



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.

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Birth, Placement for Adoption, Placement for Foster Care, Bonding
ASU Leave | Non-FMLA

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: Employee Eligibility

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 prorated 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 provost area.

Centralized

One person — e.g. a department leaves representative, a BOM, a data time administrator, or an HR Manager — handles all aspects of the process for your dean or vice provost area.

Decentralized

Each separate division — office, unit, department, or team — within your dean or vice provost 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 provost 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.
- Complete the Employee and/or Supervisor sections, as applicable
- 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 Disability and Leaves Program Management Unit at 480-993-0007



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Within five 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, via email or U.S. mail.

FOR BIRTH	
Mother	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
FOR PLACEMENT FOR ADOPTION OR FOSTER CARE/BONDING	
All employees	<ul style="list-style-type: none"> • 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.

- Complete the form, as applicable
- Mail to the employee along with the appropriate supplemental forms. See Steps 4.
- 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.

ASU ASU LEAVE NOTICE OF CONDITIONAL APPROVAL -
BIRTH PLACEMENT FOR ADOPTION OR FOSTER
CARE BONDING (NON-FMLA)

DATE: _____ Employee 10-digit ID: _____

TO: _____

FROM: _____
College or Department Name College or Department Number

FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007

Dear _____

Completed on _____

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 30-45 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.



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- 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 or 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.

The form is titled "ASU LEAVE MEDICAL DOCUMENTATION FOR EMPLOYEE'S PREGNANCY (NON-FMLA)". It features the ASU logo in the top left corner. Below the logo, there is a section for the Health Care Provider to return the form, with fields for "Name", "Address", and "Telephone ()". There is also a field for "FAX: ()". The form includes a section titled "SECTION I: Instructions for Completion by DEPARTMENT" which states: "Please complete the above return address and Section I before giving this form to your employee. Departments must maintain medical records and documents of employees created for ASU purposes as confidential medical records in separate files/records from the usual personnel files."



Step 4(b) Others, include the employee acknowledgement for birth, placement, parental leave benefits form.

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 following:

- Father — spouse, nonspouse.
- 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.

The form is titled "ASU EMPLOYEE ACKNOWLEDGEMENT FOR LEAVE OF ABSENCE (BIRTH/PLACEMENT) AND PARENTAL LEAVE BENEFITS". It contains the following fields and sections:

- DATE:** A line for the date.
- TO:** A line for the recipient's name.
- Employee 10-digit ID:** A line for the employee's ID number.
- FROM:** A line for the sender's name.
- College or Department Name:** A line for the sender's department.
- College or Department Number:** A line for the sender's department number.
- The employee has requested the following leave:** A list of leave types with checkboxes:
 - FMLA
 - Extended Leave of Absence (Staff)
 - Health Related Leave with Pay (Faculty/Staff)
 - Leave of Absence without Pay (Faculty)
- Is the employee requesting Parental Leave Benefits?** A line for a yes/no response.



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 for 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.



ASU LEAVE DESIGNATION NOTICE
BIRTH/PLACEMENT FOR ADOPTION OR FOSTER CARE/
BONDING (NON-FMLA)

DATE: _____ Employee 10-digit ID: _____

TO: _____

FROM: _____
College or Department Name _____ College or Department Number _____

FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007

Dear _____

We have reviewed your request for leave due to birth/adoption/foster care and any supporting documentation that you have provided. We received your most recent information on _____ and determined _____



Step 7 EE birth mother, include the health care provider release to return to work form.

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.

ASU		HEALTH CARE PROVIDER RELEASE TO RETURN TO WORK/ CERTIFICATE OF ILLNESS			
Employee Name: _____					
ASU ID (10 digit number)	Date of illness or injury (mm/dd/yyyy)	Was this a work related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> The employee may return to full duties WITHOUT restrictions on (mm/dd/yyyy).					
OR					
<input type="checkbox"/> The employee may return to work WITH restrictions as indicated below on (mm/dd/yyyy): _____					
Is the employee able to return to work full-time?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the employee able to return to work part-time?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
How many hours can the employee work within a 24 hour period? _____ Hours.					
How many days can the employee work within a 5 day work week? (Circle One) 1 2 3 4 5					
Restrictions, if applicable		Duration of Restriction		Restrictions, if applicable	
Circle either: <input type="radio"/> T = Temporary		From (Date)	To (Date)	Circle either: <input type="radio"/> T = Temporary	
<input type="radio"/> P = Permanent				<input type="radio"/> P = Permanent	
				From (Date)	To (Date)



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 and 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 an Americans with Disabilities Act 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 or 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:

- Continuation of extended leave of absence — staff.
- 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.

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

The form is titled "ASU LEAVE OF ABSENCE STATUS CHANGE FORM". It contains the following fields and sections:

- Employee Name: _____ Date: _____
- Employee 10-digit ID Number: _____
- Department Name: _____ Department Number: _____
- CHANGE LEAVE DATE**
 - Revised Leave Begin Date: _____
 - Revised Return to Work Date: _____
- CHANGE LEAVE TYPE**
 - From:**
 - FMLA
 - FMLA, Workers' Compensation
 - Extended Leave (Staff)
 - Extended Leave (Staff), Workers' Compensation
 - Health Related Leave (Faculty/sick)
 - Leave Without Pay (Faculty)
 - Leave Without Pay (Faculty), Workers' Compensation
 - Parental
 - Military
 - To:**
 - FMLA
 - FMLA, Workers' Compensation
 - Extended Leave (Staff)
 - Extended Leave (Staff), Workers' Compensation
 - Leave Without Pay (Faculty)
 - Leave Without Pay (Faculty), Workers' Compensation
 - Parental
- EFFECTIVE DATE:** _____

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 timesheet.

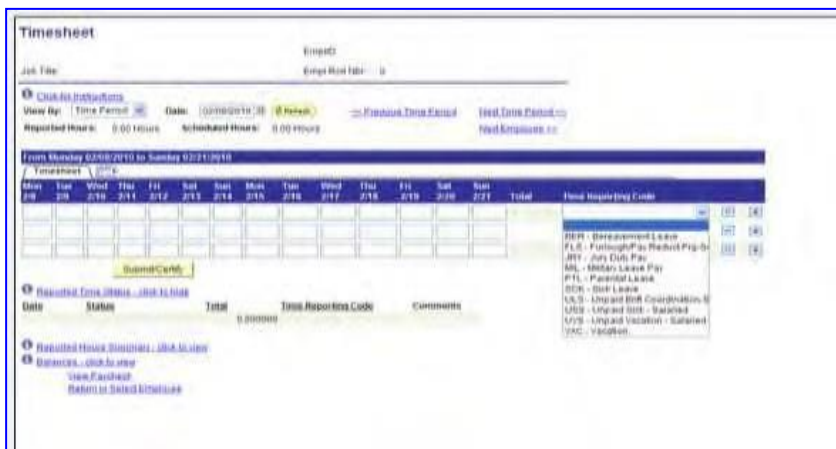
Additionally, the department leaves representative will be sent a form designed to assist in coordinating and tracking an employee's leave hours.

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 — and 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:





Description	Pay code	
Parental, Paid	PTL (salaried) PTP (hourly)	Use for six weeks from the date of birth or adoption.
Unpaid benefit coordination Unpaid benefit coordination	ULS (salaried) ULH (hourly)	Use when an employee has Short-Term Disability. These codes are used for the 66 ^{2/3} or 70 percent of hours that are paid by STD.
After six weeks of parental leave benefits, use:		
Sick, paid	SCK (salaried) SCP (hourly)	An employee may use any available time to remain in a paid status. *
Compensatory time, paid	CTH (hourly)	
Vacation, paid	VAC (salaried) VAH (hourly)	
Unpaid sick Unpaid sick	USS (salaried) USH (hourly)	Use only when an employee has both paid and unpaid time in the same pay period — e.g. 50 hours VAC and 30 hours USS. Because the employee is still in an active paid status, a salaried employee would continue to be paid full salary if the unpaid sick code is not used.
If an employee has NO paid hours available in a pay period, issue the leave of absence status change form and report no hours.		

* **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:

- The request for donated hours.
- The CTL request memo.
- 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.



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**Forms and
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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](#)