



University of Connecticut Health Center

POLICY NUMBER 2004-06

November 27, 2007

POLICY: FAMILY AND MEDICAL LEAVE POLICY

POLICY STATEMENT: It is the University of Connecticut Health Center's policy to grant family and medical leaves in accordance with the Federal Family Medical Leave Act of 1993, the Connecticut General Statutes 5-248a, and the various collective bargaining unit contracts.

DEFINITIONS:

- A. Medical Leave: A medical leave of absence may occur when an employee is absent from work for more than five consecutive, or intermittent, working days due to the illness of the employee. (Employees may qualify for leave under Federal FMLA after an absence of more than 3 calendar days or absences due to a chronic health condition. Contact Human Resources for additional information.)
- B. Family Leave: A family leave of absence may occur when an employee is absent from work for more than five consecutive, or intermittent, working days due to the illness of an immediate family member (i.e. mother, father, spouse, son, or daughter). A family leave may also occur when an employee is absent from work for more than five consecutive working days due to the birth or adoption of a child. (Employees may qualify for leave under Federal FMLA after an absence of more than 3 calendar days or absences due to a chronic health condition. Contact Human Resources for additional information.)
- C. Serious Illness: An illness, injury, impairment, or physical or mental condition that involves (1) inpatient care in a hospital, hospice or residential care facility or (2) continuing treatment or continuing supervision by a health care provider.

KEY POINTS:

- A. Federal Family Medical Leave Act (FMLA) of 1993:
 - 1) Reasons for Taking Leave:
 - To care for employee's child after birth, or placement for adoption or foster care;
 - To care for employee's spouse, son or daughter, or parent who has a serious health condition; or
 - For a serious health condition that makes the employee unable to perform the employee's job.
 - 2) Eligibility:
 - Employee must be employed at least one year.
 - Employee must have completed at least 1,250 hours of work in the one-year period immediately preceding the commencement of the leave.
 - 3) Entitlement:
 - Twelve work weeks of unpaid, job-protected leave within a one-year period. (Certain kinds of paid leave can be substituted for unpaid leave.)
 - Leave may be taken intermittently under certain circumstances.

B. Connecticut General Statutes 5-248a:

1) Reasons for Taking Leave:

- Upon the birth or upon the adoption of a child of the employee.
- Upon the “serious illness” of a child, spouse, or parent of the employee.
- Upon the “serious illness” of the employee.

2) Eligibility:

- Employee must be considered a permanent state employee.

3) Entitlement:

- An eligible employee is entitled to up to 24 weeks of unpaid, job-protected family or medical leave with a two-year period. (Certain kinds of paid leave can be substituted for unpaid leave.)
- Connecticut Regulation 5-248b-5(b) emphasizes that family leave for illness of children in the employee’s family may not exceed 24 weeks in a two-year period regardless of the number of children in the family.

DOCUMENTATION:

- A. Family and Medical Leave Request: Initial form to be used by employee to request a family or medical leave.
- B. Medical Certificate (Form P-33a – Employee): Form to be completed by the employee’s health care provider for a medical leave of absence.
- C. Medical Certificate (Form P-33b – Caregiver): Form to be completed by the health care provider of the employee’s immediate family member for whom the employee is requesting family leave.
- D. Adoption Letter: A letter from the adoption agency establishing the date of adoption.

PROCEDURE:

- A. The employee must complete a Family and Medical Leave Request form and submit it to Human Resources (MC 4035, Attn: Leave Coordinator). This should be done 30 days before the leave begins when the leave is foreseeable.
- B. The employee must also submit the appropriate supporting documentation to Human Resources (MC 4035, Attn: Leave Coordinator). This should be done 30 days before the leave begins when the leave is foreseeable:
 - Medical Certificate (Form P-33a – Employee) for a medical leave of absence. (Pages 1 & 2 are to be submitted initially, and page 4 is to be submitted upon the employee’s return to work).
 - Medical Certificate (Form P-33b – Caregiver) for a family leave of absence to care for an immediate family member who is ill.
 - Adoption Letter for the adoption of a child.
- C. Once all required forms are submitted to Human Resources, a determination will be made regarding leave qualifications. Human Resources will issue a letter to the employee, providing a copy to the employee’s supervisor, outlining the leave qualifications and, if applicable, the approved leave schedule.
- D. If an employee needs to extend his/her family or medical leave, additional documentation is required. The employee must contact Human Resources at 860-679-4105 immediately to determine what additional documentation is necessary and must submit supporting documentation within the required deadlines. Failure to comply may result in separation.

- E. Upon the employee's return to work, the employee must notify Human Resources at 860-679-4105 immediately. If returning from a medical leave of absence, the employee must submit the 4th page of the medical certificate, Employee Fitness for Duty Certification.

REQUIREMENTS:

- A. Maternity Leaves: A Medical Certificate (Form P-33a – Employee) from the employee's physician and a Family and Medical Leave Request form.
- B. Adoption of a Child: A letter from the adoption agency and a Family and Medical Leave Request form.
- C. Serious Illness of the Employee: A Medical Certificate (Form P-33a – Employee) from the employee's health care provider and a Family and Medical Leave Request form. The 4th page of the Medical Certificate, "Employee Fitness for Duty Certification", must be submitted to Human Resources upon the employee's return to work.
- D. Serious Illness of a Child, Parent, or Spouse of the Employee: A Medical Certificate (Form P-33b – Caregiver) from the family member's health care provider and a Family and Medical Leave Request form.

If an employee has any questions regarding a family or medical leave of absence, the employee should contact Human Resources at 860-679-4105.

Brian Eaton (signed)

11/29/07

Associate Vice President for Human Resources

Date

Peter Deckers, M.D. (signed)

12/5/07

Executive Vice President for Health Affairs

Date

Revised Policy: November 27, 2007 (Replaces policy dated August 13, 2004)