member’s Serious Health Condition (DOL Form WH-380-F).
- 4.2 The President or President’s designee has the final authority for approval or denial of Medical Leave of Absence.
- 4.3 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 appropriate Certification form (as stated in Section 4.3.2.3). A Medical Leave of Absence may be approved in thirty day increments when circumstances support incremental certification by the treating licensed physician.
- 4.4 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/prescription 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.
- 4.5 All employee medical leave, whether intermittent or for an extended period, will count toward the number of days/weeks allowed under the FMLA.
- 4.6 If an extension of leave becomes necessary, a new Request for Medical Leave of Absence and a new Certification form (as stated in Section 4.3.2.3) must be submitted prior to the expiration of the current approved leave.
- 4.7 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.

SECTION 5. BACKGROUND OR EXCLUSIONS

- 5.1 None.

SECTION 6. GENERAL PROVISIONS

- 6.1 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 Procedure.
- 6.2 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. Southern will follow all applicable laws in regard to medical leave under state or federal rules, such as Worker's compensation, Family Medical Leave Act (FMLA), and the Americans with Disabilities Act (ADA). Supervisors are not allowed access to medical specific information about employees. All employee medical information is kept in strict confidentiality according to applicable privacy laws and regulations. Any employee who, through the course of performing their job, obtains knowledge of another employee's medical information is required to maintain strictest confidentiality. Medical information is to be forwarded to the Human Resources Office for appropriate record keeping.
- 6.3 FMLA provides a Military Family Leave Entitlement to eligible employees for certain qualifying exigencies and also a special leave entitlement for an eligible employee to care for a covered servicemember. Employees seeking leave for reasons related to military services for themselves or family members are to contact the Human Resources Office.

SECTION 7. RESPONSIBILITIES AND PROCEDURES

- 7.1 Supervisor:
- 7.1.1 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.
 - 7.1.2 After six (6) to ten (10) consecutive (full or partial) days of absence (more than one work week but no more than two) 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.
 - 7.1.3 Must notify Human Resources Office of a medical absence of any employee that is more than ten (10) consecutive (full or partial) days (more than two work weeks).
 - 7.1.4 Must maintain employee confidentiality and must forward all confidential employee medical information to the Human Resources Office.
 - 7.1.5 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.
- 7.2 Employee:
- 7.2.1 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 (more than one work week) from work.

7.2.2 Must complete and sign Request for Medical Leave of Absence form and have his/her treating physician complete the appropriate Certification form (as stated in Section 4.3.2.3). Secure immediate supervisor's signature on the Request for Medical Leave of Absence and return both forms to the Human Resources Office.

7.2.3 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.

7.3 Human Resources:

7.3.1 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 (more than one work week but no more than two) 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 (more than two work weeks).

7.3.2 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 or President's designee for consideration.

7.3.3 After decision of the President or President's designee, communicate approval/denial of Medical Leave of Absence to employee and supervisor.

SECTION 8. CANCELLATION

8.1 None

SECTION 9. REVIEW STATEMENT

9.1 Procedure converted from Policy on March 2, 2010.

Attachments: Leave Request form Packets:

Non-Faculty:

Medical Leave Employee
Medical Leave for Family Member
Military Leave for Covered Service Member
Military Leave for Qualifying Exigency

Faculty:

Medical Leave Faculty Employee
Medical Leave Faculty for Family Member
Military Leave Faculty Covered Service Member
Military Leave Faculty Qualifying Exigency

Distribution: All employees of Southern West Virginia Community and Technical College via <http://intranet.southernwv.edu/>

Revision Notes: Originated as a policy on September 1, 2000. Revisions of August 19, 2009 are to reflect changes in the Family and Medical Leave Act (FMLA) concerning Military Family Leave Entitlements effective January 2009. The policy was rescinded to become a Unit procedure on March 2, 2010