UCR Family and Medical Leave (FML) Department Checklist for Academic Employees			
This checklist may be used when an academic employee requests a leave of absence (LOA) for medical or family reasons			
Employee Name: Last		First	Middle Initial
Department(s):			
Cover Memo UPAY	e of Eligibility and Right 7573 Benefits Fact Sheet <b>By:</b>	<ul> <li>Return to Work</li> <li>Declaration of Return to Return to</li></ul>	elationship (if applicable) l <b>ethod:</b>
		In Person Email (with Delivery/Read Receipt) Certified Mail (Return Receipt Requested)	
FML ELIGIBILITY REQUIREMENTS (APM 715, APM 715-14)			
Reason for Leave:			
Requested Start Date Return Date		<ul> <li>Own Serious Health Condition (Except Pregnancy Disability)</li> <li>To Care for a Newborn Child</li> </ul>	
Intermittent FML (include proposed schedule)		To Care for a Newly Adopted Child, or a Child Recently Placed into Employee's Foster Care	
Employee has: 12 months cumulative service worked at least 1,250 hours in 12 months prior to start date		To Care for a Child, Spouse, Parent, or Domestic Partner With a Serious Health Condition	
Is employee eligible for FML?		Yes No	
FML is normally limited to 12 weeks in a 12-month period. Has this employee used FML leave within the past 12 months?			
Yes No If yes, when did leave year begin? Remaining entitlement for federal FML? weeks			
SICK/MEDICAL LEAVE (APM 710)			
Research APM Policies on the academic series Verify leave accrual code on Payroll Personnel System (PPS)			
Does employee accrue vacation leave?       Yes       No         If academic employee accrues vacation and/or sick leave, accrued paid leave may be substituted for unpaid leave in accordance with UCR's FML Basic Requirements/Campus Guidelines. For Academic appointees who do not accrue sick leave and/or vacation leave, see <u>APM 710-11</u> .			
ACTIONS			
<ul> <li>Leave of Absence Request</li> <li>Academic Leave Form (UPAY 573)</li> <li>Medical Certification</li> <li>Declaration of Relationship, if applicable</li> </ul>	<ul> <li>To Academic Personnel Office (APO):</li> <li>Declaration of Relationship (if applicable)</li> <li>Leave of Absence Request</li> <li>Academic Leave Form (UPAY573)</li> <li>Medical Certification</li> <li>Copy of Cover Memo w/Notice of Eligibility &amp; Rights &amp; Responsibilities</li> </ul>		Academic Personnel will send a copy of the Approved or Denied leave forms to the Employee, Department, Dean's Office, and Payroll. Received Copy of Approved or Denied Leave Request Form from APO
Date:	Date:		Date:
Received Absence Notices/Time Sheets (if applicable)	Received Return	to Work Certification	Entered into PPS
Date:	Date:		Date:
RECORD KEEPING AND RETENTION			
Whether leave is approved or denied, all documents (see checklist below) pertaining to FML leave are to be retained for at least three(3) years. All FML and medical records should be maintained in a confidential manner and separate from the employee's personnelfile. The Home department is the "Office of Record" for Leave of Absence records. For UC's Records Retention Schedule, click here:http://recordsretention.ucop.edu/• FML Department Checklist• Leave of Absence Request Form• UPAY 573• All Correspondence Pertaining to the• Part-Time Work Agreement (if applicable• Declaration of Relationship (if applicable)			
leave			



# **STEPS IN THE PROCESS**

## EMPLOYEE REQUESTS LEAVE

Request must be made 30 days in advance of leave date if feasible, or as soon as need for leave is known if less than 30 days.

## DEPARTMENT DETERMINES ELIGIBILITY FOR FMLA LEAVE

Employee must have at least 12 months of University service (need not be continuous) and at least 1,250 hours actually worked in the 12 month period immediately preceding commencement of the leave (hours actually worked includes overtime, but does not include holiday, vacation, or sick leave).

## DEPARTMENT NOTIFIES EMPLOYEE OF ELIGIBILITY AND RIGHTS

Notification made within five (5) business days of receipt of leave request. In addition to the Cover Memo, Eligibility and Rights Notification consists of all of the following:

- ✓ Notice of Eligibility and Rights and Responsibilities
- ✓ <u>UPAY 573</u>
- ✓ Leave Request Form
- ✓ Certification of Health Care Provider Form (select appropriate form)
- ✓ <u>Declaration of Relationship</u> (if applicable)
- ✓ Return to Work Certification Form
- ✓ Family and Medical Leave Fact Sheet

### EMPLOYEE PROVIDES APPROPRIATE MEDICAL CERTIFICATION

If employee does not provide certification within 15 days, department head provides a follow-up memo. If certification is unclear or incomplete, department requests additional information.

### EMPLOYEE SUBMITS LEAVE REQUEST

Employee completes employee section of the Leave Request Form and UPAY 573, attaches the certification and gives it to the department head.

## DEPARTMENT (OR EQUIVALENT) VERIFIES AND COMPLETES LEAVE REQUEST FORM

Checks for accuracy ensuring compliance with applicable policy or collective bargaining agreement Forwards the request to the final approval authority via the Dean's Office (or equivalent). See Delegation of Authority Chart for final approval authority.

## FINAL APPROVAL AUTHORITY PROVIDES EMPLOYEE WITH FINAL DECISION

See Delegation of Authority Chart for final approval authority.

#### DEPARTMENT PROCESSES LEAVE TRANSACTION IN PPS

For information regarding PPS entry, contact the Payroll Office.