

REPORT AND APPLICATION FOR LEAVE

Auburn University

Name \_\_\_\_\_ Emp. ID. No. \_\_\_\_\_  
 (Last) (First) (Middle)  
 Department \_\_\_\_\_ Date \_\_\_\_\_  
 Pay Cycle CHECK ONE  
 Biweekly  Monthly

<b>CHECK ONE:</b>		I request that I be granted leave: _____ From _____ A.M. _____ P.M. _____ Month _____ Day _____ Year _____ Through _____ A.M. _____ P.M. _____ Month _____ Day _____ Year _____	Number of working Hours <input type="text"/>
VAC	ANNUAL LEAVE		
SCK	SICK LEAVE	(Required for Sick Leave, Family Medical Leave, Funeral Leave, and Leave Without Pay)	
	FAMILY MEDICAL LEAVE* (Send Copy to HR)		
DOC	LEAVE WITHOUT PAY (Less than 1 pay period)	Reason _____	
FNL	FUNERAL LEAVE	IF SICK LEAVE, were you under a doctor's care? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
CTT	COMP TIME TAKEN	Was this absence the Result of an On-The Job Injury? (if "yes" send duplicate copy to the University Safety Officer.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
JRY	COURT / JURY LEAVE	Paid sick leave and paid family medical leave is not a right for which employees may make demands, but a privilege granted in accordance with approved policy and procedure. A supervisor, or the employee's Department Head, may require at any time that a claim for sick leave or family medical leave be supported by adequate evidence.	
MIL	MILITARY LEAVE WITH PAY (Copy of Orders Required)	Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence.	

Recommended or Approved: \_\_\_\_\_  
 Unit Head \_\_\_\_\_ Signature of Employee \_\_\_\_\_

HR-8 (Revised 7/2006)

• See Family Medical Leave policy below.

**5.7 Family and Medical Leave Act of 1993 (FMLA) Policy** - In compliance with the FMLA, Auburn University will grant an eligible employee up to 12 work weeks of unpaid, job-protected leave within each calendar year (beginning on January 1 and concluding on December 31) for any one or a combination of the following reasons:

- 1) The birth of a child or to care for a newly-born child.
- 2) The placement of a child with the employee for adoption or foster care.
- 3) The care of a family member (spouse, child, or the employee's parent) who has a serious health condition (as defined below).
- 4) A serious health condition of the employee that renders the employee unable to perform the functions of the employee's job.

**5.7.1 Eligibility** - Employees are eligible if they have been employed with the University for at least 12 months and have worked at least 1250 hours over the preceding 12 months. For salaried employees, a 60% (or greater) appointment for 12 months would equal at least 1250 hours. For part-time biweekly employees, actual hours worked as reported on biweekly time sheets will be calculated to determine if 1250 hours were worked in the preceding 12 months

**5.7.2** Employees must substitute any accrued paid sick leave for the FMLA leave if the absence is for reasons as covered by the University's sick leave policy. Employees using salary continuation (short term disability) along with the Auburn University On-Job Injury program for FMLA qualifying reasons will be placed on FMLA leave, which will run concurrently with the short term disability or On-Job Injury Program. Employees may choose to substitute accrued paid vacation leave for FMLA leave that would otherwise be unpaid. The

maximum FMLA leave allowed in 12 months is 12 weeks whether paid or unpaid.

**5.7.3** Certification of the attending health care provider must be provided when FMLA is for your own or immediate family member's serious health condition.

FMLA leave for the birth or placement of a child for adoption or foster care must be concluded within 12 months of the birth or placement.

Eligible employees may take FMLA leave intermittently (in blocks of time), or by reducing your normal weekly or daily work schedule, when medically necessary for your own or immediate family member's serious health condition. Intermittent leave is not permitted for birth of a child, to care for a newborn, or for placement of a child for adoption or foster care. Employees who require intermittent or reduced-schedule leave should try to schedule their leave to minimize disruption of their unit's operation.

**5.7.4 Definitions**

**a) Family Member** - The employee's child, parent or spouse. These terms are defined as follows:

**1) Child** - A biological, adopted, or foster child, a stepchild, a legal ward or child or a person standing in loco parentis who is either under 18 or who is 18 or older and incapable of self-care because of a mental or physical disability.

**2) Parent** - A biological parent or any individual who stood in loco parentis when the employee was a child as defined above. The term does not include parents-in-law.

3) **Spouse** - A husband or wife as defined or recognized under appropriate state law.

b) **Serious Health Condition** - An illness, injury, impairment, or physical or mental condition that involves (1) inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility; or (2) continuing treatment by a health care provider. "Continuing treatment" includes a period of incapacity of more than three consecutive calendar days, as well as any incapacity due to pregnancy, prenatal care, a chronic health condition, a permanent or long-term condition, multiple treatments for restorative surgery.

c) **Health Care Provider** - Includes, but is not limited to, a doctor of medicine or osteopathy, clinical psychologist, podiatrist, dentist, optometrist, chiropractor, or licensed nurse practitioners. The University requires that a medical certification be obtained from the attending health care provider for any request for FMLA leave for a serious health condition of self or family member. Medical certification forms (HR-380) can be obtained from supervisors or the Department of Human Resources.

#### 5.7.5 Procedures

a) Eligible employees requesting FMLA leave should contact their immediate supervisor to obtain a leave request form (**HR-8**) and a medical certification form (**HR-380**).

b) The leave request form is to be completed as far in advance as possible (preferably 30 days) for foreseeable leave.

c) The medical certification form is to be completed by the attending health care provider and returned to the supervisor before the leave begins, if possible. The supervisor will attach the medical certification to the leave request form when submitting it to the Department of Human Resources.

d) Supervisors who have questions about the employee's eligibility, the required forms, types of health care provider, or other aspects of the FMLA leave request should contact the Department of Human Resources before approving the FMLA leave. Form **HR-381** is to be completed by the department giving the employee approval of the request with a copy sent to Department of Human Resources.

e) Forms for FMLA leave can be found in Appendix 5A.

5.7.6 **Health or Life Insurance** - During the FMLA leave, the University will maintain the employee's coverage for health and life insurance as follows:

a) If there is a sufficient amount in the pay period, the premium will be deducted from the employee's paycheck.

b) If the employee is not in a pay status, the amount of the premium normally deducted for the particular pay period must be received in the Auburn University Payroll and Employee Benefits Office on or before the last day of the month for salaried employees and on or before the biweekly pay date for hourly employees. Payment must be by check or money order made payable to Auburn University.

5.7.7 **Other Benefits** - Employees will not accrue any annual or sick leave while on unpaid leave for any reason. Employees receiving pay through an approved On-the-Job-Injury claim will continue to accrue leave at their regular rate. Those employees on intermittent or a reduced work schedule will accrue leave in proportion to the hours worked.

5.7.8 **Reinstatement** - An employee taking leave under this policy will be returned to the employee's same position if possible, and, if not possible, to an equivalent position. If the employee would have been terminated (e.g., layoff or termination of a temporary position), the employee will not be returned to his or her former position. For an employee taking FMLA leave for his or her own serious health condition, the University requires a certification from the health care provider that the employee is able to return to work.

#### 5.7.9 Rights and Obligations

a) The University reserves the right to request periodic reporting from the employee as to the status of the leave and the intent to return to work. The University may also request that a medical condition be recertified but no more often than every 30 days.

b) The University may request that a second opinion be obtained from an independent medical provider selected by the University. The University will pay for the second opinion. If that opinion differs with the first one, a third opinion (by a provider agreed to by the University and the employee) will be obtained and will be considered final and binding. The University will pay for the third opinion.

c) This policy does not create any employment rights for any individual other than specifically stated in this policy.

d) Outside employment during FMLA leave is prohibited, and may result in disciplinary action, up to and including immediate termination of employment.

e) The University is the sole administrator of this policy and, as such, is the exclusive interpreter of its terms. All provisions of this policy will be interpreted consistent with the Family and Medical Leave Act of 1993.

f) Employees and employers have various rights and obligations under the FMLA. For further information, a copy of the FMLA regulations is available for review in the Department of Human Resources.