

SACRAMENTO STATE EMPLOYEE'S ROLE IN REQUESTING CSU FAMILY MEDICAL LEAVE (FML)

Summary: Learn about your role as an employee in requesting a leave of absence under CSU Family Medical Leave (FML).

What is CSU FML? Under CSU FML eligible employees may take job-protected leave for up to twelve (12) weeks in a 12-month period for specified reasons relating to the employee's or qualified family or service member's serious health condition or in connection with the birth or placement of a child, or for a qualified military exigency. CSU FML incorporates both the Federal Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) leave entitlements which normally run concurrently. An employee who is on CSU FML Leave is entitled to return to his/her same or comparable position at the conclusion of the leave.

The CSU FML 12-week entitlement is calculated on a forward rolling basis within a 12-month period, from the first date the employee's first FML leave begins. CSU FML may also run concurrently with other employee leave entitlements, except for California Pregnancy Disability Leave (CA PDL).

Under What Circumstances does CSU FML apply? Eligible employees are entitled to CSU FML leave under a variety of circumstances:

- Birth or placement for a "son or daughter," to bond with a newborn or newly placed "son or daughter" for adoption or foster care; or to care for a son or daughter with a serious health condition (includes child of employee with "in loco parentis" status).
- Care for the employee's spouse, registered domestic partner, or parent with a serious health condition.
- Employee's own serious health condition that makes the employee unable to perform one or more essential functions of his/her job.
- Qualifying Military Exigency Leave (MEL) arising out of the fact that the employee's spouse, registered domestic partner, son, daughter, or parent is on active military duty in the National Guard or Reserve, or has been called to active duty in the National guard or Reserve in a "contingency" military operation.
- Service Member Care Leave (SMCL) for a covered service member with a serious injury or illness, if the employee is the spouse, registered domestic partner, son, daughter, parent, or next of kin of the service member.

Who is an eligible employee? All full-time and part-time employees (excluding student employees) employed for at least one academic year or 12 months (does not have to be continuous) preceding the leave are eligible. Employment includes appointments at any CSU campus, or any other California state agency. Under CSU FML, all prior state service is counted towards CSU FML eligibility, regardless of any breaks in service. Additionally, any National Guard or Reserve military duty is also counted toward the 12 month eligibility requirement. Student employees are eligible for CSU FML, if employed for at least one year (does not have to be continuous) and have worked at least 1,250 hours in the 12 months preceding the request for leave. If granted CSU FML Leave, students (or other employees) not otherwise eligible for benefits are entitled to unpaid leave and reinstatement rights only.

When should I notify my employer of an impending leave? Employees must provide 30 days' advance notice for foreseeable leave, or as much advance notice as is practicable. When 30 days' notice is not possible based upon, for example, an expected birth, placement of a child for adoption or foster care or planned medical treatment for the employee or a family member's serious health condition, the employee must give notice to the employer on the same day that s/he learns of the need for leave, or the next business day, after the need arises for unforeseeable leave, unless impracticable to do so. An

employee who takes a foreseeable leave based on planned medical treatment must make a reasonable effort to schedule planned medical treatment or necessary medical supervision so as to minimize any disruption to campus operations. The employee should provide the anticipated date upon which the leave will commence and the projected duration of the leave to the extent known at the time of providing notice.

What information do I need to provide in order to qualify for CSU FML? As explained in more detail below, CSU has the right to require employees to provide certification of his/her need for leave to care for a qualified family member with a serious health condition as well for the employee’s own serious health condition from a health care provider.

How do I go about asking for a CSU FML? The following chart provides guidance on the process as well as your responsibilities:

What to do:	How to Do It
Request CSU FML.	<p>A. Inform your supervisor and Sacramento State’s Benefits Office of the need for CSU FML based upon the timeframes referenced above.</p> <p>B. Obtain and complete the necessary request and certification forms (CSU FML Packet) provided by the Benefits Office.</p> <p>C. Review the CSU FML packet provided to you by the Benefits Office upon your request for leave:</p> <ul style="list-style-type: none"> a. <u>Notice of Eligibility</u> - Informs employees of their eligibility/lack of eligibility under CSU FML. The notice also provides information on employee rights and responsibilities for taking leave. b. <u>Employee Rights and Responsibilities under the Family and Medical Leave Act</u> – Provides information about employee Rights and Responsibilities associated with leaves under the Family Medical Leave Act. c. <u>Certification of Health Care Provider (CHCP)</u> – This form must be completed by your/your family member’s health care provider to certify that your /your family member’s illness is considered a “serious health condition” covered under CSU FML when leave is for a serious health condition. In the case of pregnancy, a physician’s note stating the expected leave dates and expected delivery date is required. Certified placement documents will be required for placement of a child. d. <u>Medical Leave of Absence Request Form</u> <p>Contact the Benefits Office to schedule an appointment if advising and planning are required.</p>
Consult your health care provider.	<p>A. Request that your/your family member’s health care provider complete the CHCP.</p> <ul style="list-style-type: none"> a. The campus requires that the CHCP include the date on which the condition commenced and the probable duration of the condition. The campus also requires a statement from the health care provider that the employee is needed to care for the family member, or, if

	<p>leave is for the serious health condition of the employee, a statement that the employee is unable to perform one or more of the essential functions of his/her job.</p> <ul style="list-style-type: none"> b. If the employee requests an intermittent leave or a reduced work schedule, the campus requires that the CHCP include a statement of the medical necessity for the intermittent or reduced work schedule and estimate of the frequency and duration of the episodes of incapacity. c. The campus also requires an estimate of the employee's modified work schedule and the expected dates and duration of treatment. <p>B. Complete the Medical Leave of Absence Request form and submit to your department for signature.</p> <p>C. Return the completed CHCP and Medical Leave of Absence Request form to the Benefits Office prior to the 15 calendar day deadline indicated on your Notice of eligibility.</p> <p><u>DO NOT</u> submit the completed CHCP to your department. This form should be submitted directly to the Benefits Office.</p>
<p>It is important that your/your family member's health care provider answer fully and completely all applicable parts of the CHCP. Responses should be the provider's best estimate based upon the provider's medical knowledge, experience, and examination. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine eligibility for CSU FML. CHCP's that are incomplete or insufficient will be returned to the employee and the employee will be directed to obtain the missing information from their health care provider. Failure to timely provide the required information may result in a delay or non-approval of leave.</p>	
<p>If Leave is Approved - Begin Your CSU FML.</p>	<ul style="list-style-type: none"> A. Review the Designation Notice provided to you by the Benefits Office upon receipt of all required documentation. B. Begin taking your leave (or continue your leave if you are already out of the office). C. Comply with all normal call in procedures and notify your department if the absence is related to your CSU FML Leave. D. Communicate with your department/timekeeper to ensure that your leave credits are applied appropriately and CSU FML hours are recorded on your monthly Absence Reports. E. Keep in contact with your department and the Benefits Office should the dates of your leave change. You should not discuss any medical information with your department. If you are placed on a medical leave, you should not perform any work, including responding to e-mails and/or work related phone calls. F. Report to your department/supervisor any time taken under CSU FML. You are responsible for timely notification to your supervisor regarding time missed under CSU FML, and also identifying that the time missed is being taken under CSU FML
<p>Return to Work</p>	<p>Employees on leave due to their own serious health condition and returning to work <u>without</u> any restrictions:</p> <ul style="list-style-type: none"> A. Request your health care provider to complete the Release to Return to Work form (alternately, a doctor note which states the employee may return to work without restrictions is acceptable).

	<p>B. Submit the completed Release to Return to Work form directly to the Benefits Office prior to your return to work date.</p> <p>C. Return to work on the appropriate date.</p> <p>Employees on leave due to their own serious health condition and returning to work <u>with</u> restrictions:</p> <p>A. Any restrictions will be evaluated as a request for reasonable accommodation under the California Fair Employment and Housing Act and the federal Americans with Disabilities Act (FEHA/ADA).</p> <p>B. Request that your health care provider complete the Request for Certification under FEHA and ADA form.</p> <p>C. Submit the completed Request for Certification under FEHA and ADA form to the Benefits Office for review prior to your return to work date. We recommend that you provide as much advance notice as possible with regards to a request for accommodation in order to avoid a delay in your return date.</p> <p>D. Participate in the Interactive Process – The Office for Equal Opportunity will contact you to discuss your request for an accommodation.</p> <p><u>Do not</u> submit Return to Work documents to your department. Forms should be submitted directly to the Benefits Office.</p>
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Should you need to submit a request for leave or have questions about CSU FML, please contact the Benefits Office:

DISABILITY LEAVES CAMPUS-WIDE ASSIGNMENTS	
<p>Galina Grigoryan Benefits Analyst (916) 278-3522 galina.grigoryan@csus.edu</p>	<p>Kevin Mackey Benefits Analyst (916) 278-6996 kmackey@csus.edu</p>
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