

# CHICAGO STATE UNIVERSITY

## LEAVES OF ABSENCE

A full-time employee, who needs to be away from work for five or more days due to his or her own illness, should apply for a medical leave of absence.

A *Request for Leave form* must be submitted to the Human Resources Office by 5:00pm 1 week from the date of the first day the employee has been away from work due to his or her own illness. Proper documentation (i.e. doctor's statement with anticipated date of return) must be submitted with the form. Failure to submit the request and documentation may result in your request being denied or days being marked as unexcused and unpaid.

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**To request a leave of absence under Family Medical Leave (FML)**, the employee must contact Human Resources at 773-995-2040. The employee is responsible for ensuring his or her doctor completes the Physician's Certification form and returning all signed FML-related documents to the Human Resources Representative prior to the requested leave period, if possible.

**If the disability is a result of a work-related injury**, and the employee will be away from work for five or more days, in addition to reporting the injury to the State of Illinois Early Intervention Program at 800-773-3221, he or she should report the disability to their manager and the Office of Human Resources.

Family & Medical Leave runs concurrently with Disability or Worker's Compensation when utilized for a qualifying reason and must be counted toward the maximum period (generally 12 weeks). An employee who qualifies for Family Medical Leave is guaranteed job restoration for the maximum federal FML period.

A request cannot be submitted for multiple leaves or leaves to run concurrently except as indicated above.

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### **Medical Leave**

A medical leave of absence may be granted upon the recommendation of a personal physician and consultation with Human Resources. Accrued sick days are generally used for medical leave.

**Note:** The medical leave of absence is to allow employees to take time off for prolonged illnesses that may not qualify for Family & Medical Leave (i.e., Influenza, Pneumonia, Bronchial Infections, Recovery from outpatient surgery, etc.) Failure to return to work from a medical leave or provide proper physician documentation may result in termination.

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### **Family & Medical Leave (FML)**

Employees who have a cumulative 1 year of service and have worked for 1,250 hours over the last 12 months may take up to a total of 12 weeks unpaid leave during a 12 month period under the Federal Family and Medical Leave Act (FMLA) of 1993.

**Employee Notice:** The employee should provide 30 days notice to his or her manager prior to a FML leave. If a FML leave is not foreseeable, the employee should provide notice as soon as possible, generally within two business days of when the need for leave becomes known to the employee.

**Manager Notice:** For a non-disability related FML leave, the manager consults with the Human Resources Representative to confirm eligibility and compliance. The Human Resources Representative will determine whether physician's certification is required. If the leave is expected to extend beyond the maximum federal FML period, the

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manager will discuss with the employee a potential return-to-work date as well as review the job restoration provisions of the policy.

**Certification:** The Human Resources Representative may ask that employees who request Family Medical leave to submit a health care certification stating that they are suffering from a qualifying serious health condition, or that the employee is needed to care for a family member with a qualifying serious health condition, or a certification that the family member is called to active duty or that a covered service member of the Armed Forces suffered a qualifying injury or illness while on active duty. A Certification of Physician or Practitioner form **MUST** be completed by his or her physician. The completed form must be submitted to the Human Resources Representative.

**FML Notice:** If the employee's request qualifies under FMLA, the Human Resources Representative will complete and send the Family and Medical Leave Act Notification to the employee.

**When the Employee Is Unable to Perform the Functions of His or Her Job due to the Employee's Own Serious Health Condition:** Employees should apply for disability benefits. They may also apply for leave under the FMLA. Family & Medical Leave (FML) runs concurrently with disability when utilized for a qualifying reason and must be counted toward the maximum period

Please refer to the [HR Policy Manual](#) for more detail on Leave Policies.

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## **Workers' Compensation**

As an employee, you are covered by the Workers' Compensation Act, designed to provide protection for on-the-job injuries or job-related illnesses. Workers' Compensation must be approved by the State of Illinois Central Management System. You may request a leave under Workers' Compensation once a claim has been submitted. You may utilize your accrued leave or unpaid leave until a decision has been made on the claim. If a claim is denied you must contact your supervisor immediately to advise that you will be returning to work. Failure to return to work when scheduled may result in termination.

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## 1. Request for Leave Form

Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Mailing Address & Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**Type of Leave:**     Medical Leave     Family Medical Leave     Worker's Compensation

**Please check reason for leave of absence:**                      *Note: A Doctor's statement must accompany this form.*

Own serious health condition (not work related).....\_\_\_\_\_    Care for parent/spouse/child w/serious health condition....\_\_\_\_\_

Care for newborn/placed child.....\_\_\_\_\_    Work-incurred injury.....\_\_\_\_\_

Pregnancy disability.....\_\_\_\_\_    Other.....\_\_\_\_\_

Requested Start Date: \_\_\_\_\_                      Anticipated Return to Work Date: \_\_\_\_\_

Intermittent or reduced work schedule (describe): \_\_\_\_\_

**\* Please provide an anticipated schedule below. If this schedule requires adjustment, notify manager at least 1 week in advance**

Insert appropriate time below	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A leave of absence may consist of leave without pay and/or paid leave (vacation or sick leave). Paid leave may be used in accordance with applicable policy/contracts.

**I wish to use leave as estimated below:**

<u>Type</u>	<u>Hours/Days</u>	<u>From</u>	<u>Through</u>
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____

Employee signature & date: \_\_\_\_\_

Supervisor signature & date: \_\_\_\_\_

Supervisor name (please print): \_\_\_\_\_

**For Human Resource Office Use Only:**

<b>From</b>	<b>Through</b>	
_____	_____	qualifies as Family & Medical Leave
_____	_____	qualifies as Medical Leave
_____	_____	qualifies as Disability Leave