

Dear USA/MTA Sick Leave Bank Member:

Thank you for your interest in the USA/MTA Sick Leave Bank. Please refer to Article 10 of the Agreement between the University of Massachusetts' Board of Trustees and the University Staff Association (USA/MTA/NEA) which establishes a Sick Leave Bank for USA/MTA/NEA employees.

The Sick Leave Bank was created in part to provide income security to Sick Leave Bank members who:

- Out of work for the purpose of giving birth or the adoption of a child or for placement of a foster child with a member.
- Have a reasonable expectation, and intention of, returning to the position from which leave was granted after the leave period concludes.
- Are not receiving, or eligible to receive income replacement from another source.

Please remember that you may not be absent from work without your department's approval. The University has established a standard procedure for requesting leave from your department. This process, as well as valuable information regarding considerations to your benefit options, is described in the attached information sheet titled [USA/MTA Parental Leave](#).

While on an approved parental leave and after a member exhausts their University granted allowed time (ALT) and all of their own accrued time excluding two (2) weeks of a combination of compensatory, personal, and vacation time; a member may apply for income replacement via the attached application to the USA/MTA Sick Leave Bank for consideration.

A completed application will consist of:

- Section One: Completed by the member.
- Section Two: Submit with the supporting documentation you indicated.
- Section Three: Completed by the member's departmental HR Representative.

For information regarding the Massachusetts Pregnant Worker's Fairness Act which provides various protections for pregnant and nursing employees; please visit: www.umass.edu/humres/birth-adoption-foster-care.

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

Sincerely,
Kelly Pleasant
On behalf of the USA/MTA Sick Leave Bank

University of Massachusetts Amherst USA/MTA Parental Leave

USA/MTA members who become biological, adoptive or foster parents of a child receive, upon request, up to:

- ♦ 12 weeks of leave if eligible for leave under the federal Family and Medical Leave Act (FMLA). FMLA eligibility requires that you have worked:
 - For the University for 12 or more months, and
 - No fewer than 1,250 hours in the 12 months preceding your leave.
- ♦ 12 weeks of leave if eligible for leave under the MA Paid Family Leave Act (PFML; www.mass.gov/orgs/department-of-family-and-medical-leave)
- ♦ 8 weeks of leave per child if employed full-time by the University for at least 3 months, under the Massachusetts Parental Leave Act (MPLA). 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.

Leave entitlements under federal & state law, the collective bargaining agreement and University policy run concurrent. Your department will provide you written confirmation of your employment and insurance protections in response to your request for parental leave.

You will receive paid leave (“allowed time”) for the first 2 weeks immediately following birth, adoption or placement of a child in foster care (as granted in the bargaining contract). These 2 weeks are shared by both parents if both parents work for the University and are pro-rated based on part-time or alternate work schedules. Allowed time does not reduce your vacation, sick or personal leave accruals. Following that you may use accrued vacation and personal time to provide continued income during your leave. If you have given birth you may use accrued sick time if the medical need is documented by a physician.

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,
 - 2) how you are requesting that time and attendance be submitted if your leave is approved (e.g., vacation, unpaid leave, etc.), and
 - 3) if requesting an intermittent leave, the work schedule you propose.
- Provide your departmental human resources representative a copy of the letter 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.

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 paying 100% of the health insurance premium unless your leave is covered under the FMLA or MMLA. If your leave is covered under the 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 will 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 contact your home/auto and MetLegal insurance providers directly to arrange for payment of premiums that would normally be payroll-deducted.

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 and Dental Insurances: 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 and/or dental insurance plans.
- 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 online: www.mass.gov/service-details/learn-more-about-flexible-spending-accounts
- 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).
- UMass Amherst Center for Early Education and Care (CEEC) provides both childcare and childcare resources to members of the University community. Contact CEEC at (413) 545-1566 with questions about services and enrollment.
- Mass4You: Mass4You is an Employee Assistance Program (EAP) providing employees eligible for insurance coverage through the MA Group Insurance Commission & their family members, free counseling, legal consultation, mediation and work-life referrals (eg for child care, elder care, pet care, identity theft response plan): www.liveandworkwell.com (Access Code: Mass4You) / 844.263.1983.
Where this document departs from Massachusetts or federal law or relevant bargaining contract, the law or contract will prevail.

*Application for Income Replacement
For Parental Leave*

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

Please submit this application form and the requested information to apply for income security during a leave period that has been approved by your department due to the birth or adoption of a child, or for a foster child placed in the care of the member. The Sick Leave Bank is not intended to act as a substitute for, or supplement to, other income sources during your leave period (e.g. long-term disability, worker's compensation).

Name: _____ Employee ID Number: _____

Home Address: _____

Home Telephone Number: _____ Work Telephone Number: _____

Email Address: _____

Job Title: _____ Department: _____

Supervisor's Name: _____

Email Address: _____ Telephone Number: _____

Department Time and Attendance Keeper: _____

Email Address: _____ Telephone Number: _____

Have you applied for income replacement through any other source? YES NO

Last Day Worked: _____ Intended Date of Return to Current Position: _____

Please describe the situation for which you are requesting time from the Sick Leave Bank.

I hereby certify that the information I provided in Section One is true and accurate. I agree to notify the Committee prior to application for income replacement from another source for this leave.

Signature: _____ Date: _____

*Application for Income Replacement
For Parental Leave*

In support of your request for income replacement from the USA/MTA Sick Leave Bank during an approved parental leave, please indicate below and attach the appropriate documentation to your application.

I have attached one of the following documents in support of my application.

- Letter on healthcare provider letterhead indicating expected due date.
- Hospital birth record or birth certificate.
- Legal documentation (court issued) indicating date of adoption.
- Documentation from an agency indicating date of placement of a foster child.

*Application for Income Replacement
For Parental Leave*

SECTION THREE: DEPARTMENTAL CONFIRMATION
(to be completed by applicant's Departmental HR Representative)

I have approved _____ for up to _____ hours of
(employee name)
leave per week from _____ until _____ due to the birth
or adoption of a child; or due to the placement of a foster child with the member.

If the leave request is part-time, the employee and I have agreed to the attached work schedule.

HR Coordinator Name: _____

Campus Address: _____

Campus Telephone Number: _____

Campus Email Address: _____

Please Note: When an employee will be out of work due to a medical issue, or when requesting parental leave, the employee and his/her supervisor must follow the University's Leave and Approval Process. These checklists may be viewed at <https://www.umass.edu/humres/forms>. Please contact the Sick Leave Bank Administrator in the Division of Human Resources with questions or assistance.