LEAVE OF ABSENCE GUIDELINES
FOR GEORGIA TECH EMPLOYEES

CREATING THE NEXT®
AGENDA

Education Support Leave
Educational/Prof. Development Leave
Sick Leave/Vacation Leave
Donated Sick 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)
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

To be completed by employee:

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

Eligible employees are entitled to 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 employee reserves the right to deny or suspend leave for failure to give appropriate notice when such denial/suspension would be permitted under federal or state law.

1. [ ] 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.

2. [ ] 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.)

3. [ ] Yes Have you previously received medical or family leave?

[ ] Yes, provide information below:

<table>
<thead>
<tr>
<th>Dates of leave</th>
<th>To</th>
<th>Purpose of leave</th>
</tr>
</thead>
</table>

4. [ ] Yes Have you taken any intermittent medical leave?

[ ] No

5. [ ] Yes Have you taken time off from scheduled hours?

[ ] No

6. [ ] 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
[ ] Parental leave
[ ] Adoption or placement of a child for foster care

Scheduled date of adoption or placement:

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 entitled to 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: [ ] Date: [ ]

Employee is: [ ] Full time [ ] Part time

Current schedule commenced on [ ] Date:

[ ] 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 Manager and maintained in the employee file.

Prior leave requests confirmed [ ]

[ ] Leave is approved

[ ] Denied for the following reason(s) [ ]

[ ] Request approved tentatively by [ ] Date: [ ]
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
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 & FMLA

- 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
FILING A CLAIM

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
  • Injury and Illness Reporting Form
    • If no medical treatment needed
      • Indicate on form; no further action needed
    • If medical treatment is sought
      • Report to DOAS
MILITARY LEAVE
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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