![ASU Arizona State University]

OHR End-user documentation overview

Birth-placement for adoption or foster care-bonding Family Medical Leave Act

Benefits Design and Management
Office of Human Resources

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Birth-placement for adoption or foster care-bonding

Family Medical Leave Act

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 - FMLA
Objectives	After reading this guide, you will be able to determine an employee's eligibility for leave of absence and complete the appropriate paperwork.
Overview	The forms required for leave administration have been designed to provide the mandated information required by ASU policy and/or federal regulations.
Definition: Employee Eligibility	Classification: ➢ Faculty ➢ Academic Professional ➢ Administrator ➢ University Staff ➢ Classified Staff ➢ Student Worker ➢ Post Doctoral Scholar ➢ Teaching Assistant ➢ Research Assistant Employment Type: ➢ Regular ➢ Long-Term Temporary ➢ Short-Term Temporary ➢ Seasonal Working Hours: ➢ Full-Time ➢ Part-Time ➢ PRN Who has been employed for at least 12 months ➢ Months need not be consecutive ➢ Employment prior to a break in service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement of intent to rehire the employee after the break in service. Who *worked* at least 1250 hours during the 12 months immediately prior to the requested leave date ➢ Unpaid time off or paid time off under the leave benefits plans - e.g., parental, sick, vacation leave or holiday - do not count toward the accumulation. ➢ Hours taken for National Guard or Reserve duty are counted toward the accumulation ➢ Hours worked as a Student Worker count toward the accumulation.

	➢ If an employee works multiple jobs, the hours are totaled and counted toward the accumulation ➢ If applicable, furlough hours do count towards the accumulation.
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 child 　* Must be taken **within** 12 months after birth or placement
Definition: Duration and Type of Leave of Absence	➢ Up to 12 workweeks 　* If spouses who are both employed by the university are requesting leave for the same event, they are limited to a **combined** total of 12 workweeks ➢ In a 12-month period 　* Beginning on the date of the event ➢A leave may be: 　* Taken continuously - in one single block of time 　* Taken intermittently - in separate blocks of time due to a single qualifying reason 　* Taken on a reduced schedule - reducing the employee's number of work hours per workweek or per workday In the case of either intermittent or reduced schedule leave, the following apply: 　* For the birth or placement of a healthy child, or for the bonding with a healthy child, the department must agree to an intermittent or reduced schedule leave; 　* For an employee's own FMLA qualifying illness or for an employee to care for a family member with a FMLA qualifying illness, the need for an intermittent or reduced schedule must be supported by medical documentation; 　* The Disability & Leaves Program Management Unit must be notified in order to issue the Intermittent Leave Tracking Form for the department's use.
Definitions Birth, Placement, and Bonding	Leave of Absence: A - paid or unpaid - employment category designating that an employee is in a non-work status. Leave Benefit Plan: A benefit - e.g. vacation, sick or parental leave benefit - that compensates the employee when he/she is absent from work. Spouse: A husband or wife as defined and recognized by Arizona law for purposes of marriage.

Child:
Biological, adopted, foster, or 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 6 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 6 credit hours during the term of the paid leave. Any portion of the 6 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 VP area. Contact your Dean or VP for confirmation.

Centralized:
One person, - e.g., a Department Leaves Representative, Business Operations Manager, or HR Liaison - handles all aspects of the process for your Dean or VP area.

Decentralized:
Each separate division - e.g., an office, unit, department, or team - within your Dean or VP 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 VP area.

Step 2 Receive or Issue Leave of Absence Request Form -
PDF

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 longer than three consecutive calendar days.

➢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 & Leaves Program Management Unit at 480-993-0007

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE: COMPLETE/SUBMIT TO DEPARTMENT

Employee Name:_____ Date:_____

Employee 10-digit ID Number: _____

Requested Dates: From: _____(first day of leave) To: _____ (proposed return to work date)

Reason: _____

> Birth/Placement for Adoption or Foster Care/Bonding

☐ Birth... Date of Birth: _____

☐ Placement for Adoption .... Date of Placement:_____

☐ Placement for Foster Care .... Date of Placement: _____

☐ Bonding (Within one year) .... Date of Birth or Placement: _____

Are you requesting Parental Leave benefits?   ☐ Yes   ☐ No

Are you the: ☐ Mother   ☐ Father   ☐ Domestic Partner   ☐ Other _____

Is another ASU employee also requesting leave for this same event? ☐ Yes   ☐ No

If yes, Employee's Name and ID Number: _____   _____

Within five business days, the department leaves representative must respond to the employee's request by:

> Determining employee's FMLA eligibility - See Step 3

> Completing the department portion of the following applicable forms

> Issuing the following applicable forms to the employee - in person, via email or US Mail

FOR BIRTH	
Mother	➢ FMLA Notice of Eligibility with Rights and Responsibility for Birth/Placement for Adoption or Foster Care/Bonding ➢ FMLA Certification of Health Care Provider for Employee's Pregnancy ➢ Authorization For Release of Health Information
Father or employee's parent	➢ FMLA Notice of Eligibility with Rights and Responsibility for Birth/Placement for Adoption or Foster Care/Bonding ➢ Employee Acknowledgement for Leave of Absence - Birth/Placement - and Parental Leave Benefits

For placement for adoption or foster care-bonding	
All Employees	➢ FMLA Notice of Eligibility with Rights and Responsibility for Birth/Placement for Adoption or Foster Care/Bonding ➢ Employee Acknowledgement for Leave of Absence - Birth/Placement - and Parental Leave Benefits

Step 3 Determine Employee Eligibility for FMLA

To be eligible for FMLA, the employee must:
1) Have been employed for at least 12 months **and**
2) Have worked at least 1250 hours during the 12 months immediately prior to the requested leave date **and**
3) Have not already exhausted his/her FMLA entitlement.

Eligibility Requirement #1
Verify that the person has been an Arizona University System - Arizona State University, Northern Arizona University, The University of Arizona, or Arizona Board of Regents - employee for at least 12 months.

* Months do not need to be consecutive - e.g., 3 months in 2010 + 2 years 2005-2006
* Employment prior to a break-in-service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement of intent to rehire the employee after the break in service.

   In the Human Resources Information System:
   1) Go to Workforce Administration
   2) Select the Job Data screen

3) Enter the employee's 10-digit ID number - or - the employee's first and last names
4) Select Include History
5) Click Search
6) You are now on the Work Location screen

7) Select Employment Data
8) You are now on the Employment Information screen

9) Note the **Original Start Date**
10) Note the **Last Start Date**
11) If the Original Start Date and the Last Start Date are the same and are at least 12 months prior to the requested leave date, the employee has met the first part of the eligibility requirement.
12) The leaves representative should contact the department's designated Leaves Management Partner if the Original Start Date and the Last Start Date:
    * Are the same but within 12 months of the requested leave date, or
    * Are different.

If the person is a transfer employee within the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this first requirement.

Get assistance:
Leaves Management Partners
cfo.asu.edu/hr-benefitspartners
email HR_Disability@asu.edu

At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence - staff, Health Related Leave with Pay - faculty/sick, or Leave of Absence without Pay - faculty. See the End-User Document Overview for ASU Leave: Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA).

Eligibility Requirement #2

Verify that the employee has **worked** at least 1250 hours during the 12 months immediately prior to the requested leave date.

- Unpaid hours off do *not* count
- Paid time off under a leave benefits plan - e.g., sick, vacation or holiday - do **not** count
- Hours taken for National Guard or Reserve duty *do* count
- Hours worked as a student worker *do* count
- Furlough hours *do* count
- If an employee works multiple jobs, worked hours are added together and all **do** count

The **Scheduled Leave Planning Report** on the dashboard is used:
1) Go to www.asu.edu/dashboard/
2) Select Human Resources on the left sidebar menu
3) Log in
4) Select Scheduled Leave Planning, on the left side bar menu

5) In the Search By box, select Employee ID - or - Employee Name
6) Enter the employee 10-digit ID number - or - employee name in the box to the right
7) In the Leave Type box, select ALL
8) In the Approval Type box, select ALL
9) In the Plans to Work box, select ALL
10) In the From box, enter the date one year prior to the requested leave date
11) In the To box, enter today's date
12) Click Go

13) If you entered the employee's name - rather than ID, a menu will appear listing all employees with the identical name; click on your employee's name

	Hide header	Search By:	Employee Name ▾	John Smith		(Example: first name last na
	Dashboard Main	Leave Type:	ALL ▾	Approval Type: ALL ▾	Plans to Work: ALL ▾	Fr
	Workforce	After changing drop downs and/or search box, press 'Go' to see updated results.				
	SUMMARY	Click on Employee ID to go to Peoplesoft DTA Time Approval.				
	Employee List/Job					

Leave Planning

	Full Name ▲	Title
1	John Smith	-
2	John Smith	-
3	John Smith	-
4	John Smith	-
5	John Smith	-
6	John Smith	-
7	John Smith	-

(Left sidebar items: Scheduled Leave Planning, Vacation Planning, Reports)

14) The report will show either:
   1) All hours (worked and non-worked) for a non-exempt employee, or
   2) All exception hours for an exempt employee

Leave Planning

▶ Show Columns

	Date ▲	Day	Employee ID	Name	Plans to Work	Dept ID	Leave Type	Hourly or Salary	Appr. Not/Appr Denied	Hours	Reports To
1	2010-03-12	Fri, Mar 12			-	D0501005	Vacation	S	AP	4	
2	2010-04-16	Fri, Apr 16			-	D0501005	Sick Leave	S	AP	2.5	

15) Export the report to Excel by clicking on [icon] the icon

In the Excel spreadsheet:
➤ For an hourly - non-exempt - employee:
   1) Delete all exception hour rows - e.g. Vacation, Sick, Holiday
   2) Total the number of remaining Regular and Furlough hours

➤ For a salaried – exempt - employee:
   1) Total the number of exception hours
   2) Determine the employee's annual scheduled work hours
      a) Go to Workforce Administration
      b) Select the Job Data screen
      c) Enter the employee's 10-digit ID number - or - the employee's first and last names
      d) Select Include History
      e) Click Search
      f) Click the Job Information tab along the top

g) You are now on the Job Information screen

h) Note the Standard Hours
i) Multiply the Standard Hours by 52 weeks
3) Subtract the exception hours from the employee's annual Standard Hours

If the total number of worked hours is at least 1250, the employee has met the second part of the eligibility requirement.

If the person is a transfer employee from the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this second requirement.

At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence (staff), Health Related Leave with Pay (faculty/sick), or Leave of Absence without Pay (faculty). See the End-User Document Overview for ASU Leave: Birth/Adoption/Foster Care/Bonding (Non-FMLA).

Eligibility Requirement #3
Determine the amount of FMLA leave the employee has already taken, if any, since the last anniversary month. The anniversary month is the month designated in the **Last Start Date** - See Eligibility Requirement #1.   If rehired, the **Last Start Date** becomes the FMLA anniversary month

To search for prior FMLA usage, in HRIS:
1) Go to Workforce Administration
2) Select the Job Data screen
3) Enter the employee's 10-digit ID number - or - the employee's first and last names

4) Select Include History
5) Click Search
6) You are now on the Work Location screen

7) Click on the arrow to the left of the word Last
8) Continue to click the arrow while searching for a Return from Leave in the Action field

   Remember – you need only go back as far as the last anniversary date

 9) If there is a Return from Leave action, note the effective date
10) Continue to click the arrow to search for the Un/Paid Leave of Absence in the Action field
11) Note the effective date
12) Count the number of days between the effective dates and divide by 7 to calculate the number of weeks and days the employee has already used
13) Determine if the employee has had any Intermittent Leave usage during this period by referring to the employee's department leave file. Count the actual number of work hours missed and divide by 8 to calculate the number of days already used.

Subtract the amount of FMLA time already taken since the last anniversary date from the 12-week entitlement to determine how many weeks the employee has remaining to use.

If the person is a transfer employee within the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this second requirement.

At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence - staff, Health Related Leave with Pay - faculty/sick, or Leave of Absence without Pay - faculty. See the End-User Document Overview for ASU Leave: Birth/Placement for Adoption or Foster Care/Bonding (Non-FMLA).

Step 4 Issue the FMLA Notice of Eligibility with Rights & Responsibility for Birth/Placement for Adoption or Foster Care/Bonding - PDF - with supporting forms

This is the first notice to be given to the employee upon receipt - or issuance - of a leave request. This notice gives *conditional leave approval*, information about the employee's eligibility for FMLA 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 Step 5.
➢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.

FMLA NOTICE OF ELIGIBILITY WITH RIGHTS & RESPONSIBILITY FOR BIRTH/PLACEMENT FOR ADOPTION OR FOSTER CARE/BONDING

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

Congratulations on the upcoming addition to your family. On _____, you informed us that you needed leave beginning on _____for birth, placement for adoption, placement for foster care, or for family bonding.

This *conditional notice* is to inform you that you are eligible for Family Medical Leave Act (FMLA) and that you still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by** _____. If sufficient information, as outlined below, is not provided in a timely manner, your leave may be denied.

Step 5(a) - EE birth mother - Include the FMLA Certification of Health Care Provider for Employee's Pregnancy - PDF

This form - given only to the employee birth mother - requests the necessary medical information from the employee's health care provider to substantiate the need for 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.

➢Complete Section I
➢You must allow the employee at least 15 calendar days to return the certification
➢Attach a job description, with essential functions
➢Mail the certification to the employee with the Notice of Eligibility - See Step 4
➢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 & Leaves Program Management Unit at 480.993.0007

FMLA CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S PREGNANCY

Name _____

Health Care Provider,
Please return this form
by _____ to:

Address _____

_____

_____

Telephone (____) _____ FAX: (____) _____

SECTION I: Instructions for Completion by DEPARTMENT
The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete the above return address and Section I before giving this form to your employee. Departments must maintain records and documents relating to medical certifications, re-certifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files.

Step 5(b) - EE birth mother - Include Authorization for Release of Health Information - PDF

This form - given only to the employee birth mother) - provides health care provider(s) with the employee's authorization to discuss protected medical information with ASU. While authorization is not mandated by FMLA law, most health care providers require it. OHR recommends that the department have the employee complete the form prior to the leave rather than wait until its use may be necessary.

➢Mail the authorization to the employee with the Notice of Eligibility - See Step 4
➢Request the employee complete the form and return to department leaves representative
➢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 the Disability & Leaves Program Management Unit at 480-993-0007

AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION

I, (employee name)_____, hereby authorize my health care providers (or organizations) to disclose health information to Arizona State University ("ASU") for the purpose of my request for a leave of absence, effective _____, under ASU policy and/or the Family Medical Leave Act (FMLA).

  ➢I authorize the following information be provided or clarified:

    ☐ Information contained on the Certification of Health Care Provider/Medical Documentation Form

    ☐ Other: _____

      _____

  ➢ASU may request protected health information only for the purpose of my leave of absence under ASU policy and/or the FMLA. I request to restrict use and disclosure of protected health information concerning health care treatment, payment, or health care operations about me by ASU in accordance with the Health Insurance

Step 5(c) Others - Include the Employee Acknowledgement for Leave of Absence - Birth/Placement - and Parental Leave Benefits - PDF

Whereas the Certification of Health Care Provider 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. Additionally, ASU policy states that the university reserves the right to require substantiation of the birth or adoption of the child that resulted in parental leave with pay.

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

➤ Complete the supervisor section, as applicable
➤ Mail to the employee with the Notice of Eligibility - See Step 4
➤ Instruct the employee to complete the employee section and return the form to you
➤ 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 & Leaves Program Management Unit at 480-993-0007

EMPLOYEE ACKNOWLEDGEMENT
FOR LEAVE OF ABSENCE (BIRTH/PLACEMENT) AND PARENTAL LEAVE BENEFITS

DATE: _____   Employee 10-digit ID: _____
TO:

_____

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

The employee has requested the following leave:
- ☐ FMLA
- ☐ Extended Leave of Absence (Staff)
- ☐ Health Related Leave with Pay (Faculty/Sick)
- ☐ Leave of Absence without Pay (Faculty)

Is the employee requesting Parental Leave Benefits?

Step 6 Authenticate or Clarify the Certification of Health Care Provider

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

If the certification is considered either incomplete or insufficient, the employee must be notified, via the Designation Form - Step 7, and given seven calendar days to cure any deficiency. A certification is considered incomplete if an item is not filled in; it is considered insufficient if the information is vague, ambiguous, or nonresponsive.

If it is necessary to either clarify and/or authenticate the certification, the department leaves representative may contact the provider. Authentication means providing the health care provider with a copy of the certification and requesting verification that the information is complete and authorized by the provider who signed it. Clarification means a need to understand the handwriting on the certification or the meaning of a response.

> **Contact with the health care provider by the employee's direct supervisor is prohibited by FMLA law.**

Step 7 Issue the FMLA Designation Notice for Birth/Placement for Adoption or Foster Care/Bonding - PDF - with supporting forms

After the department has received and reviewed the FMLA Certification of Health Care Provider, this Designation Notice is provided to advise the employee if the FMLA leave has been approved or denied, or if additional information is needed.

➢Complete within five business days of receipt of certification
➢Mail to the employee along with the Release to Return to Work - Step 8
➢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 FMLA LEAVE DESIGNATION NOTICE
BIRTH/PLACEMENT FOR ADOPTION OR FOSTER CARE/BONDING

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 8 - EE birth mother - Include the Health Care Provider Release to Return to Work - PDF

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 supervisor section
➢ Attach a job description, with essential functions
➢ Mail to the employee with the Designation Notice - See Step 7
➢ Instruct the employee to give the form to the health care provider, asking him/her 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 & Leaves Program Management Unit at 480-993-0007

Step 9 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 the 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 10 Begin the ADA Case Management Process

The department must contact the Americans with Disabilities Act Consultant, at extension 5.9786 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:
> ➤ Extended Leave of Absence - staff

> ➢ 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 11 Issue the Leave of Absence Status Change Form - PDF

Issue this form **in the pay period** any of the following events occur:
  * The duration or the dates of leave change
  * The type of leave changes
  * The pay status changes
  * The employee returns to work

➢Fax to Disability & Leaves Program Management Unit at 480-993-0007

➢Indicate 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 up to six weeks of absence from work, for the birth or placement for adoption of a child. This benefit is available to the birth mother, father or adoptive parents. If two employees request parental leave benefits for the same qualifying event, however, only a *combined* benefit of six weeks is available.

Leave may be taken intermittently or on a reduced schedule during the Parental Leave portion of FMLA; but doing so does not extend Parental Leave benefits past six weeks from the date of the birth or placement for adoption.

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% of the employee's salary.

NOTE: 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 & 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, Intermittent Leave and Compassionate Transfer of Leave

Time Reporting
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 on FMLA.

    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:

Timesheet

EmplID:

Job Title: Empl Rcd Nbr: 0

ⓘ Click for Instructions

View By: [Time Period ▾]   Date: [02/08/2010] 📆 [↻ Refresh]   << Previous Time Period   Next Time Period >>

Reported Hours: 0.00 Hours   Scheduled Hours: 0.00 Hours   Next Employee >>

From Monday 02/08/2010 to Sunday 02/21/2010

Mon 2/8	Tue 2/9	Wed 2/10	Thu 2/11	Fri 2/12	Sat 2/13	Sun 2/14	Mon 2/15	Tue 2/16	Wed 2/17	Thu 2/18	Fri 2/19	Sat 2/20	Sun 2/21	Total	Time Reporting Code

[Submit/Certify]

ⓘ Reported Time Status - click to hide

Date	Status	Total	Time Reporting Code	Comments
		0.000000		

ⓘ Reported Hours Summary - click to view

ⓘ Balances - click to view

View Paycheck

Return to Select Employee

Dropdown list:
BER - Bereavement Leave
FLS - Furlough/Pay Reduct Prg-S
JRY - Jury Duty Pay
MIL - Military Leave Pay
PTL - Parental Leave
SCK - Sick Leave
ULS - Unpaid Bnft Coordination-S
USS - Unpaid Sick - Salaried
UVS - Unpaid Vacation - Salaried
VAC - Vacation

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% 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 accrued sick time to remain in a paid status.*
Compensatory Time, Paid	CTH - hourly	An hourly employee may use compensatory time to remain in a paid status.
Vacation, Paid	VAC - salaried VAH - hourly	An employee may use accrued vacation time to remain in a paid status.
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 LOA 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.

Intermittent Leave
Upon notification that an employee will be using Intermittent Leave, the Disability & Leaves Program Management Unit will send to the department leaves representative a form designed to assist the department in tracking the employee's time.

Compassionate Transfer of Leave
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 Leaves Management Partner by confidential e-fax at 480.993.0007:
> 1) The Request for Donated Hours, and
> 2) The CTL Request Memo, and
> 3) Any applicable medical certification.

The Leaves Management Partner 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.

More information

> Contact: OHR Benefits Design and Management
> Disability and Leaves Program Management Unit
>
> **For Department Use Only**
> Leaves Management Partners
> cfo.asu.edu/hr-benefitspartners.
>
> Email HR_Disability@asu.edu

Process Checklist - Quick Reference Guide

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Forms and Policy References	
	## ACD Policies
	405 Americans With Disabilities
	702-02 Health Related Leave
	702-03 Family Leave
	704-02 Vacation Leave-Fiscal Year Appt
	704-03 Compassionate Transfer of Leave
	707 Leave of Absence Without Pay
	710 Parental Leave with 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
	705-02 Family Leave
	708 Parental Leave with Pay
	## Forms
	Generic to all leaves:
	● Leave of Absence Request Form
	● Authorization for Release of Health Care Information
	● 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 Eligibility with Rights, & Responsibility (FMLA)
	● Certification of Health Care Provider (FMLA)
	● Employee Acknowledgement for Leave of Absence (Birth/Placement) and Parental Leave Benefits
	● Designation Notice (FMLA)