University of Pennsylvania

Faculty and Staff:
Applying for Family & Medical Leave &
Short-Term Disability

Penn Human Resources
Table of Contents

FMLA: Overview Page 2
FMLA: Employee Checklist Page 3
FMLA: Forms Checklist Page 6
FMLA: Roadmap Page 7
For More Information Page 8

Notes

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FMLA: Overview

What is FMLA?
The Family and Medical Leave Act (FMLA) is a federal regulation that entitles eligible faculty/staff members (employees) to up to 12 weeks of job-protected leave and benefits continuation for certain qualifying events including:

- Your own serious health condition
- Your family member’s serious health condition (your spouse, parent, or child under the age of 18)
- The birth or care of your newborn child
- The adoption or foster care of your child
- Qualifying military exigencies
- Military caregiver leave (up to 26 weeks)

Types of FMLA Leave
There are two types of FMLA leave:

- Continuous: leave is for a consecutive number of days
- Intermittent: leave is taken in separate blocks of time or you work a reduced schedule

Who is Eligible for FMLA?
In order to be eligible for FMLA leave, you must:

- Be employed at Penn for at least 12 months
- Have worked at least 1,250 hours during the 12-month period immediately preceding the start of your leave

How Does FMLA Work?

If you're taking FMLA leave for your own serious health condition or pregnancy:

When you expect to be unable to work due to serious illness, injury, or pregnancy, you must submit an application for FMLA that will require information from your physician.

If FMLA is approved and you are a grade 28 or below full-time staff member you will be required to use your sick time followed by PTO for the first 10 days (the “waiting period”). After the 10 day waiting period, your leave will be paid as follows

- 100% of base pay for up to 6 weeks.
- 75% of base pay for up to an additional 18 weeks.
- The maximum amount of time that you will be paid is the lesser of 26 weeks or the length of time that your physician certifies you as disabled. Employees on leave for pregnancy will be deemed to be disabled for 8 weeks after delivery unless the physician states otherwise. Employees who elect to remain out of work longer than 8 weeks after delivery will use their remaining PTO unless they notify their business administrator that they want to retain it. The remaining FMLA leave will be unpaid.
- If you have an STD balance as of 6/30/2016, you may elect to substitute these STD days during weeks 9 through 26 so that you will receive 100% of pay. Note that all frozen STD balances will expire on 6/30/18.
- Faculty and staff grades 29 and above are still covered under Policy #613.
- University staff members who are covered by collective bargaining agreements should refer to the appropriate contract article.

If you're taking FMLA leave for reasons other than your own serious health condition or pregnancy:
You may use up to 5 sick days in a calendar year for approved leaves for reasons other than your own serious health condition or pregnancy (paternity, adoption, foster care and care of a family member with a serious health condition). You must substitute unused PTO for the leave unless you notify your business administrator that you want to retain 50% of your PTO balance.

**Payroll Deductions**

While you are on paid leave, these deductions continue:

- Medical
- Dental
- Life insurance
- Retirement contributions
- Other deductions you may have (e.g., parking, fitness, credit union, etc.)

Should any portion of your leave be unpaid:

- Insurance premiums and other deductions will build up in suspense and will be taken from your paycheck when you return to work.
- Retirement plan contributions will cease during unpaid leave.

**FMLA: Employee Checklist**

**Applying for FMLA Leave**

- Notify your supervisor or business administrator (BA) of your request for FMLA.
- You should receive a provisional letter and the application form(s) from your supervisor or BA within five days of your request.
- Complete the **STD/FMLA Request Form** (Sections A-C). It must include your time balances, if you’re monthly paid, your signature, and your supervisor or BA’s signature (Section D).
- Send the **STD/FMLA Request Form** via mail, fax, or email to the FMLA Administrator at **least 30 days** prior to your proposed leave date (or, in the event of unforeseen leave, as soon as you can) to:
  
  FMLA Administrator  
  600 Franklin Building  
  3451 Walnut Street  
  Philadelphia, PA 19104-6205  
  Fax: 215-573-7385  
  E-mail: fmla@hr.upenn.edu

If you’re taking FMLA leave for your own serious health condition or pregnancy:

- Have your health care provider complete the **Certification of Health Care Provider for Employee’s Serious Health Condition Form** (you complete Sections I and II; your health care provider completes Section III). If you’re taking leave for care of a newborn not associated with a pregnancy (father of the child or same-sex spouse) or are adopting or fostering a child, you need to submit the child’s birth certificate in lieu of a certification form.
- Print your name on the form. **Be sure your health care provider fills out the entire form.** Any missing information may cause a delay in the processing of your leave request.

**When will I receive short-term disability (STD) pay?**

You will receive STD pay only when you have a continuous, incapacitating health condition or pregnancy that is expected to last 10 days or more which has been certified by a physician and approved by the FMLA Administrator. STD pay cannot be used for intermittent leave or for a leave associated with the care of a family member. While on STD, you are not eligible for paid holidays; additional sick and PTO days don’t accrue.

The maximum amount of time you can be out on leave is six months or 132 consecutive work days. The time is counted from your last day worked. If you have a disability which is expected to exceed six months, you are eligible to apply for long-term disability.
Your health care provider must send (via mail, fax, or email) the completed form to the FMLA Administrator within 20 days of your request.

If you're taking FMLA leave to care for a family member with a serious health condition:
- Have your family member’s health care provider complete the Certification of Health Care Provider for Family Member’s Serious Health Condition Form (you complete Sections I and II; the health care provider completes Section III).
- The health care provider must send (via mail, fax, or email) the completed form to the FMLA Administrator within 20 days of your request.
- Be sure the health care provider fills out the entire form. Any missing information may cause a delay in the processing of your leave request.

If you're taking FMLA leave for a Qualifying Exigency or Military Caregiver Leave:
- Complete Section II of the Certification of Qualifying Exigency for Military Family Leave Form or Section I of the Certification for Serious Injury or Illness of a Current Service member or Section I of the Certification for Serious Injury or Illness of a Veteran or Military Caregiver Leave. A Department of Defense or Veteran’s Administration health care provider must complete Section II of the Certification for Serious Injury or Illness of a Current Service member or the Certification for Serious Injury or Illness of a Veteran or Military Caregiver Leave form.
- Send the completed form to the FMLA Administrator (via mail, fax, or email) within 20 days of your proposed leave date.

Getting Approval
- The FMLA Administrator will send a letter to your home address (and an email to your supervisor or BA) indicating whether your leave is approved, denied, or incomplete.
- Contact the FMLA Administrator by email at fmla@hr.upenn.edu or by phone at 215-898-1333 or 215-898-0914 if:
  - Your leave request is approved, but the dates are different than what you expected.
  - Your leave request is denied and you are unsure why.
  - Your leave request is incomplete and you are unsure what is missing. You have an additional 7 days to submit the missing documentation.

Employees approved for short-term disability are prohibited from working at the workplace or at any other location, including the employee’s home, either for the University or otherwise. (Policy 404)

You can find Short-Term Disability and FMLA forms on the Human Resources website at www.hr.upenn.edu/myhr/resources/forms/benefits.
While on Leave
Provide the following documentation to the FMLA Administrator (via mail, fax, or email):

- **Pregnancy**: A note from your health care provider with the date of delivery. Your leave dates will be adjusted based on the actual delivery date.
- **Care of newborn (father of the child or same-sex spouse)**: A copy of your child’s birth certificate.
- **Adoption or foster care**: Court documentation.
- **Intermittent leave**: Complete the Intermittent Leave Tracking Form (which lists the dates/hours you take leave) and submit updates on a monthly basis (if applicable).

Returning to Work
- If you were out for your own serious health condition or pregnancy, your health care provider must submit a return-to-work note (via mail, email, or fax) to the FMLA Administrator and your supervisor or BA. The note must include:
  - The date you’re eligible to return to work
  - The health care provider’s signature
  - Any medical restrictions
- If your return-to-work note contains restrictions that last more than one week, a copy of the note must be sent to Patrice Miller at the Office of Affirmative Action.

  Patrice Miller, Office of Affirmative Action and Equal Opportunity Programs
  421 Franklin Building
  3451 Walnut Street
  Philadelphia, PA 19104
  215-898-1744 (phone)
  215-746-7088 (fax)
  pdmiller@upenn.edu

If You Don’t Expect to Return to Work on Time
- Notify your supervisor or BA and the FMLA Administrator (via mail, email, or fax) immediately.
- To extend your leave, request one of the following from the health care provider:
  - A new, completed Certification of Health Care Provider Form
  - An amendment of the original certification form
  - A signed doctor’s note on letterhead requesting an extension of the leave
- If your serious medical condition becomes long-term in nature, consider contacting Melissa A. Smith, Human Resources Benefits Specialist at smithma@upenn.edu or 215-898-1326; or Geri Zima, Manager, Benefits Administration at zima@exchange.upenn.edu or 215-898-1331. They can discuss the application process for Long-Term Disability should that become necessary.
<table>
<thead>
<tr>
<th>Form</th>
<th>Provide to</th>
<th>Employee’s Serious Health Condition</th>
<th>Pregnancy</th>
<th>Care of Newborn or Child: Father or same-sex domestic partner</th>
<th>Adoption or fostering</th>
<th>Family Member’s Serious Health Condition</th>
<th>Qualifying Exigency for Service Member</th>
<th>Serious Injury/ Illness of Current Service Member</th>
<th>Serious Injury/ Illness of Veteran</th>
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<td>Certification of Health Care Provider for Employee’s Serious Health Condition (Sections I and II)</td>
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<tr>
<td>Certification of Health Care Provider for Family Member’s Serious Health Condition (Section I and II)</td>
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<td>Certification for Serious Injury or Illness of a Current Servicemember – for Military Family Leave (Section I)</td>
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<td>Certification of Qualifying Exigency For Military Family Leave (Section II)</td>
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<td>Written documentation confirming service member’s covered active duty status</td>
<td>FMLA Administrator</td>
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<td>Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Section I)</td>
<td>Health Care Provider</td>
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<tr>
<td>Birth certificate of child</td>
<td>FMLA Administrator</td>
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<tr>
<td>Note from health care provider; date and method of delivery</td>
<td>FMLA Administrator</td>
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<tr>
<td>Intent to adopt or other court documentation</td>
<td>FMLA Administrator</td>
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<td>Note from health care provider; return to work (Fitness for duty certificate)</td>
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<td>Intermittent Leave: Intermittent Leave Tracking Form (if applicable)</td>
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Applying for Family & Medical Leave:
Your Own Serious Health Condition, Pregnancy, Care of Newborn, or Adoption/Foster Care

1. Notify Supervisor or BA of your FMLA leave request.
   - Once you notify your supervisor or BA, you should receive a provisional letter within 5 days of your request.

2. Complete the Short-Term Disability/Family & Medical Leave Request Form [Penn Form].
   - Complete Sections A, B, and C.
   - It must include your and your supervisor’s or BA’s signatures and time balances if you are monthly paid (Section D).
   - Submit the completed form to the FMLA Administrator at least 30 days prior to your proposed leave date.

3. Have your treating physician complete the appropriate Certification of Health Care Provider Form* (DOL form).
   - Complete Sections I and II, then give the form to the treating physician to complete Section III.
   - The treating physician must send the completed form to the FMLA Administrator within 20 days of your proposed leave date.
   - If you’re taking leave to care for a newborn, please provide the child’s birth certificate or court documentation if applicable, in lieu of a certification form.

4. The FMLA Administrator will send you a letter stating whether your FMLA leave request is approved, denied, or incomplete.
   - You’ll receive the letter at your home address within 3 weeks of submitting your paperwork.

5. Verify whether your letter is correct.
   - Contact the FMLA Administrator at fmilfa@upenn.edu or 215-898-1014 if your leave request is:
     - Approved but the dates are different than what you expected.
     - Denied and you are unsure why.
     - Incomplete and you are unsure what is missing; you have 7 days to submit the missing documentation.

6. While you are on leave: Submit the appropriate paperwork to the FMLA Administrator. If your leave is for:
   - Pregnancy
     - A physician’s note with the date of delivery. Your leave dates will be adjusted based on the delivery date.
   - Care of Newborn
     - A copy of your child’s birth certificate.
   - Adoption/Foster Care Placement
     - Copies of your court documentation.

7. If your leave is intermittent, complete the intermittent leave tracking form.
   - Submit this form to the FMLA Administrator on a monthly basis.

8. Returning to work: Ask the treating physician to submit a note to the FMLA Administrator that allows you to return to work.
   - The note must include the date you’re eligible to return to work, your doctor’s signature, and any medical restrictions.
   - If you’re taking leave to care for a newborn, are adopting/placing a child, or caring for a family member, you don’t need to submit this information.

9. If you don’t expect to return to work on your scheduled date:
   - Notify your supervisor or BA and the FMLA Administrator.
   - Complete and submit one of the following:
     - A new, completed Certification of Health Care Provider form
     - An amendment of the original certification form
     - A signed doctor’s note on letterhead indicating the leave
# For More Information

**For questions about:**

| Family & Medical Leave, Short-Term Disability & Sick Leave at Penn | Aysha Horshaw  
FMLA Administrator  
ahorshaw@upenn.edu  
215-898-0914 (phone)  
215-573-7385 (fax)  
Kate Kelly  
FMLA Administrator  
khkelly@upenn.edu  
215-573-2483 (phone)  
215-405-2929 (fax) | Penn Human Resources  
600 Franklin Building 3451  
Walnut Street  
Philadelphia, PA 19104-6205  
fmla@hr.upenn.edu |
|---|---|---|
| **The Family & Medical Leave Act** | Department of Labor FMLA guide:  
http://www.dol.gov/whd/fmla/employeeguide.pdf | Department of Labor - FMLA website:  
| **Workers’ Compensation**  
Employees who suffer an injury on the job or illness sustained in the course of employment with the University are covered by Worker’s Compensation Act. | Monica Dagger  
Workers’ Compensation Manager  
mdagger@upenn.edu  
215-898-1338 (phone)  
421 Franklin Building  
3451 Walnut Street  
Philadelphia, PA 19104 |
| **Long-Term Disability at Penn**  
Disabilities beyond six months or 132 consecutive days are covered under LTD. | Melissa A. Smith  
Penn Human Resources  
3410 Walnut St., Suite 527A  
Philadelphia, PA 19104-6228  
smithma@upenn.edu  
215-898-1326 (phone)  
215-573-7385 (fax)  
Geri Zima  
zima@exchange.upenn.edu  
215-898-1331 (phone) | Aetna Life Insurance Company  
P.O. Box 14560  
Lexington, KY 40512-4560  
888-322-3862 (phone)  
866-667-1987 (fax) |
| **Americans with Disability Act (ADA)**  
Employees who return to work with restrictions for longer than one week must apply for an accommodation under this Act. | Patrice Miller  
pdmiller@pobox.upenn.edu  
215-898-1744 (phone)  
215-746-7088 (fax) | Office of Affirmative Action and Equal Opportunity Programs  
421 Franklin Building  
3451 Walnut Street  
Philadelphia, PA 19104-6205 |
Non-Discrimination Policy Statement

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age disability, or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs, or activities; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. Questions or complaints regarding this policy should be directed to: Executive Director, Office of Affirmative Action and Equal Opportunity Programs, 421 Franklin Building, 3451 Walnut Street, Philadelphia, PA 19104-6205 or (215) 898-6993 (voice) or (215) 898-7803 (TDD).

Statement on Collective Bargaining Agreements

The provisions of applicable collective bargaining agreements govern the Health & Welfare benefits of employees in collective bargaining units.

This guide is intended to address the process of applying for leave at the University of Pennsylvania. It is not intended to restate the FMLA regulations or the University’s policies. For more information, see www.hr.upenn.edu/myhr/resources/policy or www.dol.gov/compliance/laws/comp-fmla.htm.