Step 1: Initiate the Request for Leave of Absence:

**Employee Action:**

A request for leave due to medical reasons is to be submitted through the employee’s departmental office. The request for leave should be in written form and include the following:

- Reason for leave
- Estimated amount of time/dates needed off
- Estimated Return Date
- Employee’s choice of whether or not he/she wants to use accrued vacation time (if necessary) to stay in paid status if accumulated sick leave is exhausted. This decision is irrevocable.

**Departmental Action:**

- The following documents should be provided to the employee in response to the initial request for sick leave:
  - Acknowledgement letter (sample attached) with HR forms listed below
    - Certification of Health Care Provider (CHCP) form (include deadline for return)
    - Notification of University Expectations and Employee Obligations form
    - Provisional designation of FMLA
    - Time off from Work Instructions
    - Time off From Work form
- Forward a copy of the employee’s written request for leave and a copy of the department’s acknowledgement letter to the A&S Business Office for processing through the HR system.

**College Business Office Action:**

- Submit the Family Medical Leave of Absence form to Gloria Woods, LRPD, ML#166, fax 556-5262
  - Designate Provisional Status
  - The date the acknowledgement letter and forms above were given to the employee should be used as the “Date letter sent to employee provisionally designating leave as FMLA”. The “Deadline given to return physician’s statement to UHS” is 15 days from the date the employee was given the CHCP form.

These forms can be found on the HR website at: [http://www.uc.edu/hr/benefits/leaves_of_absence.html](http://www.uc.edu/hr/benefits/leaves_of_absence.html)

Step 2: Initiate the FMLA Application Process:

**Employee Action:**

Simultaneous with Step 1, the employee should initiate the FMLA medical leave process.

- The employee should have the “Certification of Health Care Provider” (CHCP) form completed and signed by their physician per instructions on top of the form.
- The physician submits the completed CHCP form to the University Health Services (instructions and addresses are included on the form)
- University Health Services reviews the CHCP and sends a FMLA Review form to Labor Relations.
A copy of the Medical Review Form will be forwarded to the A&S Business Office, Mail Location #0367 (fax: 556-0142) from Labor Relations so the FMLA and Medical Leave can be coordinated and processed in the HR system.

**College Business Office Action:**
- The following documents should be provided to the employee as soon as the Medical Review Form has been received from UHS:
  - Written notification that the leave has been approved to be designated as FMLA. (Sample cover letter attached)
  - Employer Response to Employee (US Dept of Labor federal form)
- Send an Approved Family Medical Leave of Absence Form to Labor Relations, ML #0166 or fax 556-5262

For additional (and more detailed) information, please refer to the Benefits website below or call Labor Relations at 556-6951.

http://www.uc.edu/hr/benefits/leaves_of_absence.html

**Step 3: Submit the Time Off Work form**

**Employee Action:**
The employee should provide the actual sick and/or vacation time usage for each day on the Time Off Work form(s).

**Departmental Action:**
Once the FMLA leave has been entered on the employee’s record in SAP, enter time off in Kronos/CATS. Be sure to use the appropriate FMLA earn types (FSCK, FVAC, FWC, FCTT, FSNOP, etc). Contact the A&S Business Office if you need assistance.

**Step 4: Request Extension of Leave (if necessary)**

**Employee Action:**
If an extension of the medical leave is necessary, the same process described above will need to be initiated for the new period of absence. If the 12 weeks of FMLA have been exhausted, only step 1 above is needed.

**Step 5: Returning to Work:**

**Employee Action:**
Prior to returning to work, the employee must go to the University Health Services (513-556-2564) with a medical statement from their physician that states the date that they are able to return to work. This statement should indicate if there are any restrictions on their return. University Health Services will conduct a fitness-for-duty evaluation and provide the required certificate of approval to return to work with or without restrictions.

**Department Action:**
At the end of the approved leave period, the department should
- Inform the A&S Business Office or the A&S Dean’s Office of the employee’s return date.
- Forward a copy of the UHS certificate of approval to return to work form to the A&S Business Office (ML# 367 or fax 556-0142).
ACKNOWLEDGEMENT LETTER (SAMPLE)

STAFF

This is to acknowledge your request for leave for the period of _________ to _________. Please be advised that, contingent upon certification of a Family Medical Leave qualifying condition, we will provisionally run FML concurrent to your leave for this period.

The following documents are attached:

- Certification of Health Care Provider -- Deadline for return: 15 days from receipt
- Notification of University Expectations and Employee Obligations -- This document is intended to be comprehensive to cover all employees. Some items may not be applicable to your specific employee group.
- Time off from Work Instructions
- Time off From Work form
- A&S Medical Leave Request Process -- This document provides the steps necessary to comply with both university and federal leave policies and procedures

For FMLA questions:

Labor Relations & Policy Development
(513) 556-6951

A&S College Business Office
(513) 556-5855 (main office)

For Benefit and/or UC Leave questions:

Human Resources Service Center
(513) 556-6381

Cc: A&S Business Office