University of Massachusetts Amherst

Office of Human Resources

Employee's Family / Medical Leave Request Checklist

		Employee's Family / Medical Leave Request Checklist
_	Y	you may not be absent from work without approval from your department. ou must submit a written, signed, and dated request for leave to your supervisor, cc your departmental uman Resources representative, indicating:
		1) That you are requesting a family / medical leave,
		2) The dates you anticipate being absent from work and the date you intend to return to work,
		3) Be clear with your department how you are requesting that time and attendance be submitted in order to secure income if your leave is approved (e.g., sick leave, unpaid leave, etc.), and
		4) If requesting an intermittent leave, the work schedule you propose.
		If you medically require accommodations in order to perform the essential functions of your job it is your responsibility to work with University's Accessible Workplace Office to secure those accommodations.
	Ca Co av in pl	ou must provide your departmental Human Resources representative a completed Certification of Health are Provider (HCP) form corresponding to the purpose for your leave (eg, Employee's Serious Health condition, Family Member's Serious Health Condition, etc.) Certification of Health Care Provider forms are railable at the Human Resources Employee Service Center (325 Whitmore Admin. Bldg.) and on-line at www.umass.edu/humres . If your leave is due to the birth of your child you may provide a medical note dicating the child's expected date of delivery in lieu of a Certification form. If your leave is due adoption or accement of a child in your foster care please provide corresponding legal documentation indicating the date adoption or placement.
compl	ete app	e: If you do not have enough accrued time to secure your income while on an approved leave you may and submit a completed Sick Leave Bank application to Human Resources (or AFSCME Extension of Sick plication). This is not applicable for work-related illness or injury that may be covered under Workers action.
Requi	red:	
		requesting an extension of your leave – follow steps above, submitting the required documents for receipt at vo weeks prior to the expiration of your currently approved leave.
		uring your leave you must remain in contact with the University regarding your intention to return to your niversity position and any changes in your anticipated return to work date.
	m ac	rior to returning to your job you must provide your departmental human resources representative a written edical document releasing you to return to work and perform the essential functions of your job. If commodations are required it is your responsibility to secure those accommodations through the niversity's Accessible Workplace Office prior to your return.
Note:		If you are on approved, <i>unpaid</i> leave for two or more full payperiods and you purchase insurance through the MA Group Insurance Commission (GIC), the GIC will invoice you at home for your insurance premiums. Timely payment is required in order to secure continued coverage. If you are on an unapproved leave the Massachusetts Group Insurance Commission will invoice you for 100% of the health insurance premium.
		If you are on parental leave and wish to add your child(ren) to your insurance coverages you must complete the necessary paperwork with Human Resources (HR Service Center, room 325 Whitmore Administration Building) within thirty (30) days of the child(ren)'s date of birth or adoption.
		Protections under the federal Family Medical Leave Act (FMLA) run concurrent with approved time off fo qualifying circumstances.