



LEAVE OF ABSENCE GUIDELINES FOR GEORGIA TECH EMPLOYEES

CREATING THE NEXT®

AGENDA



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

VACATION/SICK LEAVE

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)

- 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



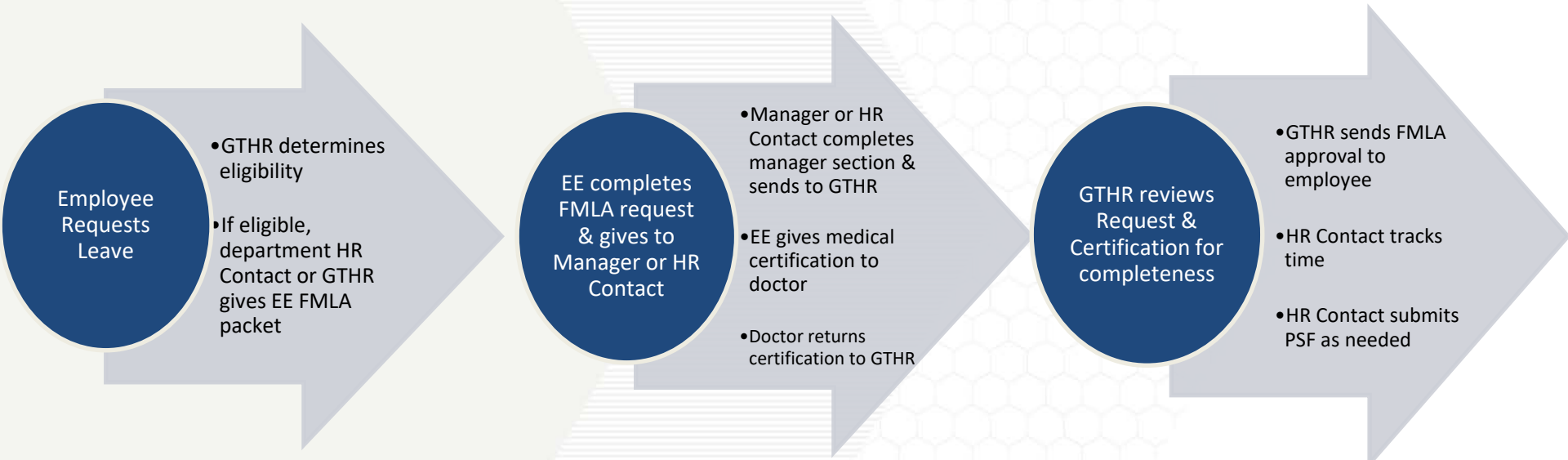
FMLA PROTECTION & PURPOSE



- 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

- 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



Employee returns to work

- 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

Clear form

To be completed by employee:

Employee name **Tech Employee** Social Security Number **xxx-xx-1234** Date **5/11/2016**
 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 certain family and medical reasons. Submit this request form to your supervisor or department head at least 30 days before the leave is to commence, when possible. When submission of the request 30 days in advance is not possible, submit the request as early as is possible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

- Yes Counting any periods of time you worked for the University System of Georgia, University System office (whether they were consecutive or not), have you worked for a total of 12 months or more? (If "yes," continue to question 2. If "no," stop here. Sign and submit this form to your supervisor or department head.)
 No
- Yes During the past 12 months, have you worked at least 1,250 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. Sign and submit this form to your supervisor or department head.)
 No
- Yes Have you previously received medical or family leave?
If yes, provide information below.
 No

Dates of leave _____ to _____
 Purpose of leave _____

- Yes Have you taken any intermittent medical leave?
 No
- Yes Have you taken time off from scheduled hours?
If "yes," provide details **Vacation**
 No
- Yes Is your spouse employed by the University System of Georgia, University System Office?
 No
If "yes," spouse's name: _____

Reasons for requesting leave

Leave must be granted for any of the following reasons:

- For a serious health condition that prevents you from performing the duties of your job;
- To care for your child, spouse, or parent who has a serious health condition; or
- To care for your child after birth, or for placement after adoption or foster care.

I request leave for the following reason:

- Personal serious health condition
 Serious health condition of: spouse child parent
 Birth of a child
 Adoption or placement of a child for foster care

Scheduled date of adoption or placement _____

USO Family & Medical Leave Request Form p.2

Dates of leave requested

I request leave from **7/1/16** to **8/12/16**

I request intermittent leave according to the following schedule: _____

I request a reduced schedule leave according to the following schedule: _____

The total number of leave days I request is **30**

Employee statement

I agree to return to work on **8/15/16**. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor by submitting a NOTICE TO MY SUPERVISOR. I understand my benefits will continue during my leave and I must arrange to pay my share of applicable premiums.

Signature _____ Date _____

I am enrolled in short term disability yes* no

* I wish to use my accrued sick and vacation time instead of disability benefits

I wish to use disability benefits and save my accrued sick and vacation time. I understand that I must sick time during the 14 day elimination period.

TO BE COMPLETED BY SUPERVISOR OR DEPARTMENT HEAD

Employee was hired on _____ She started in this department on _____

Employee is Full time Part time

Current schedule commenced on _____ (If there was an earlier schedule, list below):

Employee has previously requested family or medical leave on _____

Leave taken from _____ to _____ Total time taken _____

Name of supervisor or department head _____

Date _____ Telephone # _____

All completed forms should be submitted to your HR Rep/Contact and maintained in the unit/department files.

Prior leave requests confirmed: _____

Leave is Approved Denied for the following reason(s) _____

Request approved /denied by: _____ Date _____

- 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

FMLA - EMPLOYEE EXPECTATIONS



- ✓ 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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