



Leave of Absence Fact Sheet

When applying for a leave, please follow the steps below. Any questions may be directed to your Benefits Counselor in Human Resources at 309-438-8311 or hrbenefits@ilstu.edu.

Step 1: Review the papers in this packet. Submit all pages of the application materials to Human Resources at 101 Nelson Smith Building, via email at hrbenefits@ilstu.edu, or via fax at 309-438-2102. We request your application for leave at least 30 days prior to your leave begin date. If 30-days' notice is not feasible, then notification must be as soon as possible.

Step 2: Provide Human Resources with the required supporting documentation within 15 calendar days of your leave begin date or application submission date, whichever is later. If you anticipate a delay in providing this documentation, please contact your Benefits Counselor to discuss the situation. Documentation can be submitted to Human Resources at 101 Nelson Smith Building, via fax at 309-438-2102, or via email at hrbenefits@ilstu.edu. It is your responsibility to ensure Human Resources has received the required documentation.

Step 3: Advise your Benefits Counselor throughout your leave of any changes to your anticipated leave start or return to work date(s).

Step 4: Returning to Work

If you have been on a leave for your own serious health condition, you must provide a physician's release to Human Resources as soon as you receive it.

If your physician returns you to work with restrictions or on a part-time basis, the University may need up to five working days to determine if you will be able to perform your duties according to your job description. During this five-day period, you will remain on leave. You cannot return to work until the University agrees to accept the limitations.

If you are an individual with a disability and need a reasonable accommodation under the Americans with Disabilities Act (ADA) or other state or federal law, you may request an accommodation by contacting the Office of Equal Opportunity and Access at 309-438-3383. More information is available at: <https://policy.illinoisstate.edu/conduct/1-3-1.shtml>

If you have been on a leave to care for a family member, you do not need to provide a physician's release to Human Resources. You do need to communicate your return to work date to your Benefits Counselor as soon as it is known.

Communication

Communication regarding your leave request will be sent via e-mail to your ilstu.edu account. It is your responsibility to ensure your email account remains active while on leave. Contact the Technology Support Center at 309-438-4357 for assistance.

Employee Rights and Responsibilities

Please refer to the reverse side of this notice to review the Employee Rights and Responsibilities related to FMLA protected leaves. More information may also be found on the Human Resources website. For any questions, please contact your Benefits Counselor by calling 309-438-8311. If you feel your rights have been denied, please forward your appeal to the AVP of Human Resources.

For full policy information, please see the University Policy website at policy.illinoisstate.edu and the Human Resources site at hr.illinoisstate.edu/benefits.

Notice of Rights and Responsibilities for FMLA Protected Leaves

FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for a leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as a "rolling" 12-month period measured backward from the date of any FMLA leave usage. (*Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start*).

All FMLA leave must be used for the designated leave purpose.

Substitution of Paid Leave

You have a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not request it, the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA absence.

*University policy requires you to use all of your available paid leave during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums by paying the State of Illinois directly. Failure to submit payment to the State of Illinois for premiums may result in cancellation of coverage.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following unpaid FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began.

Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.



PARENTAL LEAVE APPLICATION

Name: _____ University ID: _____

Department: _____ Contact Phone: _____

Employee Type: __ Administrative/Professional __ Civil Service __ Faculty Employment %: _____

Estimated Begin Date of Leave: _____ Estimated Last Day Worked: _____

Estimated Length of Leave: _____

If you are completing this application with an estimated beginning date for leave, you must contact Human Resources with your official start date as soon as possible.

Leave Type and Documentation:

_____ I am requesting a leave for the birth of a child. I understand I must provide the following documentation within 15 days of the start date of my leave.

- Birth Certificate (hospital issued certificate is acceptable)

_____ I am requesting a leave for the placement of a child for adoption. I understand I must provide one of the following documents within 15 days of the start date of my leave. If 15 days is not feasible, I will communicate this to my Benefit Counselor and provided an expected submission date of this documentation.

- Adoption decree or order with judge’s signature and the circuit clerk’s file stamp, or
- Petition for adoption with the circuit clerk’s file stamp

_____ I am requesting a leave for the placement of a child for foster care. I understand I must provide the following documentation within 15 days of the start date of my leave.

- Official placement documentation of a child for foster care

Statement Regarding the Family and Medical Leave Act (FMLA)

Please sign your initials to certify that you understand the statements below:

_____ I understand that if I am eligible for a leave under FMLA that any time taken for Parental Leave will also be designated concurrently as time taken under FMLA.

_____ I understand that if I am eligible for a leave under FMLA and I return to work prior to exhausting all available FMLA hours, I will automatically be put on an Intermittent FMLA leave until one year has passed since the child’s birth or until one year has passed since the placement of the child for adoption.

Personal Plus Benefit Usage

Indicate below your intention to utilize or not utilize Personal Plus Time during your leave of absence. Personal Plus Time will be used after all other payable benefit time unless the employee indicates otherwise. The usage of Personal Plus Time will follow the indication below and cannot be changed.

_____ Yes, I wish to use Personal Plus Time, if available, during my leave of absence.

_____ No, I do not wish to use Personal Plus Time during my leave of absence.

Human Resources will notify you regarding your eligibility for FMLA.

Please sign your initials to certify that you have read and understand each section below:

_____ In order to determine whether your absence qualifies as Parental Leave, requested documentation must be provided within 15 calendar days following the Parental Leave begin date. If documentation is not received within the allowed time period, your leave may be denied.

_____ I understand that I will be required to use all available payable benefits during my Parental Leave.

_____ I understand that while on leave I will be required to furnish Human Resources with periodic reports of my status and intent to return to work when requested.

_____ I understand that when applying for a Parental Leave, I am responsible for following my normal departmental call-in procedural requirements until notification of approval has been received. If I do not comply with the departmental call-in procedural requirements, Parental Leave may be delayed or denied.

_____ Information and updates regarding my leave will be provided through your Illinois State University email account (xxxxx@ilstu.edu). It is your responsibility to ensure that your email is active and remains active while on leave. If you require any assistance with your email notifications, please contact the Technology Support Center at 309-438-HELP (4357).

Statements specific to employees who gave birth

_____ I understand that if I have been off work due to the birth of a child and I intend to return to work before a typical recovery period (usually 6-8 weeks following birth) or need to extend my leave for medical reasons that I must provide a physician's release to Human Resources as soon as I receive it.

_____ I understand that if my physician returns me to work with restrictions or on a part-time basis, I must submit a physician's release to Human Resources as soon as I receive it. The University may take up to five working days to determine if you will be able to perform your duties according to your job description. During this five-day period, you will remain on leave. You CANNOT return to work with restrictions until the University agrees to accept the limitations and provides you with a release to return.

Statement specific to employees who did not give birth

_____ I plan to return from leave on _____.

_____ I understand that I must notify Human Resources if the date I anticipate returning from leave changes in any way as soon as possible.

I certify that I have received and read the Leave Fact Sheet and Employee's Rights and Responsibilities. I have read and initialed each section above. I understand that I am required to provide appropriate documentation to substantiate my need for the requested leave.

Applicant's Signature: _____ Date: _____



HUMAN RESOURCES

Illinois State University

REQUIREMENTS WHILE ON INTERMITTENT FMLA LEAVE

Please initial each of the following statements indicating that you have read, understand, and will comply with each of these requirements. If you have any questions about this form, it is your responsibility to contact your Benefits Counselor for clarification prior to signing and submitting this form. You may reach your Benefits Counselor at Human Resources by calling (309) 438-8311 (TDD/TTY 309-438-2269).

- Intermittent Leave starts with the date the application is completed or requested.
- Doctor's certification needs to be completed and returned within 15 calendar days of the signed application or the leave could be denied.
- If additional information is needed from the doctor, it will be your responsibility to provide the information within the designated time period.
- If the Intermittent Leave is for scheduled absences, you must provide the dates and times of your scheduled absences to your department (and to Human Resources, if requested).
- Calling in consistent with your department call-in procedures is required. When calling in/reporting an unscheduled absence covered by your Intermittent FMLA Leave, you must clearly designate the absence as FMLA time to whomever you are required to report your absences.
- It is the responsibility of the employee to track and know their FMLA usage.
- Approved Intermittent FMLA Leave can only be used for the medical condition identified on the doctor's certification form.
- When the Intermittent FMLA medical condition prevents you from working more than 3 consecutive days, an application for Continuous FMLA Leave must be completed.
- Partial day absences will count toward the total Intermittent FMLA absence allowance.
- Intermittent Leave **does** expire. If the need for leave still exists after the expiration date, it is your responsibility to request an updated leave.
- FMLA time reported on your timesheet should be selected with the designation "FMLA" in the time reporting code drop down menu.
- Extended benefits (150 hours) are not payable while on an Intermittent Leave. Only sick, vacation, or comp time can be used for these absences.
- Employee is responsible for adhering to the frequency and duration of their intermittent leave approval. If frequency and/or duration needs to be changed during the approval period, please contact your Benefit Counselor.

Applicant signature: _____ Date: _____