



OHR end-user documentation overview

Family Member Health

ASU Leave | Non-FMLA

Benefits Design and Management
Office of Human Resources

Contact

[OHR Benefits Design and Management](#)
[Disability and Leaves Program Management Unit](#)

For department use only.

[Your leaves management partner.](#)

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TABLE OF CONTENTS

Click on the section heading to link to appropriate page

| | |
|---|----|
| Purpose | 3 |
| Objectives | 3 |
| Overview | 3 |
| Definition: Employee eligibility | 3 |
| Definition: Reason for leave of absence..... | 3 |
| Definition: Duration of leave of absence..... | 3 |
| Definitions | 4 |
| Step 1 Determine leave process | 4 |
| Step 2 Receive or issue leave of absence request form | 5 |
| Step 3 Issue the ASU leave notice of conditional approval - family member health, non-FMLA | 6 |
| Step 4 Include the ASU leave medical documentation for family member health, non-FMLA..... | 7 |
| Step 5 Authenticate or clarify ASU leave medical documentation..... | 8 |
| Step 6 Issue the ASU leave designation notice for family member health, non-FMLA..... | 8 |
| Step 7 Issue the leave of absence status change form | 9 |
| Time reporting and compassionate transfer of leave..... | 10 |
| More information | 11 |
| Process checklist | 11 |
| Forms and policy references | 12 |



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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: Family member health - 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. |
| 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 |
| Reason for Leave of Absence | <p>An employee is eligible for leave for the following reason:</p> <p>To provide physical or psychological care for a spouse, child, parent or member of the employee's established household who has a health concern arising from an illness, injury, impairment, or a physical or mental condition.</p> |
| 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.

Spouse: A husband or wife as defined and recognized by Arizona law for purposes of marriage.

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

Parent: Biological, adoptive, step, or foster father or mother or anyone else who undertook the parental role.

Member of Established Household: A person who shared your permanent residence prior to the requested leave and who is expected to continue to reside with you following the leave. ASU may require written verification to establish the relationship — e.g. the person's bank statement listing your address.

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.

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

Centralized: One person — e.g. a Department Leaves Representative, a BOM, a Data Time Administrator, or a HR Manager — handles all aspects of the process for your dean or vice provost area.

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

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



Step 2 Receive or issue leave of Absence request form.

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

- Department receives leave of absence request form.
-OR-
- Department issues leave of absence request form.
In the case of employee's inability to complete the necessary paperwork, the department leaves representative should complete the form immediately upon determining the employee will be absent.
- Complete the Employee and/or Supervisor sections, as applicable.
- Indicate date form issued to employee on copy and place in employee's leave file.
Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
- Fax copy to Disability and Leaves Program Management Unit at 480-993-0007.

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:

- Completing the department portion of the following forms.

ASU leave notice of conditional approval - family member health
ASU leave medical documentation for family member health

- Issuing the following forms to the employee — in person, via email, U.S. mail.

Step 3 Issue the ASU leave notice of conditional approval - family member health, non-FMLA.

This is the first notice to be given to the employee upon receipt (or issuance) of a leave request. This notice of *conditional approval* provides information about the employee's eligibility for 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.

ASU ASU LEAVE NOTICE OF CONDITIONAL APPROVAL -
FAMILY MEMBER 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 _____

On _____, you informed us that you needed leave beginning on _____ to care for a spouse, child,
parent or member of your established household who has a serious health condition.



Step 4 Include the ASU leave medical documentation for family member health, non-FMLA.

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.
 - 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 family member’s health care provider, asking him or her to complete Section III and to return the form, as indicated.
 - Indicate date form issued to employee on copy and place in employee’s leave file.
- Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.
- Fax copy to the Disability and Leaves Program Management Unit at 480-993-0007.

ASU ASU LEAVE DOCUMENTATION FOR FAMILY MEMBER HEALTH (NON-FMLA)

Name _____

Address _____

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

Telephone (____) _____ FAX: (____) _____

SECTION I: Instructions for Completion by DEPARTMENT
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 family member health, non-FMLA.

After the department has received and reviewed the ASU leave medical documentation, the designation notice is provided to advise the employee if the leave has been approved or denied, or if additional information is needed.

- Complete and mail to the employee within five business days of receipt of the medical documentation.
 - Indicate date form issued to employee on copy and place in employee's leave file.
- Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

ASU ASU LEAVE DESIGNATION NOTICE
FAMILY MEMBER 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 your most recent information on _____ and determined:

Your request for leave has been approved. Effective _____



Step 7 Issue the leave of absence status change form.

Issue this **in the pay period** any of the following events occur:

- The duration of leave period changes.
- The type of leave changes.
- The pay status changes.
- The employee returns to work.

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

Indicate the date faxed and place in employee's leave file. **Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

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

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



Time reporting and compassionate transfer of leave

Time reporting

The department leaves representative or department time administrator is responsible for recording an employee's leave hours while the employee is absent from work on leave.

To record time in HRIS, follow these steps below.

- Manager self service
- Time management
- Report time
- Timesheet
- Click: Get Employees
- Select employee
- View by Time Period
- Enter the number of hours of eligible time on a daily basis.

Timesheet

Job Title: _____ EmplID: _____
Empl Rod Nbr: 0

[Click for Instructions](#)

View By: Time Period Date: 02/08/2010 Refresh << Previous Time Period Next Time Period >> Next Employee >>

Reported Hours: 0.00 Hours Scheduled Hours: 0.00 Hours

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

| Date | Status | Total | Time Reporting Code | Comments |
|------|--------|----------|---------------------|----------|
| | | 0.000000 | | |

[Reported Time Status - click to hide](#)

[Reported Hours Summary - click to view](#)

[Balances - click to view](#)

[View Paycheck](#)

[Return to Select Employee](#)

- BER - Bereavement Leave
- FLS - Furlough/Pay Reduct
- JRY - July Duty Pay
- MIL - Military Leave Pay
- PTL - Parental Leave
- SCK - Sick Leave
- ULS - Unpaid Birth Coordination
- 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 leave of absence 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.

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



**Forms and
policy
references**

ACD Policies

- [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](#)
- [Authorization for release of health care information](#)
- [Leave of absence status change form](#)

Specific to family member's health

- [Notice of conditional approval — ASU leave](#)
- [Medical documentation — ASU leave](#)
- [Designation notice — ASU Leave](#)