The following are responsible for the accuracy of the information contained in this document

Responsible Policy Administrator
Associate Vice Chancellor
Human Resources

Responsible Department
Human Resources

Contact (508) 856-5260

Policy Statement

To define the parameters and provide consistent standards under which employees may be granted leave pursuant to the Family and Medical Leave Act (FMLA).

Reason for Policy

To provide support to employees requiring a leave of absence for the birth, adoption, or foster placement of a child or for serious personal or family health conditions, or for the care of a military service member and qualifying exigency leave and to comply with the provisions of the Family and Medical Leave Act.

Entities Affected By This Policy

All employees who have been employed by the University of Massachusetts Medical School for at least six months or who have worked 1,250 hours during the most recent twelve month period. If portions of this policy are covered by a collective bargaining agreement, the employee should contact the Human Resource Consultant.

Related Documents

Domestic Partnership Policy 06.05.03
Personal Time Policy 06.01.08
Sick Time Policy 06.01.10
Sick Leave Bank Policy 06.01.09
Vacation Policy 06.01.14
Work Related Injury or Illness
Massachusetts Maternity Leave Act Policy (new)
Adoption Policy 1015
Scope

Eligible employees shall be granted up to twelve workweeks of unpaid Family and Medical Leave in a rolling twelve month period in cases of birth, adoption, foster care placement, or the serious illness of the employee, the employee's spouse or domestic partner, dependent child (including child being cared for in loco parentis) or parent. Eligible employees shall be granted up to twelve workweeks of unpaid Family and Medical Leave in a rolling twelve month period in cases of qualifying exigency leave and up to twenty-six weeks of unpaid Family and Medical Leave in cases of caring for a family member injured in military service or a family member who was a veteran of the Armed Forces, National Guard or Reserves within five years of requiring care.

A. ELIGIBILITY

1. To be eligible for a FMLA leave an employee must:
   - Have at least six months of continuous full-time or part-time service; or
   - Have worked at least 1,250 hours during the most recent twelve-month period.

2. Employees will not be eligible for a consecutive FMLA leave if they have taken twelve workweeks of FMLA leave during the previous twelve month period.

3. A female employee who is taking maternity leave is governed by the FMLA and the Massachusetts Maternity Leave Act (MMLA). A female employee who has completed six (6) consecutive months as a full-time employee is eligible for maternity leave for a period not exceeding (8) weeks for the purpose of giving birth or adopting a child. Employees who have at least 6 months of continuous full-time or part-time service will be eligible for a FMLA Maternity Leave. This will run concurrently with the MMLA leave.

4. A regular full-time or part-time employee who has been employed less than six months will be eligible for a personal leave of absence. Each request will be considered on an individual basis and decisions will be based upon the nature of the request, departmental staffing needs and the employee's prior performance and attendance. The employee's department (and Human Resources) will approve the request. The leave, however, is not considered a period of creditable service if the employee has no accruals and will not be paid. Neither benefits status nor job status is protected.

B. TYPES OF FAMILY AND MEDICAL LEAVE

1. The birth of a child and in order to care for the child;

2. The placement of a child for adoption or foster care;

3. The employee's own serious health condition that prevents the employee from performing the essential functions of his/her position (this includes employees out on workers' compensation-FMLA will run concurrently with workers' compensation); or

4. The care of an employee's spouse or domestic partner, dependent child or parent of the employee or spouse or domestic partner with a serious health condition.
5. The care of a spouse, son, daughter, parent or next of kin who is a veteran or member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For family members who are veterans, the veteran must have been a member of the Armed Forces, National Guard or Reserves within 5 years of requiring care. Employees may also request leave to care for a covered service member whose serious injury or illness incurred because service on active duty aggravated an existing or preexisting injury.

6. A qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is on active duty or has been notified of an impending call or order to active duty status or has been deployed to a foreign country.

C. DURATION OF LEAVE

1. An employee is entitled to a maximum of twelve workweeks of FMLA leave during a twelve month period. The workweek will be defined as the employee’s regular weekly schedule (FMLA will be pro-rated for part-time employees). An employee cannot take more than twelve workweeks of FMLA leave in any consecutive twelve month period.

2. An employee can take an Intermittent or Reduced Schedule Leave for his/her own serious health condition or to care for a spouse or domestic partner, dependent child or parent with a serious health condition. An Intermittent Leave cannot exceed a total of twelve workweeks during the twelve month period.

3. An employee is entitled to a maximum of twelve workweeks for the birth, adoption or placement of a foster child. An employee may take a leave for the birth, adoption or placement of a foster child on an intermittent basis with the prior approval of the Department Head or Administrator.

4. If the employee requests an Intermittent Leave, the employee is required to make a reasonable effort to schedule the leave so as to minimize disruptions in the department.

5. When the leave is foreseeable based on planned medical treatment including the period of recovery, an employee may be temporarily transferred to an alternate position with the equivalent pay and benefits if the alternate position would better accommodate an Intermittent or Reduced Schedule Leave.

6. If both spouses or domestic partners work for the organization, the total FMLA leave available for the birth, adoption, or placement for foster care of a child or to care for a parent or a dependent child with a serious health condition will be a combined twelve workweeks in a twelve month period for both spouses or domestic partners.

7. An eligible employee caring for a military service member may take a combined total of up to twenty-six (26) workweeks of all types of FMLA leave during the single twelve-month period.

D. LEAVE REQUEST PROCESS
1. At least 30 days in advance of an anticipated leave of absence, an employee must complete the Leave of Absence Request Form (Form #LVE 001) and submit to his/her immediate supervisor including the dates and expected duration of the leave and submit the form to the Human Resources department. Where a leave is not foreseeable, notice must be given as soon as practical, ordinarily within one or two business days of when the employee learns of the need for the leave. If an employee has been out of work for more than one workweek, s/he must then apply for a leave of absence.

2. Human Resources with the assistance of Employee Health Services will determine if the leave of absence will be designated as FMLA. The employee will receive a letter by mail confirming or denying the leave under FMLA.

3. The Human Resources Department may designate a continuous or Intermittent Leave of absence as a FMLA leave when the absence(s) is/are being taken for an FMLA qualifying purpose retroactive to the initial date of absence.

4. When the leave is due to a serious medical condition of the employee or the employee's spouse or domestic partner, child or parent, the employee must provide a Medical Certification (Form # HR 002). An employee will not be permitted to commence or remain on a FMLA leave unless valid medical certification or other required documentation is provided within the designated timeframe. This requirement applies to Continuous, Intermittent and Reduced Schedule Leaves. Both the employee and the health care professional providing care to an ill family member must complete this form. It is the employee’s responsibility to make sure the medical certification form is completed by the physician and submitted to Human Resources. For FMLA for employee’s serious health condition, Employee Health Services will review the medical certification. Employee Health Services may review, seek further review and/or speak with the health care professional for purposes of clarify and authentication of the medical certification. A second or third medical opinion may be required at the organization's expense if there is a suspicion of fraud.

5. A Personnel Action Form must be completed by the Department Administrator to place the employee on leave. Questions concerning the proper leave code to be entered on the Personnel Action Form should be directed to the Benefits Department.

6. During an FMLA leave an employee may be required to report periodically to the department on his/her status and intent to return to work. The employee may also be requested to submit recertification of the medical condition. For intermittent leaves, recertification may be required as appropriate for the particular leave situation.

E. PAY DURING LEAVE

1. A FMLA leave is unpaid unless the employee has accrued time off.

2. An employee will be required to use eligible sick time, compensatory holiday, personal and vacation time before reverting to an unpaid status. During the first eight weeks of Maternity Leave a female employee will not be required to use accrued time off. Employees are required to use any available accrued time except for sick time for the last four weeks of a maternity leave before reverting to an unpaid status.
3. Sick time may be used:
   - when the absence is due to the illness of the employee
   - for the first eight weeks after giving birth
   - for three weeks after a spouse or partner has given birth
   - by the primary caretaker of an adopted child for the first 8 weeks after the adoption of that child
   - by a non-primary caretaker parent of an adopted child for the first three weeks following the adoption of that child
   - when the leave is due to the illness of a spouse or domestic partner, child or parent of the employee. Leave will be provided for the care of the parents of the employee’s spouse or domestic partner. Employees may take up to a maximum of 120 hours of family sick time in a calendar year. These hours will be pro-rata for part-time employees.

F. BENEFITS DURING LEAVE

An employee on an approved FMLA will continue to be covered under his/her group health, life, dental and long-term disability insurance plans in which he/she was enrolled at the time the leave commenced.

1. During any paid leave the employee’s share of insurance premiums will be deducted as usual and accruals for vacation and sick time will continue.

2. During any unpaid leave the employee will be billed at home for the missed premiums, which must be paid directly to the Group Insurance Commission within the specified timeframe. Otherwise, the Group Insurance Commission will terminate coverage.
   - If the leave is unpaid for a complete calendar month, the employee must complete the Application to Continue Part Cost Premiums (GIC Form 11) and send it to the Human Resources Department to ensure continuation of the premium at the usual employee rate. This form is available in the Human Resources Department.
   - If no accrued time is available, an employee will not receive accruals for vacation and sick time unless the leave is for the first eight weeks of Massachusetts Maternity Leave.
   - An employee on unpaid FMLA leave for maternity will receive vacation and sick accruals for the first eight weeks of the leave when she returns to work.

G. REINSTALLMENT FOLLOWING LEAVE
1. An employee must notify his/her immediate manager regarding his/her intent to return at least two days before the end of the scheduled leave.

2. An employee who has not exceeded the twelve workweek maximum leave period will return to his/her same or equivalent position. An "equivalent position" is a position with equivalent benefits, pay and other terms and conditions of employment.

3. If an employee requests to return to a different position or to change employment status s/he must apply in accordance with normal hiring practices for internal applicants.

4. When an employee has been on a leave due to his/her own medical condition, the employer may require the employee, at his/her own expense, to submit a Fitness for Duty Letter from his/her health care provider regarding his/her ability to perform the essential functions of the job. Employee Health Services may contact the employee's health care provider, with the employee's permission, to clarify the employee's fitness to return to work.

5. Employees will be expected to return to their regular duties without restrictions. If accommodations due to a permanent condition are required, the Diversity and Equal Opportunity Office must be contacted.

6. Failure of an employee to return from an approved FMLA leave within the agreed upon time frame may constitute a voluntary termination.

7. A Personnel Action Form (Form #HR020) must be completed by the Department Head or Administrator and sent to Human Resources to return an employee from a leave of absence.

**Responsibilities**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td>Chair, Director or Department</td>
<td>Communicate and comply with this policy</td>
</tr>
<tr>
<td>Head, Administrator</td>
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</tr>
<tr>
<td>Managers</td>
<td>Monitor compliance with policy</td>
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<tr>
<td>Human Resources</td>
<td>Administer the policy, approve and monitor FMLA leaves</td>
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<tr>
<td>Employee</td>
<td>Apply for a leave of absence in accordance with UMMS policy</td>
</tr>
<tr>
<td>Employee Health Services</td>
<td>Monitor compliance with the policy</td>
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</tbody>
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**Procedures**

In support of this policy, the following procedures are included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
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<tbody>
<tr>
<td>Leave of Absence Process for HR</td>
<td></td>
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<tr>
<td>Leave of Absence Process for Managers</td>
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</tbody>
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Leave of Absence Process for Employees

NONE

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>PARENT</td>
<td>The biological parent of an employee or an individual who acted as a parent to an employee when s/he was a child.</td>
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<tr>
<td>DEPENDENT CHILDREN</td>
<td>A biological, adopted or foster child, a stepchild, a legal ward or a child who is living with the employee in a parent-child relationship, who is either under age 18 or age 18 or older and incapable of self care because of a mental or physical disability.</td>
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<tr>
<td>SPOUSE</td>
<td>A husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides.</td>
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<tr>
<td>DOMESTIC PARTNER</td>
<td>An employee in a same sex relationship who has completed a Statement of Domestic Partnership (Form HR 052) certifying they are in a relationship of mutual support, caring and commitment.</td>
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<td>SERIOUS HEALTH CONDITION</td>
<td>An illness, injury, impairment or physical or mental condition that involves:</td>
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<td>- Overnight stay in a hospital, hospice or residential medical care facility; or</td>
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<td>- Continuing treatment by a licensed health care provider for periods of incapacity (inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment or recovery) of more than three consecutive full calendar days AND any subsequent treatment of incapacity for the same condition that involves (i) two or more treatments within thirty days of the first day of incapacity, absent extenuating circumstances, or (ii) treatment by a health care provider on occasion which results in a regimen of continuing treatment.</td>
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<tr>
<td>CONTINUING TREATMENT</td>
<td>An employee or family member being treated by (or under the orders of) a health care provider two or more times for the injury or illness, or that the person be under the continuing supervision for a chronic condition or disability that cannot be cured.</td>
</tr>
<tr>
<td>HEALTH CARE PROVIDERS</td>
<td>Doctors of medicine or osteopathy authorized to practice medicine or surgery and performing within the scope of his/her practice as defined under state law;</td>
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<td></td>
<td>Podiatrists, dentists, clinical psychologists, optometrists and chiropractors authorized to practice and performing within the scope of his/her practice under state law;</td>
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<tr>
<td></td>
<td>Nurse practitioners, nurse midwives, clinical social workers and physician assistants authorized to practice and performing within the scope of his/her practice, as defined as under state law; or</td>
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</tbody>
</table>
• Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.

INTERMITTENT LEAVE
A few hours off per day, or a day or a week off counted on an hourly basis towards the twelve workweek maximum.

REDUCED SCHEDULE LEAVE
A work schedule that reduces the usual number of hours per workweek, or hours per workday, of an employee.

QUALIFYING EXIGENCY LEAVE
Includes leaves for short-notice deployment, military events and related activities, financial and legal matters, child care and school activities, rest and recuperation, post-deployment activities, and additional activities agreed upon by the employer and the employee. In its prior incarnation, it was intended to help those family members with imminent leave situations and obligations where their spouse, parent or child, was called to active duty in support of a contingency operation.

Approvals

[Signature]
Associate Vice Chancellor
Human Resources

[Signature]
Vice Chancellor of Operations

5/6/10
Date

Forms / Instructions

In support of this policy, the following forms are included:

Name
Leave of Absence Application  Number  LVE 001
FMLA Medical Certification  HR 002
Personnel Action Form  HR 020
Application to Continue Part Cost Premiums  GIC Form 11
Statement of Domestic Partnership  HR 052

Appendices

In support of this policy, the following appendices are included:
Name

NONE

Number