OHR END-USER DOCUMENTATION OVERVIEW

BIRTH, PLACEMENT FOR ADOPTION, PLACEMENT FOR FOSTER CARE, BONDING

ASU LEAVE (Non-FMLA)

BENEFITS DESIGN and MANAGEMENT
Office of Human Resources

Contact
OHR Benefits Design and Management
Disability and Leaves Program Management Unit

For Department Use Only
Your Leaves Management Partner

Email HR_Disability@asu.edu
TABLE OF CONTENTS

(Click on the section heading to link to appropriate page)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Objectives</td>
<td>3</td>
</tr>
<tr>
<td>Overview</td>
<td>3</td>
</tr>
<tr>
<td>Definition: Employee Eligibility</td>
<td>3</td>
</tr>
<tr>
<td>Definition: Reason for Leave of Absence</td>
<td>3</td>
</tr>
<tr>
<td>Definition: Duration of Leave of Absence</td>
<td>3</td>
</tr>
<tr>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>Step 1 Determine Leave Process</td>
<td>5</td>
</tr>
<tr>
<td>Step 2 Receive or Issue Leave of Absence Request Form</td>
<td>5</td>
</tr>
<tr>
<td>Step 3 Issue the ASU Leave Notice of Conditional Approval</td>
<td>6</td>
</tr>
<tr>
<td>Step 4(a) (EE birth mother) Include the ASU Leave Medical Documentation for Employee's Pregnancy (Non-FMLA)</td>
<td>7</td>
</tr>
<tr>
<td>Step 4(b) (Others) Include the Employee Acknowledgement</td>
<td>8</td>
</tr>
<tr>
<td>Step 5 Authenticate or Clarify the ASU Leave Medical Documentation</td>
<td>9</td>
</tr>
<tr>
<td>Step 6 Issue the ASU Leave Designation Notice</td>
<td>9</td>
</tr>
<tr>
<td>Step 7 (EE birth mother) Include the Health Care Provider Release to Return to Work</td>
<td>10</td>
</tr>
<tr>
<td>Step 8 Verify Receipt of Documentation</td>
<td>11</td>
</tr>
<tr>
<td>Step 9 Begin the ADA Case Management Process</td>
<td>11</td>
</tr>
<tr>
<td>Step 10 Issue the Leave of Absence Status Change Form</td>
<td>12</td>
</tr>
<tr>
<td>Coordination of Benefits</td>
<td>12</td>
</tr>
<tr>
<td>Time Reporting and Compassionate Transfer of Leave</td>
<td>13</td>
</tr>
<tr>
<td>Process Checklist</td>
<td>15</td>
</tr>
<tr>
<td>Forms and Policy References</td>
<td>16</td>
</tr>
</tbody>
</table>
Purpose

This document outlines the basic information you will need to approve and process an employee’s request for the following type of leave:

**Birth/Placement for Adoption or Foster Care/Bonding - ASU Leave (Non-FMLA)**

Objectives

After reading this guide, you will be able to determine an employee’s eligibility for leave and complete the appropriate leave paperwork.

Overview

The forms required for leave administration have been designed to provide the mandated information required by ASU policy.

Definition:

- **Classification:**
  - Faculty
  - Academic professional
  - Administrator
  - University staff
  - Classified staff

- **Employment Type:**
  - Regular
  - Long-term temporary

- **Working Hours:**
  - Full time

Definition:

- **Reason for Leave of Absence:**
  - Prenatal care, if medically necessary
  - Birth of the employee’s child
  - Birth of a child to an employee’s child. See definitions section below.
  - Placement of a child with the employee for adoption or foster care
  - Child care
    - * Bonding with the employee’s natural, adopted, foster child
    - * Must be taken within 12 months after birth or placement

Definition:

- **Duration of Leave of Absence:**
  - Subject to the department’s discretion, an employee may be placed on one of the following leaves:
    - Extended leave of absence — staff
    - Health related leave with pay — faculty/sick
    - Leave of absence without pay — faculty

  The duration of leave should be determined based on the medical documentation, but in no case should any combination of paid or unpaid leave of absence (e.g. FMLA, extended leave of absence) and paid leave benefits (e.g. sick or vacation leave benefits) be for more than 12 consecutive months from the first day of leave.
Definitions

**Leave of Absence:**
A (paid or unpaid) employment category designating that an employee is in a non-work status.

**Leave Plan:**
A benefit that affords an employee paid time off — e.g. vacation, sick, parental.

**Child:**
Biological, adopted, foster child, stepchild or legal ward under the age of 18; if older than 18, one incapable of self-care because of a mental or physical disability.

**Health Care Provider:**
A state licensed doctor of medicine or osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, nurse midwife, clinical social worker, physician assistant, or Christian Science practitioner. Licensed health care providers in foreign countries are included.

**Adoption Placement:**
The date a child is placed in your home, prior to legally and permanently assuming the responsibility for raising a child as one's own, in substitution for and away from the parents. An adoption does not have to be from a licensed agency.

**Foster Care:**
The 24-hour care for a child in substitution for and away from the parents or guardian. Must be made by or with an agreement of the state.

**Parental Leave Benefits:**
A benefit to administrators, faculty, academic professionals, university staff and classified staff providing salary continuance for a period of absence from work, not to exceed six weeks, for the birth or placement for adoption of a child.

Postdoctoral scholars will continue to receive their stipend and associated benefits — health insurance and tuition remission — during this six week period for purposes of recovering from childbirth only.

Graduate research and teaching associates/assistants who currently have a .50 FTE appointment and have completed at least one academic year's service may receive up to six weeks of parental leave for purposes of recovering from childbirth during which they will continue to receive their stipend and associated benefits (health insurance and tuition remission). The department is responsible for funding these costs. The RA/TA must maintain a minimum enrollment of six credit hours during the term of
the paid leave. Any portion of the six week period of recovery from childbirth that falls outside of the appointment term will reduce the amount of available paid leave on a pro-rated basis. The accommodation period does not include adoption or paternity leave.

Step 1 Determine Leave Process

To effectively manage leaves, it is important to understand the process in your particular dean or vice president area.

Centralized:
One person — a department leaves representative, a BOM, a data time administrator or a HR manager— handles all aspects of the process for your dean or vice president area.

Decentralized:
Each separate division — office, unit, department or team — within your dean or vice president area handles the entire process for the employees in that particular section.

Hybrid:
The process is handled individually by each separate division but channeled through one main authority in your dean or vice president area.

Step 2 Receive or Issue Leave of Absence Request Form

When the need for leave is foreseeable, an employee is required to give at least a 30-day written notice. If the leave is required due to a medical emergency or other unforeseeable event, the employee must provide as much notice as is practicable under the circumstances.

➢ Department receives Leave of Absence Request Form
  -or-
  ➢ Department issues Leave of Absence Request Form

In the case of employee’s inability to complete the necessary paperwork, the department leaves representative should complete the form immediately upon determining the employee will be absent for a qualifying reason.

ØComplete the Employee and/or Supervisor sections, as applicable
ØIndicate date form issued to employee on copy and place in employee’s leave file

IMPORTANT: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
ØFax copy to Disability and Leaves Program Management Unit at 480-993-0007
Within five (5) business days, the department leaves representative must respond to the employee’s request by:

➢ Completing the department portion of the following applicable forms
➢ Issuing the following applicable forms to the employee in person, email or U.S. mail

<table>
<thead>
<tr>
<th>FOR BIRTH</th>
<th></th>
</tr>
</thead>
</table>
| **Mother** | ➢ ASU Leave Notice of Conditional Approval - Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA)  
➢ ASU Leave Medical Documentation for Employee’s Pregnancy (Non-FMLA)  
➢ Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits |
| **Father or employee’s parent** | ➢ ASU Leave Notice of Conditional Approval - Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA)  
➢ Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits |

<table>
<thead>
<tr>
<th>FOR PLACEMENT FOR ADOPTION OR FOSTER CARE/BONDING</th>
<th></th>
</tr>
</thead>
</table>
| **All Employees** | ➢ ASU Leave Notice of Conditional Approval - Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA)  
➢ Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits |

**Step 3 Issue the ASU Leave Notice of Conditional Approval - Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA)**
This is the first notice to be given to the employee upon receipt — or issuance — of a leave request. This notice of conditional approval provides information about the employee’s eligibility for the leave, details the employee’s specific responsibilities and explains any consequences for the employee failing to meet those responsibilities.

Ø Complete the form, as applicable
Ø Mail to the employee along with the appropriate supplemental forms. See step 4.
Ø Indicate date form issued to employee on copy and place in employee’s leave file

**IMPORTANT:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

---

**Step 4(a) (EE birth mother) Include the ASU Leave Medical Documentation for Employee’s Pregnancy (Non-FMLA)**

This form — given only to the employee birth mother — requests the necessary qualifying medical information from the employee’s health care provider to substantiate the need for leave. If the employee does not provide this completed documentation, ASU has the right to deny the requested leave.

This form should be completed by the health care provider 30 to 45 days prior to the beginning of the leave. If the form is completed earlier and it becomes necessary to change the leave date, a second documentation may be required.

➢ Complete Section I
➢ Allow the employee at least 15 calendar days to return the documentation
➢ Attach a job description, with essential functions
➢ Mail to the employee with the Notice of Conditional Approval. See step 3.
➢ Instruct the employee to complete Section II.
➢ Instruct the employee to give the entire form to the health care provider, asking him/her to complete Section III and to return the form, as indicated.
➢ Indicate date form issued to employee on copy and place in employee's leave file. **IMPORTANT:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
➢ Fax copy to the Disability and Leaves Program Management Unit at 480-993-0007.

Step 4(b) (Others) Include the Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits

Whereas the ASU Leave Medical Documentation for Employee's Pregnancy is used to authenticate the birth mother’s need for leave, this form is used to require other employees to validate their entitlement to this leave by agreeing to provide documentation of the event.

This form is required of the:
* Father — spouse, non-spouse
* Parent of an eligible child who is pregnant
* Adoptive or foster parent(s)

➢ Complete the supervisor section, as applicable.
➢ Mail the acknowledgement to the employee with the Notice of Eligibility
   See step 3.
➢ Indicate date form issued to employee on copy and place in employee’s leave file.
IMPORTANT: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

Fax copy to the Disability and Leaves Program Management Unit at 480-993-0007.

Step 5 Authenticate or Clarify the ASU Leave Medical Documentation

If the employee submits a complete and sufficient documentation, no additional information may be requested from the health care provider.

If the documentation is considered either incomplete or insufficient, the employee should be asked to resubmit the form to the provider.

If no additional information is provided, the leave may be denied.

Step 6 Issue the ASU Leave Designation Notice for Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA)

After the department has received and reviewed the ASU Leave Medical Documentation, the Designation Notice is provided to advise the employee if the leave has been approved or denied, or if additional information is needed.

Complete within five business days
Mail to the employee along with the Release to Return to Work. See step 7.
Indicate date form issued to employee on copy and place in employee’s leave file

IMPORTANT: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
Step 7 (EE birth mother) Include the Health Care Provider Release to Return to Work

ASU requires the employee’s health care provider to provide a fitness-for-duty certification in order for the employee to return to work full time, part time or with accommodation(s).

➢ Complete the supervisor section
➢ Attach list of essential job functions or a job description
➢ Mail the release to the employee with the Designation Notice. See step 6.
➢ Instruct employee to give form to the health care provider, asking the physician to complete and return when appropriate
➢ Indicate date form issued to employee and place a copy in employee’s leave file

**IMPORTANT:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
➢ Fax copy to Disability and Leaves Program Management Unit at 480-993-0007
Step 8 Verify Receipt of Documentation

All employees, with the exception of the birth mother, should have completed and submitted an Employee Acknowledgement form stating that they would provide birth or adoption/foster care documentation within two months of the event.

If the documentation has been received, copies should be faxed to the Disability & Leaves Program Management Unit at 480-993-0007.

If documentation is not received within two months, contact the employee and request that it be submitted within seven calendar days. If documentation is not received within that time, notify your department's designated Financial Services Payroll Specialist.

Step 9 Begin the ADA Case Management Process

The department must contact the Americans with Disabilities Act (ADA) Consultant, at 480-965-9695 prior to taking any termination action. Approximately four weeks before the end of the leave, the department should request a case management review if:

➢ The employee has indicated he/she cannot return to work for an indefinite period
➢ The employee has requested extending the leave beyond 12 months
➢ The department is aware that the employee will have restrictions or need accommodation.

Options for the employee may include, but are not limited to:
Ø Continuation of Extended Leave of Absence — staff
Ø Continuation of Health-Related Leave with Pay or Leave of Absence Without Pay — faculty
➢ Return to work with accommodations
➢ Return to work with ADA job search assistance
➢ Resignation or retirement after ADA case management
➢ Termination after ADA case management.

Step 10 Issue the Leave of Absence Status Change Form

Issue this form in the pay period any of the following events occur:
* The duration of leave period changes
* The type of leave changes
* The pay status changes
* The employee returns to work
ØFax to Disability and Leaves Program Management Unit at 480-993-0007
ØIndicate the date faxed and place in employee’s leave file

IMPORTANT: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

Coordination of Benefits

The ASU Parental Leave Benefits policy provides an employee with salary continuance for a period of absence from work, up to six weeks, for the birth or placement for adoption of a child. This benefit is available to the birth mother, father or adoptive parents. However, if two employees are requesting parental leave benefits for the same qualifying event, only a combined benefit of six weeks is available.

NOTES: If the birth mother carries ASU short-term disability, the parental leave benefit must be reduced by the amount of the short-term disability benefit, so that the total compensation equals only 100 percent of the employee’s salary.
Vacation and sick leave benefit accruals are based on hours paid by ASU. Payments made by a third-party — i.e. short-term disability benefits — do not accrue vacation and sick leave benefits.

If there is coordination of benefits, the Disability and Leaves Program Management Unit will notify the department leaves representative, via email, what the appropriate pay codes are and for what time period they are to be used. The financial services payroll specialist for your department will be copied to verify the employee’s time sheet.

Additionally, the department leaves representative will be sent a form designed to assist in coordinating and tracking an employee’s leave hours.

**Time Reporting and Compassionate Transfer of Leave**

The employee should already have completed the Request for Time Off form or used the department’s alternative request process. The leave should be approved. The department leaves representative or department time administrator is then responsible for recording an employee’s leave hours while the employee is absent from work.

To record time in HRIS, go to:
1. Manager Self Service
2. Time Management
3. Report Time
4. Timesheet
5. Click: Get Employees
6. Select employee
7. View By: Time Period
8. On a daily basis, enter the number of hours of eligible time:
<table>
<thead>
<tr>
<th>Description</th>
<th>Pay Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental, Paid</td>
<td>PTL (salaried)</td>
<td>Use for six weeks from the date of birth or adoption.</td>
</tr>
<tr>
<td></td>
<td>PTP (hourly)</td>
<td></td>
</tr>
<tr>
<td>Unpaid Benefit Coordination</td>
<td>ULS (salaried)</td>
<td>Use when an employee has Short-Term Disability. These codes are used for the</td>
</tr>
<tr>
<td>Unpaid Benefit Coordination</td>
<td>ULH (hourly)</td>
<td>66 2/3 or 70% of hours that are paid by STD.</td>
</tr>
<tr>
<td>After six weeks of Parental Leave Benefits, use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick, Paid</td>
<td>SCK (salaried)</td>
<td>An employee may use any available time to remain in a paid status. *</td>
</tr>
<tr>
<td></td>
<td>SCP (hourly)</td>
<td></td>
</tr>
<tr>
<td>Compensatory Time, Paid</td>
<td>CTH (hourly)</td>
<td></td>
</tr>
<tr>
<td>Vacation, Paid</td>
<td>VAC (salaried)</td>
<td>Use only when an employee has both paid and unpaid time in the same pay</td>
</tr>
<tr>
<td></td>
<td>VAH (hourly)</td>
<td>period (e.g. 50 hours VAC and 30 hours USS)</td>
</tr>
<tr>
<td></td>
<td>USS (salaried)</td>
<td>(Because the employee is still in an Active (paid) status, a salaried</td>
</tr>
<tr>
<td>Unpaid Sick</td>
<td>USH (hourly)</td>
<td>employee would continue to be paid full salary if the unpaid sick code is</td>
</tr>
<tr>
<td>Unpaid Sick</td>
<td></td>
<td>not used.)</td>
</tr>
<tr>
<td>If an employee has NO paid hours available in a pay period, issue the LOA Status Change Form and report no hours.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NOTE:* It is the department’s discretion whether or not to allow a faculty or staff member to use sick leave past the medical portion of the leave (for bonding purposes).

**COMPASSIONATE TRANSFER OF LEAVE (CTL)**

When it is apparent that the employee will be eligible for CTL, the department leaves representative should submit the following budgetary approved items to the department’s designated benefits administrator:

1) The request for donated hours
2) The CTL request memo
3) Any applicable medical documentation

The Benefits Administrator will notify the supervisor if the CTL has been approved.

If CTL is approved, the Leave of Absence Status Change Form must be issued — if not already issued — placing the employee on unpaid leave.
## Quick Reference Guide

### Process Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Determine Leave Process</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Receive or Issue the Leave of Absence Request Form</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Issue the ASU Leave Notice of Conditional Approval</td>
<td>7</td>
</tr>
<tr>
<td>4(a)</td>
<td>For EE birth mother, include ASU Leave Medical Documentation</td>
<td>7</td>
</tr>
<tr>
<td>4(b)</td>
<td>For others, include Employee Acknowledgement</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Authenticate or Clarify the ASU Leave Medical Documentation</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>Issue the ASU Leave Designation Notice</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Issue the Health Care Provider Release to Return to Work</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>Verify Receipt of Documentation</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Begin the ADA Case Management Process</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Issue the Leave of Absence Status Change Form</td>
<td>12</td>
</tr>
</tbody>
</table>
BIRTH, PLACEMENT FOR ADOPTION, PLACEMENT FOR FOSTER CARE, BONDING
ASU LEAVE (Non-FMLA)

Forms and Policy References

ACD POLICIES
405 Americans With Disabilities
702-02 Health Related Leave
704-02 Vacation Leave-Fiscal Year Appt
704-03 Compassionate Transfer of Leave
707 Leave of Absence Without Pay

SPP POLICIES
404-04 Overtime
701-01 Sick Leave
702-01 Vacation Leave
702-04 Compassionate Transfer of Leave
705-01 Extended Leave of Absence

FORMS
Generic to all leaves:
● Leave of Absence Request Form
● Health Care Provider Release to Return to Work/Certificate of Illness
● Leave of Absence Status Change Form

Specific to Birth/Placement for Adoption or Foster Care/Bonding:
● Notice of Conditional Approval (ASU Leave)
● Medical Documentation (ASU Leave)
● Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits
● Designation Notice (ASU Leave)