



MEDICAL LEAVE CHECKLIST

EMPLOYEE RESPONSIBILITY

1. Discuss your Leave of Absence with your Supervisor.
2. For additional information on Leaves of Absence, and to obtain the UCF Medical Leave Request Form and the UCF Certification of Health Care Provider Form(s), visit the Human Resources website at <http://hr.ucf.edu>
3. Read the "Employee and Department Responsibilities and Instructions for Completion of Medical Leave Request Form" which is part of the Request form. **Be sure you understand your responsibilities as your signature on the UCF Medical Leave Request Form verifies you are stating that you have read and understand these pages.**
4. Have your physician, if medical leave is for yourself, or have your family member's physician, complete the appropriate UCF Certification of Health Care Provider Form (CHCP). The time an employee will be off work must be confirmed by a certified health care provider, most often it is a physician. Be sure your physician states the time you need off work clearly, with beginning and end dates.
5. Submit the completed UCF Medical Leave Request Form to your Supervisor. In order to keep your medical information confidential, the CHCP should be faxed directly to the Human Resources Leave of Absence Section at 407-882-9023. When possible these forms should be submitted thirty (30) days in advance of the first day of leave.
6. Your leave of absence may be a Qualifying Event. Employees, who wish to cancel or change their insurance due to their leave, must contact PeopleFirst directly at 1-866-663-4735 within sixty (60) days of the start of their leave. While on an unpaid leave of absence, to avoid an underpayment of premiums insurance coverage, you must contact the HR Benefits Section at 407-823-2771 and make arrangements to pay for your premiums. Premiums must be paid monthly and on time or coverage will be suspended and unusable until all back payments are received and processed which may take up to two (2) weeks, during which time your benefits will continue to be unusable.
7. When returning from leave, contact PeopleFirst within sixty (60) days of your return date to re-enroll in insurance plans that you may have cancelled.
8. **Within ten (10) business days prior to the expiration of your leave of absence, or by the date given to you in your leave approval letter, you must submit an Intent to Return to Work and Medical Release Form, or submit a new UCF Medical Leave Request Form and a new CHCP to request an extension, or submit your resignation. If you fail to notify us of your intention, and you do not return to work on the date specified on your UCF Medical Leave Request Form, UCF will consider you to have resigned. Failing to provide your intentions would affect your eligibility for rehire at UCF.**
9. If your absence was due to your own medical condition, injury, or pregnancy complication(s), the medical release section on the Intent to Return to Work and Medical Release Form must be completed and submitted to your Supervisor prior to your returning to a normal work schedule or a reduced work schedule (this includes working from home). **You cannot return to work without a medical release.**
10. Approved leave under the Family Medical Leave Act extends an employee's tenure clock. Faculty members interested in adjusting their tenure clock, or who have questions about their tenure clock, should contact Faculty Excellence at 407-823-1113 to discuss any adjustments.
11. USPS employees who are currently on a probationary employment status and have been granted a leave of absence, your probationary period may be extended for 60 days to afford the employee an opportunity to serve a complete probation period.

DEPARTMENT RESPONSIBILITY

1. **The Supervisor must notify Human Resources within twenty-four (24) hours, via email or phone call, of having any knowledge that an employee may be out for more than ten (10) business days due to a medical condition or injury. Please provide the employee's EMPID number.**
2. Department should instruct employees who are absent due to a medical illness or injury for more than ten (10) business days that they must submit a UCF Medical Leave Request Form and a UCF Certification of Health Care Provider Form (CHCP). When possible these forms should be submitted thirty (30) days in advance.

3. When an employee submits the UCF Medical Leave Request Form, the department must obtain the proper acknowledgment signatures and forward the request to the Human Resources Leave of Absence Section (HR-LOA) within twenty-four (24) to forty-eight (48) hours of receipt from the employee via fax or email. It is not required that HR-LOA has the originals. The employee or physician should submit the CHCP directly to HR-LOA to maintain confidentiality.
4. Department must review the UCF Medical Leave Request Form as follows:
 - Check to make sure that the UCF Medical Leave Request Form has the appropriate names and signatures.
 - Check to ensure the leave dates being requested are on the UCF Medical Leave Request Form.
 - Review the employee's leave balance so you are aware of how much paid leave they have available for use.
 - If the employee is Faculty, you must review the employment contract to ensure that the leave of absence does not extend beyond the contract's end date.
5. While the employee is in paid leave status, you must monitor their leave each pay period to ensure leave is being used in accordance with UCF policy. When using accrued leave, the time sheet and leave and pay exceptions report (LAPER) must be completed each biweekly pay period. Should the employee exhaust all accumulated leave, you should submit an ePAF to place the employee on an unpaid leave of absence or you must enter "LWO" for all days the employee is without pay, otherwise, the employee will be overpaid.
6. When an employee is on an Intermittent Leave the department must maintain a spreadsheet of FMLA hours used. An FMLA tracking log, which automatically adjust the FMLA hours used and available, can be found on the HR website. HR-LOA will request the FMLA hours used at the end of the employee's leave.
7. Request the Intent to Return to Work and Medical Release Form from all employees who have been on a leave of absence due to their own medical illness or injury. **The medical release section must be completed by an employee's doctor before an employee on a leave of absence can return to work.** A medical release is not required for an employee on an intermittent medical leave, only the Intent to Return to Work must be completed for these leaves.
8. **Upon receipt of the Intent to Return to Work and Medical Release Form, you must submit an ePAF to the HR Records Section to return the employee to active work status.**
9. **When an employee returns to light duty or modified duty the department must complete a Return to Work Plan.**

HUMAN RESOURCES RESPONSIBILITY

1. To review, approve or deny the UCF Medical Leave Request Form for all employees.
2. Upon notification from the employee's department of a medical illness or injury, the Human Resources Leave of Absence Section will notify the employee of their FMLA Rights and Responsibilities via letter and email copy after review of the following:
 - a. Determine if the employee is eligible for Family Medical Leave Act Entitlement.
 - Does the employee have 12 months of cumulative service?
 - Has the employee worked at least 1,250 hours in the 12 month period prior to the start of this leave?
3. To review the UCF Medical Leave Request Form and the UCF Certification of Health Care Provider Form (CHCP) submitted for the following information:
 - a. Determine if the employee's CHCP supports the employee's leave request.
 - b. Review employee's leave balance and benefits premium deductions
 - c. Determine the following:
 - Has the employee been granted a medical leave during this fiscal year?
 - Is the medical leave for the employee's own serious illness, employee or spouse pregnancy, to care for a newborn, newly adopted child, new foster child, to care for a child, spouse, parent with a serious health condition, qualifying military exigency?
 - Check boxes/signatures to determine if the Supervisor/Chair and Dean/Director have reviewed the Request.
 - Approve or deny the leave of absence within three (3) business days of receipt of the UCF Medical Leave Request Form and CHCP.
4. Send the employee a letter to his/her home address advising of approval or denial of the request for leave. Send a hard copy to the Human Resources Records Section; email copy to Supervisor, Dean or Director who signed and the department's payroll processor plus to the employee at all email addresses the employee provides.
5. Upon approval of the UCF Medical Leave Request Form, the leave of absence letter will be used as the source document to change the employment status in PeopleSoft to "Paid Leave of Absence" or (Unpaid) "Leave of Absence".