

University of Massachusetts Amherst PSU/MTA Parental Leave

PSA/MTA members who become biological, adoptive or foster parents of a child less than five years of age receive, upon request, up to:

- ♦ 26 weeks of unpaid leave if employed by the University for at least 6 months.
- ♦ 8 weeks of unpaid leave per child if employed full-time by the University for at least 3 months, under the Massachusetts Maternity Leave Act (MMLA). This University applies this law independent of a parent's gender. Leave beyond 8 weeks applies if more than one child is born, adopted or placed in foster care.
- ♦ An extended leave may be approved by your departmental representative.

During parental leave you may use your 2 weeks of paid parental "allowed time" (for use at any time during the 12 months following birth, adoption or foster care, as granted in the bargaining contract), accrued sick, vacation and personal leave to provide continued income. The 2 weeks of allowed time are shared by both parents if both work for the University and are pro-rated based on part-time or alternate work schedules.

In the case of birth, adoption or foster care, if you have worked for the University for at least 6 months prior to the requested leave and have insufficient accrued time to provide continued income during your leave (reserving two weeks of vacation), you may apply to the PSA/MTA Sick Leave Bank to provide income, based upon your FMLA eligibility, up to:

- ♦ 26 weeks of paid leave time from the Sick Leave bank for FMLA eligible members.
- ♦ 8 weeks of paid leave time from the Sick Leave bank for members who are not eligible for leave under the FMLA.

PSA/MTA Sick Leave Bank guidelines and application are available in Human Resources (Room 325 Whitmore Administration Building.). FMLA, MMLA, and bargained parental and family leaves run concurrently with one another for the same qualifying event.

Note that your department will provide you written confirmation of your protection under the federal Family and Medical Leave Act (FMLA) if you are eligible, i.e. you have worked:

- for the University for 12 or more months, and
- worked no fewer than 1,250 hours in the 12 months preceding your leave.

This period of job and benefits protection runs concurrent with all other leave you take and federal law requires the University to notify you of these protections.

Applying for Parental Leave

In order to apply for a parental leave you must:

- Submit a written, signed, and dated request for leave to your supervisor (faculty submit the MSP Parental Leave Application to their department chair or dean) indicating:
 - 1) the dates you are requesting leave 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., vacation, unpaid leave, etc.), and
 - 4) if requesting an intermittent leave, the work schedule you propose.
- The letter must be accompanied by a medical documentation confirming the date your child is due or legal documentation confirming the date adoption is effective.

- ❑ 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.
- ❑ If you do not have sufficient accrued time to cover your leave you may submit a completed sick leave bank (SLB) application to: PSA/MTA Sick Leave Bank, C/O Division of Human Resources, 325 Whitmore Administration Building. SLB applications are available at the Human Resources Employee Service Center (same location).

Impact of Parental Leave on Benefits

Paid Leave

Your normal payroll deductions will continue while you are on paid leave. This includes contributions toward insurance and retirement.

Unpaid Leave - While on unpaid leave:

- ◆ You are responsible for 100% of your health insurance premium unless your leave is covered under the FMLA or MMLA. If FMLA or MMLA eligible, you are responsible for paying your regular contribution toward insurance premium(s). The Group Insurance Commission (GIC) will invoice you at home. Return payment directly to the GIC to keep coverage(s) in tact.
- ◆ You begin accruing creditable service toward retirement upon return from unpaid leave.
- ◆ You will begin accruing sick and vacation time upon return from unpaid leave. If on leave at the beginning of the calendar year, personal time will be granted upon your return.
- ◆ You must to contact Met Life to arrange for payment of home, auto and/or legal insurance premium if you normally pay premium via payroll deduction (800.438.6388).

Benefits Changes to Consider

There are a number of benefits changes you may wish to consider when a new family member arrives. Human Resources representatives are available in room 325 Whitmore Administration Building to assist you with these items:

- ❑ Health Insurance: bring proof of live birth, birth certificate or proof of adoption to the Employee Service Center within 30 days of the event to add your child(ren) to your health insurance coverage.
- ❑ Dental Insurance: contact Mass. Public Employees at 800.325.5214 to add child(ren) to your dental/vision plan.
- ❑ Optional Life Insurance: within 31 days of the birth or adoption you may enroll or increase your Optional Life Insurance coverage up to four times salary without passing a medical evidence of insurability exam. Proof of birth or adoption is required.
- ❑ Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP): you may wish to enroll in (or increase your contributions to) these tax savings programs. More information is available from Human Resources and on the internet at: <http://www.mass.gov/gic/spd/hcsadcaphandbook.PDF>
- ❑ College Savings Program (529 plan): two 529 college savings programs managed by Fidelity are available via payroll deduction. Learn more about 529 plans at <http://www.savingforcollege.com/> Enroll or obtain more information from Human Resources.
- ❑ Beneficiaries: you may wish to reconsider the beneficiary(ies) of your basic life insurance, optional life insurance (if applicable) and/or retirement plans (State Employees' Retirement System, Optional Retirement Program, 403(b) and/or 457 plans). The forms necessary to change your beneficiary for SERS and the ORP are available from Human Resources. Contact your 403(b) and/or 457 vendor directly to change your beneficiary for those account(s).

Where this document departs from Massachusetts or federal law or relevant bargaining contract, the law or contract will prevail.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

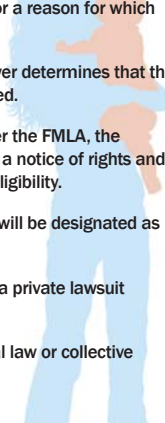
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



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 _____

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: _____

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.

**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.
- 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.

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, 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 eligible to receive Worker's Compensation benefits is not eligible for paid leave time from the Sick Leave Bank.
6. A member who is receiving benefits from an employer-sponsored Long-Term Disability Insurance (LTDI) plan may not draw from the Sick Leave Bank to supplement that benefit.

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

1. Application forms may be obtained from each campus' Division of Human Resources and/or the PSU office.
2. 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.
3. 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:

- A. Clarification of the employee's and/or medical practitioner's portion of the application,
- B. Submission of a completed federal Certification of Health Care Provider form,
- C. Medical practitioner's written feedback:
 - (i) regarding the Sick Leave Bank applicant's ability to return to his/her pre-injury/illness job (hours and duties), and
 - (ii) regarding any job modifications necessary for this to occur.
 - (iii) 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

1. 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.
2. 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.
3. 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

<i>Child</i>	Natural, adopted, foster, stepchild, or child under legal guardianship of a bargaining unit member.
<i>FMLA</i>	<p>Family Medical Leave Act: A federal regulation that allows eligible employees 12 weeks of leave, with or without pay, under certain conditions.</p> <p>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.</p>
<i>Health Care Provider</i>	Doctors of medicine or osteopathy, podiatrists, dentists, clinical psychologists, clinical social workers, optometrists, chiropractors, nurse practitioners, nurse-midwives, and Christian Science practitioners.
<i>LTDI</i>	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.
<i>Medical Evidence</i>	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.
<i>Non-Work Related Injury</i>	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.