LEAVE OF ABSENCE GUIDELINES FOR GEORGIA TECH EMPLOYEES
Education Support Leave
Sick Leave/Vacation Leave
Personal Leave
Introduction to FMLA
Disability Insurance
Workers Compensation
Military Leave
Questions & Answers
EDUCATION SUPPORT LEAVE
EDUCATION SUPPORT LEAVE

• Maximum of eight (8) hours per year
• Must be approved by manager
• Used toward student achievement and academic support
  • Supports Pre-K – Post Secondary

Examples:
• Parent Teacher Conference
• Reading to class
• School board meetings
• College visits
USG POLICY 8.2.7.1 VACATION/ANNUAL LEAVE

- Taken at times agreed to by the employee and their supervisor
- Institution may require the use of vacation/annual leave during periods in which all of the institution’s facilities are closed
Sick leave requires approval by the supervisor for any of the following reasons:

- Illness or injury of the employee
- Medical and dental treatment or consultation
- Quarantine
- Illness, injury, or death in the employee’s immediate family

*If sick leave is claimed for five (5) days or more, a physician’s statement is required.*
PERSONAL LEAVE
PERSONAL LEAVE OF ABSENCE (NON-FMLA)

• Maximum of one (1) year
• Must be approved by institution
• Compensation while on leave
  • Use accrued vacation
  • Unpaid (exhaust vacation first)
• Benefits while on leave
  • Full cost of benefits
  • Paycheck deducted if using vacation
  • OneUSG Connect will bill directly if leave is unpaid
FAMILY MEDICAL LEAVE ACT (FMLA)
FAMILY AND MEDICAL LEAVE ACT

- Up to 12 weeks of leave and job protection within a 12-month period

- Eligibility
  - Must have one (1) year of service (full or part-time)
  - Worked 1,250 hours in the 12 months preceding the leave

- Reasons for FMLA
  - Personal illness/injury
  - Birth/adoPTION of a child
  - Illness/injury of a family member
  - Qualifying exigency related to family member’s military service
FMLA PROTECTION & PURPOSE

- Protects employees’ jobs while they’re unable to work
- Employee maintains benefits
- Pay premiums at the employee rate
- Employee returns to same or comparable position
FMLA - COMPENSATION

- Runs concurrently

- Types of Compensation
  - Accrued sick time
  - Accrued vacation time
  - Unpaid

- Sick or personal leave without pay
  - May be requested for up to 12 months, is inclusive of FMLA request
  - Approval required from Institute, and possibly Board of Regents
  - Must complete USG Leave of Absence form for requests beyond 12 weeks
FMLA PROCESS

1. **Employee Requests Leave**
   - GTHR determines eligibility
   - If eligible, department HR Contact or GTHR gives EE FMLA packet

2. **EE completes FMLA request & gives to Manager or HR Contact**
   - Manager or HR Contact completes manager section & sends to GTHR
   - EE gives medical certification to doctor
   - Doctor returns certification to GTHR

3. **GTHR reviews Request & Certification for completeness**
   - GTHR sends FMLA approval to employee
   - HR Contact tracks time
   - HR Contact submits PSF as needed
• EE sends return to work release in advance or brings in on 1st day back

• Manager notifies HR of return

• HR Contact submits RFL PSF
SAMPLE REQUEST FORM

Human Resources
Family and Medical Leave Request

Date: 5/11/2016

Employee name: Tech Employee
Social Security Number: xxx-xx-1234
Job title: Buzz Leader
Supervisor or Dept. Head: George Burdell

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of job-protected leave for the birth and care of a newborn child or the adoption or foster care of a child, or the care of a spouse, parent, or child with a serious health condition.

1. Yes: Counting any periods of time you worked for the University System of Georgia, University System Office (or any other employer) during the past 12 months, have you worked for a total of 12 months or more? (If yes, continue to question 2. If no, stop here.)
   - No

2. Yes: During the past 12 months, have you worked at least 1250 hours (approximately eight months of 40-hour weeks or one year of 25-hour weeks)? (If yes, continue to question 3. If no, stop here.)
   - No

3. Yes: Have you previously received medical or family leave?
   - No

Date of leave requested: ___/___/___
Purpose of leave:

4. Yes: Have you taken any intermittent medical leave?
   - No

5. Yes: Have you taken time off from scheduled hours?
   - No

Vacation

6. Yes: Is your spouse employed by the University System of Georgia, University System Office?
   - Yes, spouse's name:

Reasons for requesting leave

Leave may be granted for any of the following reasons:
- Personal or serious health condition;
- Serious health condition of a spouse, child, or parent;
- Adoption or placement of a child;

I request leave for the following reason:

Leave requested from: ___/___/___ to ___/___/___
Total time taken: ___ days

Employee was hired on: ___/___/___
S/he started in this department on: ___/___/___
Current schedule: Fulltime
Employee is: Fulltime

Employee has previously requested family or medical leave on: ___/___/___
Leave taken from: ___/___/___ to ___/___/___
Total time taken: ___ days

Name of supervisor or department head:
Date: ___/___/___
Telephone #: ___

All pertinent information should be submitted to the HR Rep/Contact and maintained in the department file.

Prior leave requests confirmed:

Employee is: Approved

Requested approved by: ___/___/___

CREATING THE NEXT®
Georgia Tech
MILITARY FAMILY LEAVE

- Combined with initial qualifying FMLA entitlement
- Caregiver leave – care for covered service member
  - Up to 26 weeks of leave
  - Extension to regular 12 weeks of FMLA
- Qualifying exigency
  - Up to 12 weeks of leave
  - Included in 12 weeks of FMLA
  - EXAMPLE: Grandparents caring for grandchildren
✓ Submit required forms/documentation (to GTHR).
✓ Obtain proper approvals.
✓ Maintain regular contact with supervisor – at least once/bi-weekly. Contact does not mean discuss condition/illness.
✓ Inform supervisor of return to work two weeks in advance, but no less than two days.
DISABILITY COVERAGE
• Disability is a stand-alone benefit
  • An employee can be approved for disability and not be eligible for FMLA

• Elimination period – 14 days
  • Compensation – use accrued sick and/or vacation time

• Disability payments
  • Pays 60% of your gross income
  • Cannot collect disability and use sick/vacation time
Call MetLife at 1-866-832-5759, Monday-Friday, 8:00 a.m.-11:00 p.m. EST

Or

Submit your claim online at www.metlife.com/mybenefits

Information you should have available when reporting a claim:

- Personal Information
- Sickness/Injury Information
- Treatment provider Information
- Authorization to Release Your Medical Information
WORKERS COMPENSATION
WORKERS COMPENSATION

• Preferred treatment locations
  • Concentra Midtown
  • Caduceus Midtown

• Documentation for all accidents and injuries
  • Leave Election Form
    • Employee completes if work time is missed
  • Incident Notice Only Form
    • If no medical attention is needed
  • Injury and Illness Reporting Form
    • If medical treatment is sought
    • Report to Department of Administrative Services (DOAS)
      (done by manager, typically with employee present)
MILITARY LEAVE
• **With pay:** Up to 18 days per federal fiscal year (Oct. 1-Sept. 30)
• **Without pay:** Ordered duty beyond 18 days
  • May use accrued vacation
• Maintain benefits
  • Benefits billing while unpaid
• Submit copy of orders
• Complete Military Leave Reporting form
QUESTIONS?
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GEORGIA TECH HUMAN RESOURCES
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