



OHR END-USER DOCUMENTATION OVERVIEW

EMPLOYEE HEALTH

ASU LEAVE (Non-FMLA)

BENEFITS DESIGN AND MANAGEMENT

Office of Human Resources



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**EMPLOYEE HEALTH
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: Employee Medical - 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	<p>Classification:</p> <ul style="list-style-type: none"> ➤ Faculty ➤ Academic Professional ➤ Administrator ➤ University Staff ➤ Classified Staff <p>Employment Type:</p> <ul style="list-style-type: none"> ➤ Regular ➤ Long-Term Temporary <p>Working Hours:</p> <ul style="list-style-type: none"> ➤ Full-Time
Definition: Reason for Leave of Absence	<p>An employee is eligible for leave for the following reasons:</p> <p>The employee’s own health condition from an illness, injury, impairment, or a physical or mental condition which makes him or her unable to perform the functions of the job.</p>
Definition: Duration of Leave of Absence	<p>Subject to the department’s discretion, an employee may be placed on one of the following leaves:</p> <ul style="list-style-type: none"> ➤ Extended Leave of Absence (staff) ➤ Health Related Leave with Pay (faculty/sick) ➤ Leave of Absence without Pay (faculty) <p>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.</p>



Definitions

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.

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.

Step 1 Determine Leave Process

In order to effectively manage leaves, it is important to understand the process in your particular Dean or VP area.

Centralized:

One person, (e.g. a Department Leaves Representative, a BOM, a Data Time Administrator, or a HR Manager) handles all aspects of the process for your Dean or VP area.

Decentralized:

Each separate division (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 due to a medical 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



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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

ASU 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 (5) business days, the department leaves representative must respond to the employee's request by:

- Completing the department portion of the following forms,
- Issuing the following forms to the employee (in person, via email or US Mail)

ASU Leave Notice of Conditional Approval - Employee Health (Non-FMLA) AND
ASU Leave Medical Documentation for Employee's Health (Non-FMLA)

Step 3 Issue the ASU Leave Notice of Conditional Approval - Employee Health (Non-FMLA) (PDF)

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 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 and 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.



EMPLOYEE HEALTH ASU LEAVE (Non-FMLA)

The form is titled "ASU LEAVE NOTICE OF CONDITIONAL APPROVAL - EMPLOYEE HEALTH (NON-FMLA)". It includes fields for "DATE:", "Employee 10-digit ID:", "TO:", "FROM:", "College or Department Name", and "College or Department Number". A black box contains the text "FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007". The form begins with "Dear" and a line for the employee's name. The opening sentence reads: "On _____, you informed us that you needed leave beginning on _____ for your own serious health condition."

Step 4 Include the ASU Leave Medical Documentation for Employee's Health (Non-FMLA) ([PDF](#))

This form provided to the employee 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.

- 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 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



EMPLOYEE HEALTH ASU LEAVE (Non-FMLA)

The form is titled "ASU LEAVE MEDICAL DOCUMENTATION FOR EMPLOYEE'S HEALTH (NON-FMLA)". It features the ASU logo on the left. The form includes fields for "Name", "Address", "Telephone (____) _____", and "FAX: (____) _____". A section for the health care provider's return address is labeled "Health Care Provider, Please return this form by _____ to:". At the bottom, there is a section titled "SECTION I: Instructions for Completion by DEPARTMENT" with the following text: "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 5 Authenticate or Clarify 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 Employee Health (Non-FMLA) ([PDF](#))

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 (5) business days of receipt of the medical documentation
 - Mail to the employee along with the appropriate supplemental form (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.



EMPLOYEE HEALTH
ASU LEAVE (Non-FMLA)



ASU LEAVE DESIGNATION NOTICE FOR
EMPLOYEE HEALTH (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 and any supporting documentation that you have provided. We received

Step 7 Include the Health Care Provider Release to Return to Work/Certificate of Illness [\(PDF\)](#)

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 the supervisor section
 - Attach a list of essential job functions or a job description
 - Mail 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 & Leaves Program Management Unit at 480.993.0007



**EMPLOYEE HEALTH
ASU LEAVE (Non-FMLA)**

		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	Duration of Restriction
Circle either: <input type="radio"/> T = Temporary <input type="radio"/> P = Permanent	From (Date) To (Date)	Circle either: <input type="radio"/> T = Temporary <input type="radio"/> P = Permanent	From (Date) To (Date)

Step 8 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:

- 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 9 Issue the Leave of Absence Status Change Form [\(PDF\)](#)

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 & 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.



**EMPLOYEE HEALTH
ASU LEAVE (Non-FMLA)**

LEAVE OF ABSENCE STATUS CHANGE FORM

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 EFFECTIVE DATE: _____

From: <ul style="list-style-type: none"> <input type="checkbox"/> FMLA <input type="checkbox"/> FMLA: Workers' Compensation <input type="checkbox"/> Extended Leave (Staff) <input type="checkbox"/> Extended Leave (Staff): Workers' Compensation <input type="checkbox"/> Health Related Leave (Faculty/sick) <input type="checkbox"/> Leave Without Pay (Faculty) <input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation <input type="checkbox"/> Parental <input type="checkbox"/> Military 	To: <ul style="list-style-type: none"> <input type="checkbox"/> FMLA <input type="checkbox"/> FMLA: Workers' Compensation <input type="checkbox"/> Extended Leave (Staff) <input type="checkbox"/> Extended Leave (Staff): Workers' Compensation <input type="checkbox"/> Leave Without Pay (Faculty) <input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation <input type="checkbox"/> Parental
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Time Reporting 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.

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



EMPLOYEE HEALTH ASU LEAVE (Non-FMLA)

Timesheet

EmpID: _____
Job Title: _____ Empl Rod 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	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Time Reporting Code
2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21		
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](#)

BER - Bereavement Leave
 FLS - Furlough/Pay Reduct Prog-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	
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 LOA Status Change Form and report no hours.		



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 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 documentation.

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
Your Leaves Management Partner
[/cfo.asu.edu/hr-benefitspartners](https://cfo.asu.edu/hr-benefitspartners).

Email HR_Disability@asu.edu

QUICK REFERENCE GUIDE



Process Checklist

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<input type="checkbox"/> Step 2 Receive or Issue the Leave of Absence Request Form.....	4
<input type="checkbox"/> Step 3 Issue the ASU Leave Notice of Conditional Approval.....	5
<input type="checkbox"/> Step 4 Include the ASU Leave Medical Documentation.....	6
<input type="checkbox"/> Step 5 Authenticate or Clarify the ASU Leave Medical Documentation	7
<input type="checkbox"/> Step 6 Issue the ASU Leave Designation Notice	7
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Forms and ACD POLICIES



**Policy
References**

[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 Employee Health

- [Notice of Conditional Approval \(ASU Leave\)](#)
- [Medical Documentation \(ASU Leave\)](#)
- [Designation Notice \(ASU Leave\)](#)