



OHR End-user documentation overview

# Employee Health Family Medical Leave Act

**Benefits Design and Management**  
Office of Human Resources



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## **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 - 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 and/or federal regulations.

## **Definition: Employee Eligibility**

### **Classification:**

- Faculty
- Academic Professional
- Administrator
- University Staff
- Classified Staff
- Student Worker
- Postdoctoral 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 that ASU intended 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**

- Paid or unpaid leave plan hours do not count toward the accumulation
- Hours taken for National Guard or Reserve duty are counted
- Hours worked as a Student Worker count toward the accumulation
- If an employee works multiple jobs, the hours are totaled and counted



- If applicable, furlough hours do count toward the accumulation.

**Definition: Reason for Leave of Absence**

An employee is eligible for leave for the following reason:

The employee's own serious health condition, of three consecutive days or more, from an illness, injury, impairment or a physical or mental condition which makes him/her unable to perform the functions of the job.

**Definition: Duration and Type of Leave of Absence**

- Up to 12 workweeks
- In a 12-month period based on the anniversary of the employee's date of hire
- 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:

- \* 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**

**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.

**Serious Health Condition:**

- Continuing treatment by a health care provider
- Inpatient care
- Treatment by a health care provider for substance abuse

**Healthcare 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.



**Three consecutive calendar days:**

Non-scheduled work days and weekend days count toward the three-day requirement.

**Step 1 Determine Leave Process**

To effectively manage leaves, you must understand the process in your Dean or VP 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 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 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



**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 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

FMLA Notice of Eligibility with Rights and Responsibility for Employee Health and
FMLA Certification of Health Care Provider for Employee's Serious Health Condition and
Authorization for Release of Health Information

### 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., three months in 2010 plus two 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

Favorites Main Menu > Workforce Administration > Job Information > Job Data

### Job Data

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Maximum number of rows to return (up to 300): 300

Empl ID: begins with 1010101010

Empl Rcd Nbr: =

Alternate Employee ID: begins with

Name: begins with

Last Name: begins with

Second Name: begins with

Alternate Character Name: begins with

Middle Name: begins with

Include History  Case Sensitive

Search Clear Basic Search Save Search Criteria

- 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



## Employee Health Family Medical Leave Act

The screenshot shows the 'Work Location' screen for employee ID 1010101010. The 'Work Location' tab is selected and highlighted with a red box. The screen displays various fields including HR Status (Active), Payroll Status (Active), Effective Date (02/08/2010), and Position Number (156600). The 'Employment Data' tab is also highlighted with a red box at the bottom of the screen.

7) Select Employment Data

8) You are now on the Employment Information screen

The screenshot shows the 'Employment Information' screen for John Smith. The 'Employment Information' tab is selected and highlighted with a red box. The screen displays fields for Organizational Instance Rcd (0), Original Start Date (03/29/2004), Last Start Date (02/08/2010), and Termination Date. The 'Original Start Date' and 'Last Start Date' fields are highlighted with red boxes. The 'Employment Data' tab is highlighted with a red box at the bottom of the 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 Benefits Administrator\* 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 from the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this first requirement.

### Get assistance

#### Find Your Leaves Management Partner

[cfo.asu.edu/hr-benefitspartners](http://cfo.asu.edu/hr-benefitspartners)

email [HR\\_Disability@asu.edu](mailto: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: Employee Health - Non-FMLA](#)).

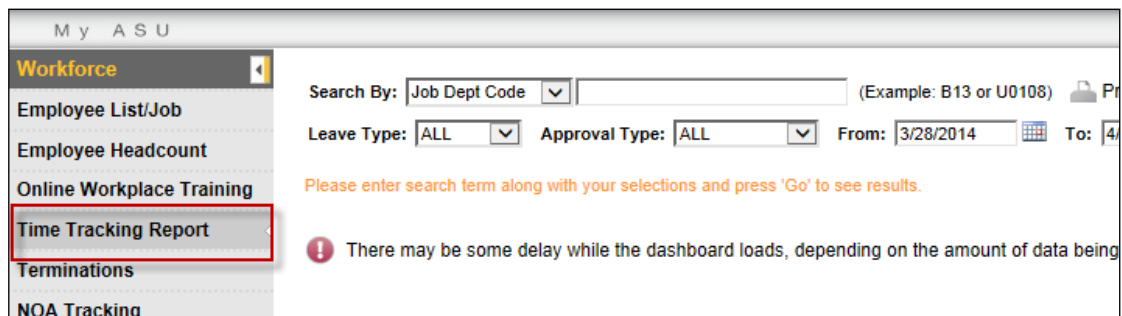
### Eligibility Requirement #2

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

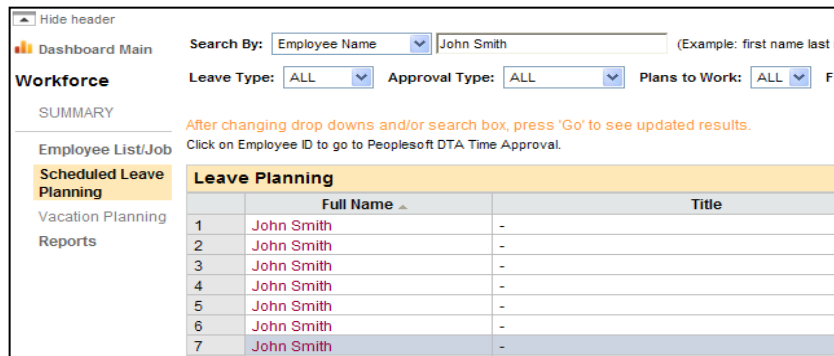
The **Time Tracking Report** on the dashboard is used:

- 1) Go to [www.asu.edu/dashboard/](http://www.asu.edu/dashboard/)
- 2) Select Human Resources on the left sidebar menu
- 3) Log in
- 4) Select Time Tracking Report, 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



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

The screenshot shows a detailed 'Leave Planning' report table. The table has columns for Date, Day, Employee ID, Name, Plans to Work, Dept ID, Leave Type, Hourly or Salary, Appr. Not/Appr Denied, Hours, and Reports To. Two rows are visible: one for a vacation day on 2010-03-12 and another for a sick leave day on 2010-04-16. A red arrow points from the Excel export icon in the top right corner of the table to the text in step 15.

15) Export the report to Excel by clicking on  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



## Employee Health Family Medical Leave Act

The screenshot shows the 'Job Information' tab for employee John Smith (ID: 1010101010). The 'Standard Hours' field is highlighted with a red box and contains the value 40.00. Other fields include Effective Date (02/08/2010), Job Code (191427), Supervisor Level (109430), and ASU Jobcode/Position Data (Workers' Comp Code: 8868, EEO Job Group: 321).

- 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: Employee Health \(Non-FMLA\)](#).

### 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 #. 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



## Employee Health Family Medical Leave Act

Favorites | Main Menu > Workforce Administration > Job Information > Job Data

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

John Smith EMP ID: 1010101010 Empl Rcd #: 0

Work Location: [End] [First] 2 of 6 [Last]

HR Status: Active Payroll Status: Active

Effective Date: 04/06/2009 Sequence: 0 Job Indicator: Primary Job

Action Reason: Return from Leave Return From Leave w/ Benefits History

Last Start Date: 11/13/2007 Termination Date:

Expected Job End Date:  End Job Automatically

Position Number: 110117 Position Management Record:  Position Entry Date: 12/29/2008

Regulatory Region: USA United States

Company: ASU Arizona State University

Business Unit: D0101 D - Business & Finance

Department: D0501005 Department Entry Date: 03/24/2008

Location: TEMPE Campus: Tempe

Establishment ID: ASU00 Arizona State University

Date Created: 04/15/2009

Job Data | Employment Data | Earnings Distribution | Benefits Program Participation

[Save] [Return to Search] [Notify] [Previous tab] [Next tab] [Refresh] [Update/Display] [Include/Exclude]

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

- 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 to 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 seven 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 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: Employee Health \(Non-FMLA\)](#).



### Step 4 Issue the FMLA Notice of Eligibility with Rights & Responsibility for Employee Health - [PDF](#)

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 Steps 5 and 6
- 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 NOTICE OF ELIGIBILITY WITH RIGHTS & RESPONSIBILITY FOR EMPLOYEE HEALTH

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 \_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ for your own serious health condition.

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 \_\_\_\_\_**

\_\_\_\_\_ sufficient information, as outlined below, is not provided in a timely manner, you

### Step 5 Include the FMLA Certification of Health Care Provider for Employee's Serious Health Condition - [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 certification, 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
- You must allow the employee at least 15 calendar days to return the certification



- Attach a job description, with essential functions
- Mail to the employee with the Notice of Eligibility - See Step 4
- 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

**ASU** **FMLA CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Health Care Provider,  
Please return this form  
by \_\_\_\_\_ to: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**SECTION I: Instructions for Completion by the ASU 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

**Step 6 Include the Authorization for Release of Health Information - [PDF](#)**

This form 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 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

Portability and Accountability Act of 1996 (HIPAA)

### Step 7 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, 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.

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

### Step 8 Issue the FMLA Designation Notice for Employee Health - [PDF](#)

After the department has received and reviewed the FMLA Certification of Health Care Provider, the 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 the certification
  - Mail to the employee along with the appropriate supplemental form - See Step 9
  - 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.



The form is titled "ASU FMLA LEAVE DESIGNATION NOTICE EMPLOYEE HEALTH". It contains the following fields and instructions:

- 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 under the Family and Medical Leave Act (FMLA) and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and \_\_\_\_\_.

### Step 9 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 8
- 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





**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):					
<b>OR</b>					
<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 10 Begin 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 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 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.



### 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:  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

## 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:



# Employee Health Family Medical Leave Act

Description	Pay Code	
<b>Sick, Paid</b>	SCK - salaried SCP - hourly	An employee may use accrued sick time to remain in a paid status.
<b>Compensatory Time, Paid</b>	CTH - hourly	An hourly employee may use compensatory time to remain in a paid status.
<b>Vacation, Paid</b>	VAC - salaried VAH - hourly	An employee may use accrued vacation time to remain in a paid status.
<b>Unpaid Sick Unpaid Sick</b>	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.
<b>If an employee has no paid hours available in a pay period, issue the LOA Status Change Form and report no hours.</b>		



### **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**

Your Leaves Management Partner  
[cfo.asu.edu/hr-benefitspartners](http://cfo.asu.edu/hr-benefitspartners).  
email [HR\\_Disability@asu.edu](mailto:HR_Disability@asu.edu).



## QUICK REFERENCE GUIDE Process Checklist

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<input type="checkbox"/> Step 1 Determine Leave Process .....	5
<input type="checkbox"/> Step 2 Receive or Issue the Leave of Absence Request Form .....	5
<input type="checkbox"/> Step 3 Determine Employee Eligibility for FMLA .....	6
<input type="checkbox"/> Step 4 Issue the FMLA Notice of Eligibility with Rights & Responsibility .....	13
<input type="checkbox"/> Step 5 Include the FMLA Certification of Health Care Provider .....	13
<input type="checkbox"/> Step 6 Include the Authorization for Release of Health Information .....	14
<input type="checkbox"/> Step 7 Authenticate or Clarify the Certification of Health Care Provider .....	15
<input type="checkbox"/> Step 8 Issue the FMLA Designation Notice .....	15
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## Forms and Policy References

### ACD POLICIES

[405 Americans With Disabilities](#)

[702-02 Health Related Leave](#)

[702-03 Family Leave](#)

[ACD 704-01 Vacation Leave](#)

[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](#)

[705-02 Family Leave](#)

### 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 Employee Health

- [Notice of Eligibility with Rights, & Responsibility \(FMLA\)](#)
- [Certification of Health Care Provider \(FMLA\)](#)
- [Designation Notice \(FMLA\)](#)