

Dear PSU/MTA Sick Leave Bank Member,

Thank you for your inquiry regarding the Professional Staff Union/MTA/NEA Sick Leave Bank. The Sick Leave Bank was established under the provisions of the collective bargaining agreement (Article 20.2). It is intended to provide paid leave time to members who:

- Are absent from work due to a non-work related injury or illness where there is a reasonable expectation, based on medical documentation, of the member returning to the position held at the time a medical leave due to the illness or injury began. The Sick Leave Bank is not intended as a substitute for Long-Term Disability Insurance protection.
- Need paid leave time until an approved application for Long-Term Disability Insurance benefit becomes effective.
- Are absent from work due to parental leave or serious illness of a family household member.

If you are out of work for five or more days (or out regularly, intermittently due to your own health condition or in order to care for a family member with a health condition) you must submit a leave request through your local Human Resources representative (process outlined in the [Employee's Family / Medical Leave Request Checklist](#) and requiring that you submit a completed [Certification of Health Care Provider](#) form related to your leave). Departmental approval of your leave secures your job and benefits while you are on an approved leave.

While on a departmentally approved leave you may secure your income using your accrued sick, vacation and personal time. You may also apply to the PSU/MTA Sick Leave Bank for income replacement.

PSU/MTA Sick Leave Bank policy requires an employee to use all accrued sick and personal leave, and all but ten days of accrued vacation, prior to drawing from the Bank. The Sick Leave Bank Board considers applications for paid time beyond those accruals based on information provided by the employee and their health care provider(s). A PSU/MTA Sick Leave Bank application follows your consideration.

In order for your application to be considered by the Committee, please:

- Complete Section One of the application,
- Have your health care provider complete Section Two for your own illness or injury, **or provide:**
 - A completed [Certification of Health Care Provider for a Family Member's Serious Health Condition](#) in place of the Section Two for the care of a family member, or
 - Legal documents in place of Section Two for adoptions and foster child placement,
- Have your human resources representative complete Section Three, and
- Return the application to UMass Human Resources. The completed application may be mailed (University of Massachusetts Amherst, Human Resources, 325 Whitmore Administration Building, Amherst, MA 01003-9313), faxed (413.545.0483), via AskHR online at www.umass.edu/hr* or left at the Human Resources Information Center, room 325 Whitmore Administration Building.

Please contact me (pleasant@umass.edu / 413.545.1478) with questions regarding the Sick Leave Bank application process.

Sincerely,

Kelly Pleasant

on behalf of the PSU/MTA Sick Leave Bank Board

* If submitting your application online via AskHR click on "submit your questions" > "I am a current UMass employee or student" > "click here to submit a question". Select "my topic is not listed here" > Benefits/Paid Time Off and Choose File to upload your completed application.

Employee's Family / Medical Leave Request Checklist

University employees who are absent from work due to the following situations may be eligible for a job & benefits protected leave – these include absences resulting from: their own health condition, the need to care for a family member with a health condition, birth of / bonding with a child and qualifying exigency resulting from a family member being called to or being on active duty in the U.S. military.

To request job & benefits protected leave:

- #1** At least 30 calendar days prior to your leave* (or if unable, as soon as practicable), submit a written, signed, and dated request to your supervisor, cc your Human Resources representative, indicating:
- 1) That you are requesting a family / medical leave,
 - 2) The anticipated dates of your leave (including the date you intend to return to work)
If requesting an intermittent leave, the work schedule you propose.
 - 3) How you are requesting to secure income. Eg, if leave is approved, are you asking to use your accrued sick time? Vacation time? Personal time? Are you requesting unpaid leave? Please see page 2 of this document for more information.
- #2** Concurrently, or within 15 calendar days thereafter, provide your Human Resources representative supporting documentation related to the reason for your leave. If an employee's leave results from:
- Parental Leave*
 - Prepare for birth of a child or to bond/care for child within 12 months following birth: provide a medical note or birth certificate establishing relationship and child's date of birth.
 - Adoption/placement of a child in foster care with you, or bond with/care for a child within 12 months following adoption/placement): legal document establishing date of adoption by/placement with you.
 - Your own illness/injury:
[Certification of Health Care Provider form for an Employee's Serious Health Condition](#)
 - Care for a family member with an illness/injury:
[Certification of Health Care Provider form for a Family Member's Serious Health Condition](#)
 - Care for a family member whose illness/injury results from active US Military service:
[Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave](#)
 - Your family member being on, or called to, active duty in the US Military:
[Certification for Military Family Leave for Qualifying Exigency](#)

These forms are also available from your Human Resources representative, on the UMass Amherst Human Resources website and from the Human Resources Employee Service Center (325 Whitmore Admin. Bldg.).

* Birth/adoption/placement of a child is a qualifying event to make changes to your health & dental insurances and enroll/change a Health Care Flexible Spending Account / Dependent Care Assistance Plan. These changes must be completed within 60 days of birth/adoption/placement. You may also wish to review your tax withholdings and life insurance/retirement beneficiaries. Consult the [Human Resources website](#) or a UMass Human Resources Employee Service Center (room 325 Whitmore Administration Building) representative for more information.

Income While on Approved Leave

While on an approved leave of absence an employee can secure income from the university or other sources.

1. Income from the university

- Use of accrued time (sick, vacation, compensatory and/or personal time - as allowed by collective bargaining agreement or university policy).
- University Sick Leave Bank (qualifying circumstances differ by bargaining unit; www.umass.edu/hr/benefits-and-pay/benefits/paid-time-and-holidays/sick-leave-banks)
- AFSCME Extension of Sick Leave (AESL, if applicable): AESL can provide AFSCME members full income replacement while on approved leave of absence resulting from their own, non-work-related illness or injury and where income is not provided from another source. To be eligible an individual must first be employed by the university for a minimum of 12 consecutive months and be off payroll for five work days after exhaustion of all accrued sick, vacation and personal time.

2. Income from other sources

Income from the following sources may be reduced if you are also receiving income from the university for the same dates. The following is a list of common sources of income:

- Massachusetts Paid Family Medical Leave (PFML; www.mass.gov/orgs/departments-of-family-and-medical-leave): PFML can provide partial income replacement starting on the 8th calendar day of inability to work. Employees apply for income directly with the MA Department of PFML and can receive payment of Paid Time Off (PTO, eg accrued sick, vacation, personal time) from the University for up to the difference between their PFML average wage and PFML payment amount*. This is known as a "top off" payment. Top off payments are not subject to MA State Employees' Retirement/MSERS/pension system or MA Optional Retirement Program/ORP withholding, thus do not count as creditable service toward retirement from MSERS or toward eligibility for GIC retiree benefits.
*PFML average wage and payment amounts are provided by DFML in the PFML approval letter.
- Personal Injury Protection (PIP): if injured in a motor vehicle accident partial income replacement may be available under a related insurance policy.
- MA Group Insurance Commission Long-Term Disability Insurance (GIC LTDI): covered employees who are unable to work for more than 90 days due to their own health condition can apply for up to 55% income replacement tax-free under their LTDI policy with the GIC.
- MA Optional Retirement Program Long Term Disability Insurance (ORP LTDI): ORP members who are unable to work for more than 180 days due to their own health condition may apply for up to 60% income replacement under their ORP LTDI policy.
- Other disability insurance policy (short- or long-term): some employees purchase a private short- and/or long-term disability policy that may provide income replacement
- Workers' Compensation (WC): employees who are disabled from working due to a work-related illness or injury should file a WC Notice of Injury form and may be entitled to partial income replacement under the Commonwealth's WC insurance policy.

Impact on benefits while on unpaid leave from the university

Unpaid leave has a specific impact on benefits even while on approved leave, including, but not limited to:

- Sick and vacation time do not accrue while on unpaid leave (exception: WC)
- Income for holiday and Campus Closure days may be impacted
- While on approved, unpaid Family/Medical leave an employee remains eligible for GIC insurance benefits. The GIC invoices the employee at home the premium that would have been payroll-deducted. Timely payment of premium is critical to secure continued coverage.
- Creditable service toward retirement from the MA State Employees' Retirement System is impacted.
- For employees whose position is subject to overtime – salary step date is impacted.

Please refer to the Human Resources website (www.umass.edu/hr/benefits-and-pay/benefits/leaves-absence/impact-paid-family-medical-leave-benefits) for a more comprehensive overview of the impact of approved, unpaid Family/Medical leave on benefits.

The items you must provide to apply for income from the PSU/MTA Sick Leave Bank differs based on the nature of your leave:

| Nature of Sick Leave Bank Application Request | Complete & Submit Sections |
|--|---|
| <input type="checkbox"/> Your own serious health condition. | 1, 2 & 3 |
| <input type="checkbox"/> The birth of a child, or placement of a child with you for adoption or foster care. | 1, 2 & 3. Doctor should indicate due date on Section 2. If adoption or placement of a child in foster care – please provide legal documentation <i>in lieu</i> of Section 2. |
| <input type="checkbox"/> You are needed to care for your <input type="checkbox"/> spouse; <input type="checkbox"/> domestic partner; <input type="checkbox"/> child; <input type="checkbox"/> parent; <input type="checkbox"/> sibling; <input type="checkbox"/> grandchild; <input type="checkbox"/> grandparent; <input type="checkbox"/> relative living in household; due to his/her serious health condition. | 1, 3 & Certification of Health Care Provider form for Family Member's Serious Health Condition. |

SECTION ONE: EMPLOYEE INFORMATION - (to be completed by the applicant)

Name Employee ID#

Home Address Home Phone #

Job Title Work Phone #

Department

Name of Supervisor/Dept. Head:

Name of Dept Time & Attendance Keeper

Last Day of Work Expected Date of Return to Work

Please describe the illness or injury for which you are requesting time from the Sick Leave Bank. How does the illness or injury prevent you from performing your job?

Signature Date

Please Submit The Following
Section 2 Of The Application If
You Are Applying For Income
Replacement During An
Approved Leave For Your Own
Serious Health Condition
(to be completed by a health
care professional)

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: _____

Please Submit a completed
Certification Of Health Care
Provider Form For A Family
Member's Serious Health
Condition

If You Are Seeking Income
Replacement During An
Approved Leave To Care For A
Qualified Family Member
(to be completed by a health
care professional)

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/HR. PLEASE CONTACT THE PSU/MTA SICK LEAVE BANK ADMINISTRATOR IN HUMAN RESOURCES WITH QUESTIONS & FOR ASSISTANCE.

APPENDIX A

**PSU/MTA UNIVERSITY OF MASSACHUSETTS AMHERST & BOSTON CHAPTERS
SICK LEAVE BANK POLICIES**

January 1, 2009

Statement of Purpose: The Sick Leave Bank was established under the provisions of the collective bargaining agreement (Article 20.2). It is intended to provide paid leave time to members who:

- are absent from work due to a non-work related injury or illness where there is a reasonable expectation, based on medical documentation, of the member returning to the position held at the time a medical leave due to the illness or injury began. The Sick Leave Bank is not intended as a substitute for Long-Term Disability Insurance protection.
- are absent from work due to parental leave or serious illness of a family household member.

All bargaining unit members covered by the PSU/MTA agreements are members of the Sick Leave Bank on their campus. Contribution of time to the bank is not necessary in order to become a member. **However, bargaining unit members may contribute their own sick time to the Sick Leave banks, as per Article 20.2.** Additionally, if the total number of days in the Amherst bank falls below 1,000, or if the total number of days in the Boston bank falls below 500, each full-time employee shall donate seven and a half (7.5) hours of sick leave to the bank. A regular part-time employee shall donate sick leave in the same proportion that her/his part-time service bears to full-time service.

The decisions of the Board are final and binding and not subject to any campus grievance or appeal procedure. Under normal circumstances, the Sick Leave Bank Board on each campus meets as needed, to consider outstanding applications.

SECTION 1. FOR ILLNESS OF BARGAINING UNIT MEMBER

A. Eligibility

1. A member is eligible to apply for paid leave time from the bank upon their membership in the bargaining unit.
2. A member is eligible to apply for paid leave time from the Sick Leave Bank if there is a reasonable expectation, based on medical documentation, that the member will return to the position held at the time a medical leave due to the illness or injury began.
3. Before drawing days from the Sick Leave Bank, a member must use all accrued sick and personal leave, and all but ten (10) days of accrued vacation leave. Once a member has used up leave in accordance with this section and the Board has approved his/her Sick Leave Bank application, he/she shall immediately be eligible to draw days from the Sick Leave Bank.
4. A member who is receiving income from Worker's Compensation benefits may not

draw upon the Sick Leave Bank to supplement that compensation.

5. A member who is collecting regular (greater than the minimum) benefits from a Long-Term Disability Insurance (LTDI) plan may not draw from the Sick Leave Bank to supplement those benefits.

A member may draw from the Sick Leave Bank to supplement Long-Term Disability Insurance (LTDI) payments so long as they are not collecting regular (greater than the minimum) LTDI benefits.

B. Allowable Term

1. The initial award of time for a member granted paid leave time from the Sick Leave Bank due to his/her own illness or injury shall be no greater than 12 weeks.
2. Each extension of time granted an employee beyond the initial award may be no greater than 12 weeks.
3. A member granted part-time paid leave from the Sick Leave Bank is responsible for coordinating use of Sick Leave Bank paid leave time with his/her supervisor in order to meet both the demands of the medical condition and the needs of the department.
4. Paid leave time received from the Sick Leave Bank by a part-time PSU/MTA member shall be pro-rated based on the member's percentage of full-time effort.
5. Any vacation, sick or personal leave accruing to a member who is drawing upon the Sick Leave Bank during a given pay period shall accrue to the bank.
6. Paid leave time granted to FMLA eligible (see glossary) members runs concurrent with FMLA benefits (see glossary.)

C. Application Procedures

Application forms may be obtained from each campus' Division of Human Resources and/or the PSU office.

A completed application form must be submitted to:

- ☐ Amherst: the Division of Human Resources Information Center, 3rd Floor, Whitmore Administration Building;
- ☐ Boston: Human Resources, Quinn Administration Building, 3rd floor.

If the Sick Leave Bank Board is unable to make a determination regarding a request for paid leave time based on the information provided on the Sick Leave Bank application, the Board may request information it perceives will assist it in making a determination, and which is relevant to consideration of that application.

Information that may be requested may include, but is not limited to:

- ☐ Clarification of the employee's and/or medical practitioner's portion of the application,
- ☐ Submission of a completed federal Certification of Health Care Provider form,
- ☐ Medical practitioner's written feedback:

regarding the Sick Leave Bank applicant's ability to return to his/her pre-injury/illness job (hours and duties), and
regarding any job modifications necessary for this to occur.

This feedback will be made based on a copy of the applicant's University position description (as forwarded by the Board with its request for information) and a discussion between the applicant and medical practitioner regarding the applicant's University working environment.

- D. This same information may be requested from a second medical practitioner. If this is requested, any resultant costs shall be paid by the University.
- E. The purpose of such additional information shall be exclusively to aid the Sick Leave Bank Board in determining whether to grant, modify, or reject an application for drawing days from the Bank.

SECTION 2. PARENTAL LEAVE FOR THE CARE OF A CHILD IN THE EVENT OF BIRTH, ADOPTION, OR FOSTER CARE PLACEMENT

A. Eligibility

- 1. The member must have been regularly employed by the University for at least six (6) months prior to the requested leave.
- 2. The member must intend to be a caregiver to the child during the period of leave.
- 3. Before drawing days from the Sick Leave Bank, a member must first use all accrued sick and personal leave, and all but ten (10) days of accrued vacation leave. Once a member has used up leave in accordance with this section and the Board has approved his/her Sick Leave Bank application, he/she shall be immediately eligible to draw days from the Sick Leave Bank.

B. Allowable Term

- 1. FMLA eligible members (see glossary) may utilize the Sick Leave Bank to cover up to a maximum of 26 weeks.
 - A. Regardless of whether a member has used FMLA eligible leave during the calendar year, the member may utilize the Sick Leave Bank, as per Article 19.1A.
 - B. Paid leave time granted to FMLA eligible members runs concurrent with FMLA benefits.
- 2. A member who is not eligible for leave under the FMLA can utilize the Sick Leave Bank for a maximum of 8 weeks.
- 3. Any vacation, sick or personal leave accruing to a member who is drawing upon the Sick Leave Bank during a given pay period shall accrue to the bank.
- 4. A member granted part-time paid leave from the Sick Leave Bank is responsible for coordinating use of Sick Leave Bank paid leave time with his/her supervisor in order to meet both the demands of the medical condition and the needs of the

department.

C. Application Procedures

A member must apply to the Sick Leave Bank on the requisite application form at least one month in advance of an anticipated date of commencement of leave, unless he/she is eligible for waiver due to unforeseen circumstances, as approved by the Sick Leave Bank Board. Application forms may be obtained from each campus' Division of Human Resources and/or the PSU office.

A completed application form must be submitted to:

- ☐ Amherst: the Division of Human Resources Information Center, 3rd Floor, Whitmore Administration Building;
- ☐ Boston: Human Resources, Quinn Administration Building, 3rd floor.

Approval of Sick Leave Bank paid leave time shall be subject to documentation of birth, adoption, or foster child placement. The member is responsible for providing the Board notification of the birth, adoption, or foster placement as soon as reasonably possible. To complete the application procedure, a copy of the birth, adoption, or foster placement record must be forwarded to the campus' Division of Human Resources for inclusion in the Sick Leave Bank request file.

SECTION 3. FOR SERIOUS ILLNESS OF FAMILY OR HOUSEHOLD MEMBER

A. Eligibility

1. The member must have been regularly employed by the University for at least six (6) months prior to the requested leave.
2. Before drawing days from the Sick Leave Bank, a member must first use all accrued sick and personal leave, and all but ten (10) days of accrued vacation leave. Once a member has used up leave in accordance with this section and the Board has approved his/her Sick Leave Bank application, he/she shall be immediately eligible to draw days from the Sick Leave Bank.
3. The Sick Leave Bank Board will consider a request for leave to care for the spouse, domestic partner, child, parent, or sibling of either a bargaining unit member or his/her spouse or domestic partner, employee's grandchild or grandparent, or a relative living in the immediate household of a bargaining unit member in the event of a serious health condition.

B. Allowable Term

1. Sick Leave Bank benefits may be granted to supplement a member's paid benefit time up to a maximum of 26 weeks. The 26 week maximum is inclusive of time covered by the member's accrued benefit time.
 - A. Paid leave time will not exceed a maximum of 26 weeks.
 - B. Paid leave time granted to FMLA eligible (see glossary) members runs concurrent with FMLA benefits.
2. Any vacation, sick or personal leave accruing to a member who is drawing upon the

Sick Leave Bank during a given pay period shall accrue to the bank.

3. A member granted part-time paid leave from the Sick Leave Bank is responsible for coordinating use of Sick Leave Bank paid leave time with his/her supervisor in order to meet both the demands of the medical condition and the needs of the department.

C. Application Procedures

A member must complete Section 1 of the Sick Leave Bank Application form. A U.S. Department of Labor Certification of Health Care Provider form (Form WH-380) must accompany the completed application. Application forms may be obtained from either campus' Division of Human Resources and/or the PSU office.

These documents must be returned to:

- ☐ Amherst: the Division of Human Resources Information Center, 3rd Floor, Whitmore Administration Building;
- ☐ Boston: Human Resources, Quinn Administration Building, 3rd floor.

GLOSSARY

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| Child | Natural, adopted, foster, stepchild, or child under legal guardianship of a bargaining unit member. |
| FMLA | Family Medical Leave Act: A federal regulation that allows eligible employees 12 weeks of leave, with or without pay, under certain conditions. If a member has been employed by the University for at least 12 months and has worked no fewer than 1,250 hours for the University during the 12 months prior to their leave, the member is eligible for coverage under the federal Family Medical Leave Act (FMLA.) For the purposes of Sick Leave Bank coverage a member may be eligible for up to 26 weeks of coverage in any given calendar year. |
| Health Care Provider | Doctors of medicine or osteopathy, podiatrists, dentists, clinical psychologists, clinical social workers, optometrists, chiropractors, nurse practitioners, nurse-midwives, and Christian Science practitioners. |
| LTDI | Long Term Disability Insurance – An optional insurance plan which replaces some portion of an employee's salary if the employee is not able to perform their job for a defined period of time. |
| Medical Evidence | Satisfactory medical evidence shall consist of a signed statement by a health care provider (as defined above). The |

statement should confirm that he/she has personally examined the employee and shall contain the nature of the illness or injury, a statement that the employee is unable to perform his or her duties due to the specific illness or injury and the prognosis for the employee's return to work. In cases where the employee is absent due to a family member's illness or injury, satisfactory medical evidence shall consist of a U.S. Department of Labor Certification of Health Care Provider form (form WH-380) signed by the health care provider indicating that the person in question has been determined to be seriously ill and needs care on the days in question.

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|--------------------------|--|
| Non-Work Related Injury | An illness or injury for which an employee is not eligible for Workers Compensation benefits. |
| Return to Work | A reasonable expectation, based on medical documentation, that a member will return to the position held at the time a medical leave due to the illness or injury began. |
| Serious Health Condition | As defined under the federal Family Medical Leave Act guidelines. |
| SLB | Sick Leave Bank – A pool of sick leave days for which a Board approves the use, based on written application and medical verification submitted by a Sick Leave Bank member. |
| Workers Compensation | State sponsored income protection for employees injured on the job. Approval is determined by the State Division of Human Resources. It replaces 60% of an employee's average weekly wage. |