



OHR End-user documentation overview

Family member 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 leave: Family Member Health
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	<p>Classification:</p> <ul style="list-style-type: none"> ➤ Faculty ➤ Academic Professional ➤ Administrator ➤ University Staff ➤ Classified Staff ➤ Student Worker ➤ Post Doctoral Scholar ➤ Teaching Assistant ➤ Research Assistant <p>Employment Type:</p> <ul style="list-style-type: none"> ➤ Regular ➤ Long-Term Temporary ➤ Short-Term Temporary ➤ Seasonal <p>Working Hours:</p> <ul style="list-style-type: none"> ➤ Full-Time ➤ Part-Time ➤ PRN <p>Who has been employed for at least 12 months</p> <ul style="list-style-type: none"> ➤ 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. <p>Who worked at least 1250 hours during the 12 months immediately prior to the requested leave date</p> <ul style="list-style-type: none"> ➤ Paid or unpaid leave plan hours 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 accumulation ➤ If an employee works multiple jobs, the hours are totaled and counted toward accumulation



	<ul style="list-style-type: none"> ➤ If applicable, furlough hours do count toward accumulation.
<p>Definition: Reason for Leave of Absence</p>	<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 serious health condition.</p>
<p>Definition: Duration and Type of Leave of Absence</p>	<ul style="list-style-type: none"> ➤ Up to 12 workweeks ➤ In a 12-month period based on the anniversary of the employee's date of hire ➤ A leave may be: <ul style="list-style-type: none"> * 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 <p>In the case of either intermittent or reduced schedule leave, the following apply:</p> <ul style="list-style-type: none"> * 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.
<p>Definitions</p>	<p>Leave of Absence: A - paid or unpaid - employment category designating that an employee is in a non-work status.</p> <p>Leave Benefit Plan: A benefit - e.g., vacation, sick or parental leave benefit - that compensates the employee when he/she is absent from work.</p> <p>Spouse: A husband or wife as defined and recognized by Arizona law for purposes of marriage.</p> <p>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.</p> <p>Parent: Biological, adoptive, step or foster father or mother or anyone else who undertook the parental role.</p>



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.

Serious Health Condition:

An illness, injury, impairment or physical or mental condition that involves:

- Inpatient care
- Continuous treatment by a health care provider.

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 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 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, US Mail

FMLA Notice of Eligibility with Rights and Responsibility for Family Member Health and
FMLA Certification of Health Care Provider for Family Member'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

- 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

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

EMP ID: 1010101010 Empl Rcd #: 0

Work Location Find First 1 of 6 Last

HR Status: Active Payroll Status: Active
 Effective Date: 02/08/2010 Sequence: 0 Job Indicator: Primary Job
 Action / Reason: Rehire Rehire After 12th Months Current

Last Start Date: 02/08/2010 Termination Date:
 Expected Job End Date: End Job Automatically
 Position Number: 156600 Consultant Position Management Record Position Entry Date: 02/08/2010

Regulatory Region: USA United States
 Company: ASU Arizona State University
 Business Unit: D0101 D - Business & Finance
 Department: D0501005 Department Entry Date: 02/08/2010
 Location: TEMPE Campus: Tempe
 Establishment ID: ASU00 Arizona State University
 Date Created: 02/10/2010

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

Save Return to Search Notify Previous tab Next tab Refresh Update/Display Include History

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

7) Select Employment Data

8) You are now on the Employment Information screen

John Smith EMP ID: 1010101010 Empl Rcd #: 0

Organizational Instance

Organizational Instance Rcd: 0 Original Start Date: 03/29/2004 Override
 Last Start Date: 02/08/2010 First Start Date: 03/29/2004
 Termination Date: Years Months Days
 Org Instance Service Date: 03/29/2004 Override 6 2 5

Organizational Assignment Data

Instance Record

Last Assignment Start Date: 02/08/2010 First Assignment Start: 03/29/2004
 Assignment End Date:
 Home/Host Classification: Home Years Months Days Time Reporter Data
 Company Seniority Date: 03/29/2004 Override 6 2 5
 Benefits Service Date: 03/29/2004 Override 6 2 5
 Seniority Pay Calc Date: 03/29/2004 Override 6 2 5
 Probation Date:
 Professional Experience Date: Last Verification Date:
 Business Title: Position Phone:

USA

Job Data Employment Data Earnings Distribution Benefits Program Participation

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

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.

[End-User Document Overview for ASU Leave: Family Member 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 **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

The screenshot displays the ASU MyASU dashboard. At the top, the ASU logo and 'ARIZONA STATE UNIVERSITY' are visible on the left, and navigation links for 'ASU Home', 'My ASU', and 'Colleges & Schools' are on the right. Below the header, there is a 'My ASU' section with a 'My Info' button. The main content area is titled 'Workforce' and contains a search bar with a dropdown menu set to 'Employee Name'. To the right of the search bar is a text input field with a placeholder '(Example: first name last name or last name)'. Below the search bar, there are several filters: 'Leave Type: ALL', 'Approval Type: ALL', 'Plans to Work: ALL', 'From: 5/27/2010', and 'To: 5/27/2010'. A 'Go' button is located to the right of the date filters. A message below the filters reads: 'Please enter search term along with your selections and press 'Go' to see results.' On the left sidebar, under the 'Workforce' section, 'Scheduled Leave Planning' is highlighted with a red box. Below the sidebar, there is a warning icon and a message: 'There may be some delay while the dashboard loads, depending on the amount of data being presented/retrieved.'




- 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
Dashboard Main Search By: Employee Name John Smith (Example: first name last name)
Workforce Leave Type: ALL Approval Type: ALL Plans to Work: ALL From: [] To: []
SUMMARY After changing drop downs and/or search box, press 'Go' to see updated results.
Click on Employee ID to go to Peoplesoft DTA Time Approval.
Employee List/Job
Scheduled Leave Planning
Vacation Planning
Reports

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	-	-

- 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

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  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



Family member health Family Medical Leave Act

- e) Click Search
- f) Click the Job Information tab along the top
- g) You are now on the Job Information screen

John Smith EMP ID: 1010101010 Empl Rcd #: 0

Job Information

Effective Date: 02/08/2010 Effective Sequence: 0 Job Indicator: Primary Job
Action / Reason: Rehire Rehire After 12th Months Current

Job Code: 191427 Entry Date: 02/08/2010
Supervisor Level: 109430 Asst Director
Reports To: 109430
Regular/Temporary: LT Temp Full/Part: Full-Time
Empl Class: Svc Prof Officer Code: N/A
Regular Shift: N/A Shift Rate: /
Classified Ind: Svc Prof Duties Type:

Standard Hours

Standard Hours: 40.00
Work Period: W Weekly
FTE: 1.000000 Adds to FTE Actual Count? Encumbrance Override

Contract #

Contract Number: Contract Type:

ASU Jobcode/Position Data

Workers' Comp Code: 8868 EEO Job Group: 321 Management-Related Specialists Fingerprint required?:

USA

Job Data [Employment Data](#) [Earnings Distribution](#) [Benefits Program Participation](#)

- 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.

[End-User Document Overview for ASU Leave: Family Member 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 #1.

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



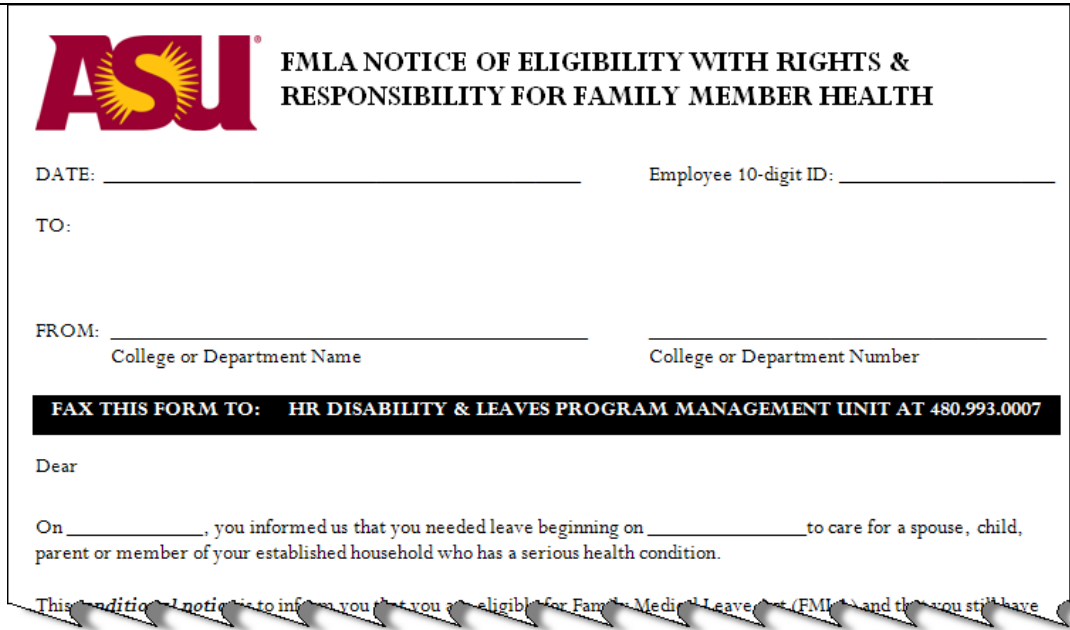
At this point, if the employee is not eligible for FMLA, the department may choose to offer Extended Leave of Absence - staff, Health Related Leave with Pay - faculty/sick, or Leave of Absence without Pay - faculty.

[End-User Document Overview for ASU Leave: Family Member Health \(Non-FMLA\)](#).

Step 4 Issue the FMLA Notice of Eligibility with Rights & Responsibility for Family Member 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 FAMILY MEMBER 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 _____ to care for a spouse, child, parent or member of your established household who has a serious health condition.

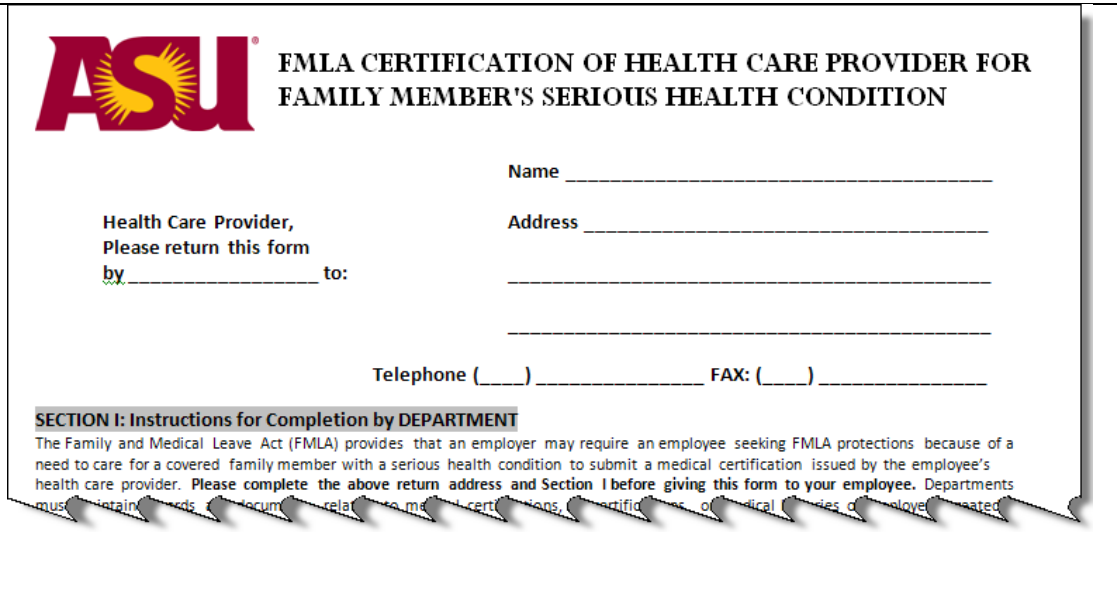
This *Notice of Eligibility* is to inform you that you are eligible for Family Medical Leave Act (FMLA) and that you still have

Step 5 Include the FMLA Certification of Health Care Provider for Family Member's Serious Health Condition [PDF](#)

This form provided to the employee requests the necessary qualifying medical information from the family member'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
- 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 family member's 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 FAMILY MEMBER'S SERIOUS HEALTH CONDITION

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

Name _____
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 to care for a covered family member with 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 retain records of return addresses, relationships, medical certifications, and medical conditions of employees covered.

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 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

ASU 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 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 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.

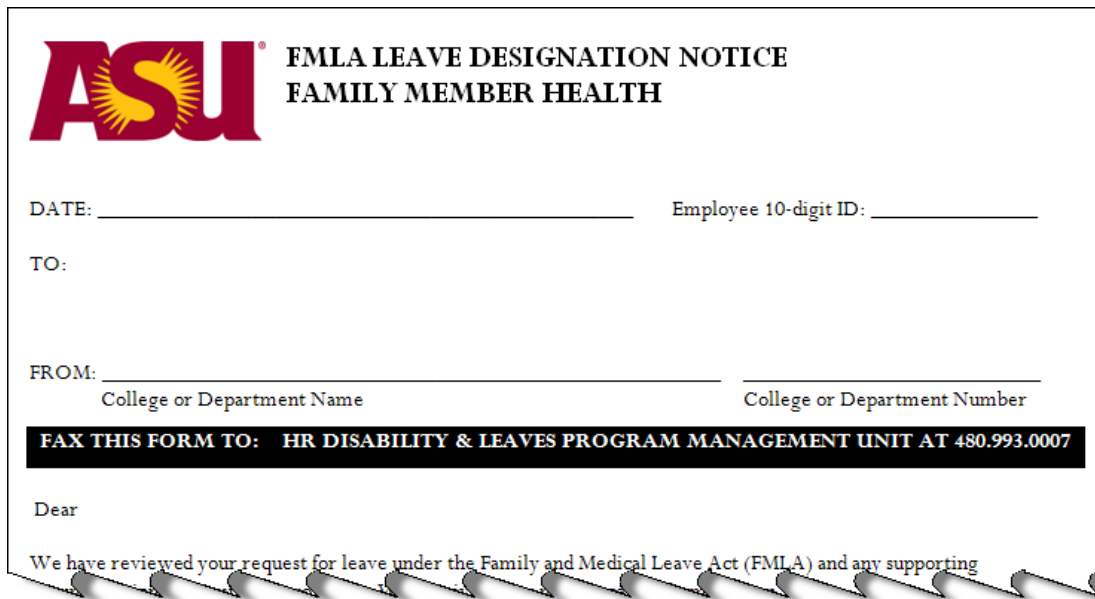
If it is necessary to either clarify and/or authenticate the certification, the department leaves representative may contact the provider. Authentication means providing the health care provider with a copy of the certification and requesting verification that the information is complete and authorized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

Important: 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 Family Member's 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 and mail to the employee within five business days of receipt of the certification
- 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
FAMILY MEMBER 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

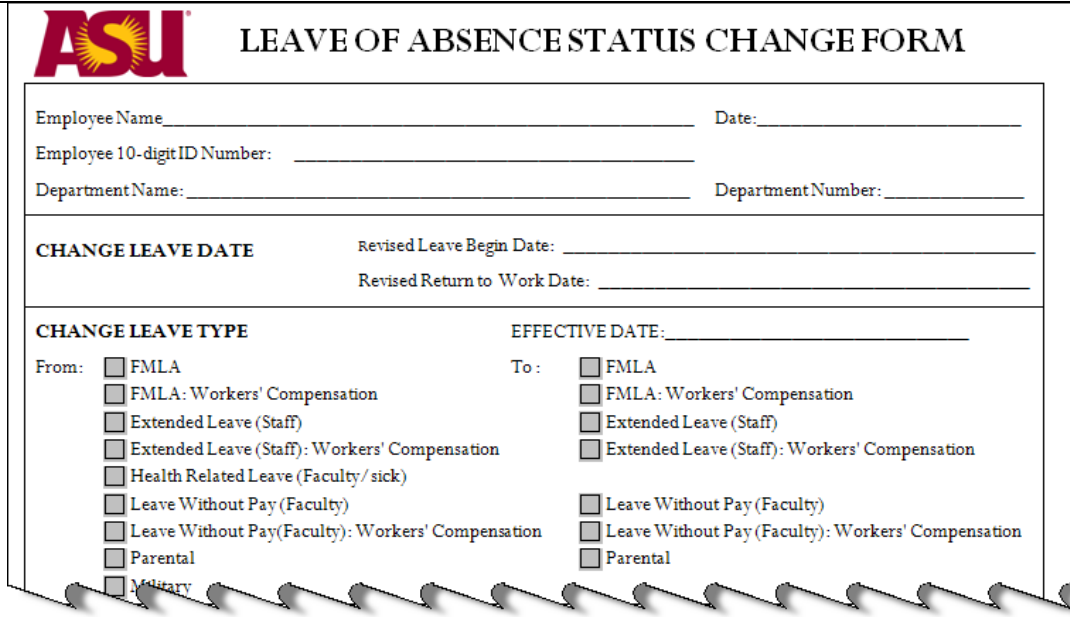
Dear _____

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting _____

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 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.



ASU 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:



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.

Email HR_Disability@asu.edu.

QUICK REFERENCE GUIDE
Process Checklist

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<input type="checkbox"/> Step 9 Issue the Leave of Absence Status Change Form	17



**Forms and
Policy References**

ACD POLICIES

- [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](#)

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](#)
- [Leave of Absence Status Change Form](#)

Specific to Family Member Health

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