University of Pennsylvania
Supervisors and Business Administrators: Managing Family & Medical Leave & Short Term Disability
Table of Contents

FMLA: Overview  Page 2
FMLA: Supervisor / BA Checklist  Page 3
Pay Examples During FMLA  Page 6
FMLA: Forms Checklist  Page 8
FMLA: Roadmap  Page 9
For More Information  Page 10

Notes
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:

- The employee’s own serious health condition
- A family member’s serious health condition (spouse/same-sex domestic partner, parent, or child under the age of 18)
- The birth or care of a newborn child
- The adoption or foster care of a 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 a reduced schedule is worked

Who is Eligible for FMLA?
In order to be eligible for FMLA leave, the employee 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 the leave

How Does FMLA Work?
If the employee is taking FMLA leave for his/her own serious health condition or pregnancy:

When he/she expects to be unable to work due to serious illness, injury or pregnancy, the employee must submit an application for FMLA that will require information from the treating physician.

If FMLA is approved, the employee will be required to use accumulated paid time off first. Time is used in the following order until approved to return to work:

- Sick leave
- Paid Time Off (PTO) – 50% of your balance
- Short-term disability (STD) if applicable

Once the employee has exhausted his/her accumulated paid leave as stated above, the remaining PTO balance will be used for any additional time covered by FMLA up to the 12-week maximum allowed, unless the employee elects to retain remaining PTO by contacting the business administrator. In that instance, the remainder of the leave will be unpaid.

If the employee is taking FMLA leave for pregnancy, the employee is typically eligible for up to eight (8) weeks of paid leave in the case of a normal delivery and up to ten (10) weeks of paid leave for a Caesarean section. The leave is paid if accumulated paid time-off is available.

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

**Payroll Deductions**

While on paid leave these deductions continue:

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

Should any portion of the leave be unpaid:

- Insurance premiums and other deductions will build up in suspense and will be taken from the employee’s paycheck when he/she returns to work.
- Retirement plan contributions will cease during unpaid leave.

**FMLA: Supervisor or Business Administrator Checklist**

**Leave Requests**

If an employee requests FMLA leave or has been out sick for more than 3 consecutive days:

- Prepare the appropriate FMLA Provisional Letter and send it to the employee and a copy to the FMLA Administrator in Human Resources within five days of the request or absence.
  - FMLA Administrator
  - 3401 Walnut St., Suite 527A
  - Philadelphia, PA 19104-6228
  - Fax: 215-573-7385
  - E-mail: fmla@hr.upenn.edu

- Provide the employee with a copy of the:
  - FMLA booklet for Faculty and Staff
  - STD/FMLA Request Form
  - Certification of Health Care Provider Form

- If the employee is taking leave for care of newborn (father of the child or same-sex domestic partner) he/she must submit the child’s birth certificate in lieu of the Certification of Health Care Provider Form.

- Review and record the time balances for the employee on the STD/FMLA Request Form (Section D).

- Sign the employee’s STD/FMLA Request Form and send it to the FMLA Administrator.

You can find Short-Term Disability and FMLA forms on the Human Resources website at [www.hr.upenn.edu/myhr/resources/forms/benefits](http://www.hr.upenn.edu/myhr/resources/forms/benefits).

**When can an employee use short-term disability (STD) leave?**

STD leave may only be used when the employee has a continuous, incapacitating health condition or pregnancy that has been certified by a physician and approved by the FMLA Administrator. STD leave cannot be used intermittently or to care for a family member.

Accumulated STD days may be used if the employee been out for a serious medical condition that has him/her unable to work for 10 or more consecutive work days and all sick leave and 50% of the PTO has been exhausted.

While on STD, the employee is not eligible for paid holidays; additional sick and PTO days don’t accrue.

The maximum amount of time an employee can be out on leave is six months or 132 consecutive work days. The time is counted from the last day worked. An employee with a disability which is expected to exceed six months is eligible to apply for long-term disability.
Getting Approval
The FMLA Administrator will send a letter to the employee’s home address and an email to you (the supervisor or BA) indicating whether the leave is approved, denied, or incomplete.

☐ Review the determination email from the FLMA Administrator to make sure the FMLA leave start and end dates are correct.

While on Leave
Documentation the employee provides the FMLA Administrator:

☐ Pregnancy: A note from the health care provider with the date and method of delivery. The leave dates will be adjusted based on the actual delivery date.

☐ Care of newborn (father of the child or same-sex domestic partner): A copy of the child’s birth certificate.

☐ Adoption or foster care: Court documentation.

☐ Intermittent leave: A completed Intermittent Leave Tracking Form (which lists the dates/hours of leave taken) submitted monthly.

Payroll for Employees on Leave

☐ Weekly Paid Staff
  ✓ You must pay out sick and PTO according to the spreadsheet provided by the FMLA Administrator, if applicable. When the employee has exhausted sick and 50% of PTO, stop the distribution line—but don’t change the employee’s status.

  ✓ The FMLA Administrator will stop the accruals when the employee has exhausted sick and PTO and will enter the STD time each week until the approved period of disability ends or the days are exhausted.

☐ Monthly Paid Faculty and Staff
  ✓ You must reduce the employee’s sick, PTO, and STD days according to the spreadsheet provided by the FMLA Administrator, if applicable—but don’t change the employee’s status.

  ✓ The FMLA Administrator will stop the department’s distribution line on the date that the employee has exhausted sick and 50% of PTO, enter a new distribution line to reflect the STD pay, and email the department’s BA each month before payroll runs, to state the dates of the STD payment for each employee.

  ✓ If an employee will run out of sick and 50% of PTO prior to being approved for leave, it is up to the department’s discretion whether or not to end the distribution line.

  ✓ If the distribution line is left active and the employee is entitled to STD pay, the FMLA Administrator will reallocate funds from the STD budget to the department’s budget.

  ✓ If the department’s distribution line is ended and the employee is entitled to STD pay, the FMLA Administrator will issue a late pay.

You are responsible to resume paying PTO when STD ends unless the employee elects to retain his or her remaining PTO balance.

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 404.4)
Returning to Work

☐ Before the employee returns to work, make sure the treating physician submits a note to you* and the FMLA Administrator that includes:
  ✓ The date he/she is eligible to return to work
  ✓ The physician’s signature
  ✓ Any medical restrictions

* Please instruct the employee that if the note contains medical information, it should only be submitted to the FMLA Administrator.

☐ If the return-to-work note contains restrictions that last more than one week, a copy must be sent to:
  Patrice Miller, Office of Affirmative Action and Equal Opportunity Programs
  3600 Chestnut St., Sansom Place East Suite 228
  Philadelphia, PA 19104-6106
  215-898-1744 (phone)
  215-746-7088 (fax)
  pdmiller@upenn.edu

☐ If you don’t expect the employee to return to work on time, notify the FMLA Administrator.

☐ If the employee needs to extend the leave, make sure he/she provides the FMLA Administrator with 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 requesting an extension of the leave

☐ If the employee’s serious medical condition becomes long-term in nature, he/she should 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.

☐ If the employee has exhausted his/her sick time, PTO and Short Term Disability while on leave, and is unable to return to work, suggest that he/she contact Patrice Miller at the Office of Affirmative Action to discuss a possible leave as an accommodation under the Americans With Disabilities Act.

Supervisors and BAs:

Please ensure that the employee provides you and the FMLA Administrator with a return-to-work note.
## FMLA: Forms Checklist

| Form | Serious Injury/illness of Employee | Serious Injury/illness of Spouse or Same-Sex Domestic Partner | Serious Injury/illness of Son or Daughter | Serious Injury/illness of Father or Same-Sex Domestic Partner | Serious Injury/illness of Grandfather or Same-Sex Domestic Partner | Serious Injury/illness of Son-in-law | Serious Injury/illness of Daughter-in-law | Serious Injury/illness of Grandson or Granddaughter | Serious Injury/illness of Grandfather or Grandmother or Same-Sex Domestic Partner | Serious Injury/illness of Niece or Nephew | Birth Certificate of Child | Adoption or Fostering Certificate of Child | FMLA Administrator | FMLA Administrator | FMLA Administrator |
|------|----------------------------------|-------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Short Form w/10 Exclusions | X | | | | | | | | | | | | | | | | |
| Certification of Health Care Provider for Family Leave (Question 9) | | | | | | | | | | | | | | | | | |
| Certification of Health Care Provider for Family Leave (Section I) | | | | | | | | | | | | | | | | | |
| Certification of Qualifying Exigency For Military Leave (Section I) | | | | | | | | | | | | | | | | | |
| Certification of Serious Injury or Illness of a Family Member | | | | | | | | | | | | | | | | | |
| Membership Certificate for Family Leave | | | | | | | | | | | | | | | | | |
| Intermittent Leave Request Form | | | | | | | | | | | | | | | | | |
| Certification of Health Care Provider for Family Leave | | | | | | | | | | | | | | | | | |
| Certification of Serious Injury or Illness of a Family Member | | | | | | | | | | | | | | | | | |
| Membership Certificate for Family Leave | | | | | | | | | | | | | | | | | |
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| Intermittent Leave Request Form | | | | | | | | | | | | | | | | | |
FMLA: Roadmap

Your Own Serious Health Condition, Pregnancy, Care of Newborn, or Adoption/Foster Care

1. Notify supervisor or HR of your FMLA leave request.
2. Complete the Short-Term Disability/Family 
   & Medical Leave Request forms from your HR.
3. Submit the completed forms to the FMLA Administrator.
4. If approved, you will receive a written 
   notification of your eligibility for leave.
5. Return signed notification to employer.
6. Verify whether your leave 
   is approved.
7. FMLA form is completed. 
   Submit the form to the FMLA Administrator.
8. If approved, you will receive a 
   written notification of your eligibility for leave.
9. Return signed notification to employer.

While your absences from work are approved as FMLA leave, you may not use the 
you have in accordance with your FMLA leave.

Complete the Short-Term Disability/Family 
   & Medical Leave Request forms from your HR.

Notify your treating physician
   of your FMLA leave request.

Upon receiving your leave
   approval, your employer will 
   provide you with the required 
   forms and information.

While your absences from work are approved as FMLA leave, you may not use 
the FMLA leave unless you return to work within 5 days of your leave.

If your leave request is approved, you will receive a written notification of 
your eligibility for leave.

Upon receiving your leave approval, your employer will provide you with the 
required forms and information.

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required forms and information.
### For More Information

For questions about: | Contact: |
---|---|
**Family & Medical Leave, Short-Term Disability & Sick Leave at Penn** | Helena Gibbons  
FMLA Administrator  
hgibbons@upenn.edu  
215-898-1333 (phone)  
215-573-7385 (fax)  
Aysha Horshaw  
FMLA Administrator  
ahorshaw@upenn.edu  
215-898-0914 (phone)  
215-573-7385 (fax)  
Penn Human Resources  
3401 Walnut St., Suite 527A  
Philadelphia, PA 19104-6228  
fmla@hr.upenn.edu  

**The Family & Medical Leave Act** | Department of Labor FMLA Guide:  
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 Workers’ Compensation Act. | Monica Dagger  
Workers’ Compensation Manager  
dagger@upenn.edu  
215-898-1338 (phone)  
215-898-9802 (fax)  
Office of Risk Management  
3451 Walnut St.  
Franklin Building, Suite 421  
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)  
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 are unable to return to work after exhausting FMLA and STD should contact this office to discuss a leave as 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  
3600 Chestnut St., Sansom Place East, Suite 228  
Philadelphia, PA 19104-6106  

Monica Dagger  
Worker’s Compensation Manager  
mdagger@upenn.edu  
215-898-1338 (phone)  
215-898-9802 (fax)  

Geri Zima  
zima@exchange.upenn.edu  
215-898-1331 (phone)
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, 3600 Chestnut Street, Sansom Place East, Suite 228, Philadelphia, PA 19104-6106 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.

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