



SICK LEAVE BANK APPLICATION



SECTION TWO: MEDICAL INFORMATION – (to be completed by physician)
Please answer the following questions as completely as possible. Attach additional sheets as necessary.

Patient's name: _____

1. General statement of patient's condition, diagnosis and date of onset: _____

2. How long have you been treating this patient for this condition (include dates of first and most recent visits)?

3. Please describe your treatment plan and prognosis for this patient: _____

4. Do you believe the patient will be able to perform the duties of their current position in the future? Yes No
If **yes**, specify when you anticipate the patient will be able to return to work and perform the duties of their current position: _____

If **yes** and you are unable to determine a return to work date at this time, when will you be able to provide a return to work date: _____

5. Do you anticipate the patient will be able to return to work earlier on a modified work schedule? Yes No
If **yes**, please specify the date on which the employee can return with modifications _____
Required Work Modifications _____

Specify the date when the employee will be able to return to work without modifications _____

6. I hereby certify that I have examined the above-named patient and that the information provided is true based upon my knowledge and belief.
Signature of Physician _____ Date _____

7. Please **print** the following information:
Name of Physician: _____
Address: _____
Telephone number: _____ Specialty: _____



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SECTION THREE: SUPERVISORY CONFIRMATION (to be completed by applicant's supervisor)

_____ (employee name) has notified me of his/her intention to apply to the PSU/MTA Sick Leave Bank for up to _____ hours of paid leave time per week from _____ (date) until _____ (date) due to:

- his/her own illness.
- parental leave for the care of a child in the event of birth, adoption, or foster placement.
- a serious illness of a family or household member.

If the paid leave request is part-time: the employee and I have agreed to **the attached work schedule**, which meets both the needs of the department and the physician's recommendations.

Based on the information available to me, this leave does not result from a work-related illness or injury.

Supervisor's Signature

Date

Supervisor's name (printed)

Campus Address

Campus Telephone Number

PLEASE NOTE THAT WHEN AN EMPLOYEE WILL BE OUT OF WORK FOR ANY OF THE ABOVE REASONS THE EMPLOYEE AND HIS/HER SUPERVISOR MUST FOLLOW THE UNIVERSITY'S LEAVE APPLICATION AND APPROVAL PROCESS. CORRESPONDING SUPERVISORY AND EMPLOYEE CHECKLISTS ARE ATTACHED. CHECKLISTS AND CORRESPONDING FORMS ARE ALSO AVAILABLE ON THE HR WEBSITE WWW.UMASS.EDU/HUMRES. PLEASE CONTACT THE PSU/MTA SICK LEAVE BANK ADMINISTRATOR IN HUMAN RESOURCES WITH QUESTIONS & FOR ASSISTANCE.



University of Massachusetts Employer's Family/Medical Leave Checklist

If an employee does not formally request leave but is out of work due to a serious health condition (or regularly calling in sick for the same/related reason) it is your responsibility to provide that employee:

- the Employee's Family/Medical Leave Request Checklist, *and*
- Certification of Health Care Provider *that corresponds to the nature of the leave*. If the leave is for his/her own serious health condition – also provide a copy of the employee's job description for the physician's reference in determining ability to perform the job & any medically required accommodation, *and*
- FMLA Rights and Responsibilities form & "Your Rights Under the FMLA" document.
- Within five business days* of the employee's implied need for leave, provide the employee a completed Notice of Eligibility and Rights & Responsibilities (WH-381 form)

In response to an employee submitting a Certification of Health Care Provider or other medical/legal documentation implying a need for leave you must:

- Within five business days*, provide the employee a completed Designation Notice (WH-382)
- provide the employee written confirmation of:
 - 1) the dates for which you have approved the leave (or what additional information is needed)
 - 2) requirements during the leave, eg:
 - a. the method and frequency that the employee must be in contact with you,
 - b. additional medical information or recertification which will be required during the leave,
 - 3) the date by which the employee must submit a:
 - a. medical release to return and perform the essential functions of his/her job (*unless* this is a parental leave or a leave to care for a family member who is suffering from a serious health condition), *or*
 - b. a request for extended leave,
 - c. a request for accommodation (if necessary) in order for you to have time to review/respond to the request before the employee returns to work.
 - 4) a copy of the employee's job description (unless this is a parental leave or a leave to care for a family member who is suffering from a serious health condition) in order that the physician thoroughly review the employee's ability to return and perform the essential functions of his or her position
- Write to the employee during his/her leave if he/she is not meeting the leave requirements.
- Send to Human Resources:

- copies of all completed FMLA documents and written communications related to the leave, and
- if leave is *not* intermittent *and* not covered under workers' compensation: Personnel Action Forms placing the employee on leave...

Action/reason: PLA/FML if paid leave & FMLA covered

LOA/FML if unpaid leave & FMLA covered

PLA/LWP (Health) if paid leave and *not* FMLA covered

LOA/HEA if unpaid leave & *not* FMLA covered

...and returning the employee from leave (RFL/RFL) effective the date the employee is scheduled to return to work

- Submit time & attendance for the employee as agreed upon (or in keeping with instructions provided by Human Resources if Sick Leave Bank benefits have been approved)
- Obtain a medical release to return the employee to perform the essential functions of his/her position before allowing him/her to return and perform work.



University of Massachusetts Employee's Family/Medical Leave Request Checklist

Required:

- Submit a written, signed, and dated request for leave to your supervisor (faculty should submit to their department chair or dean) indicating:
 - 1) the medical condition that prohibits you from performing your job (or if you are requesting leave to care for another person suffering from a serious health condition),
 - 2) the dates you anticipate being absent from work and the date you intend to return to work,
 - 3) how you are requesting that time and attendance be submitted if your leave is approved (e.g., sick leave, unpaid leave, etc.), and
 - 4) if requesting an intermittent leave, the work schedule you propose.
- The letter must be accompanied by the corresponding Certification of Health Care Provider (HCP) form completed by your HCP – or - the HCP who is treating the individual you will be caring for while on leave (parent, child, etc. The list of covered individuals differs from bargaining unit to bargaining unit). Certifications of Health Care Provider forms are available at the Human Resources Employee Service Center (325 Whitmore Admin. Bldg.) and on-line at www.umass.edu/humres.

Voluntary:

- a completed Sick Leave Bank application to Human Resources (or AFSCME Extension of Sick Leave application) if you will not have enough accrued time to secure income during your leave. Repeat as necessary.

Required:

- If requesting an extension of your leave – follow steps above, submitting the required documents to your supervisor for his/her receipt at two weeks prior to the expiration of your currently approved leave. Repeat as necessary.
- During your leave you must remain in contact with your supervisor about your medical progress and/or changes in your leave situation and intention to return to your University position.
- Prior* to returning to your job you must provide your supervisor a written medical document releasing you to return to work and perform the essential functions of your job *and* any accommodations you are requesting in order to do so, if any.

Note:

- if you are on approved, *unpaid* leave for two or more full payperiods and you carry health insurance through your University position you must complete a Request for Continuation of Part-Cost health insurance premium form with Human Resources (545-6113). If you do not the Massachusetts Group Insurance Commission will invoice you for 100% of the health insurance premium in order to maintain coverage.
- If you are on parental leave and wish to add your child(ren) to your insurance coverages you must complete the necessary paperwork with Human Resources (HR Service Center, room 325 Whitmore Administration Building, open Monday – Friday, 8:30am – 5:00pm) within thirty (30) days of the child(ren)'s date of birth or adoption.