

Benefits Design and Management

The College

June 7, 2022



Agenda



Leave of Absence

ADA

Incident Reporting

Leave of Absence

Leave Terminology

Family Medical Leave Act (FMLA): A federal labor law that entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Extended Leave, ASU Leave, Non-FMLA Leave: ASU policy that allows for a leave of absence when an employee is not eligible for FMLA

Leave Terminology

Continuous: Leave that is taken and not broken up by periods of work. Continuous FMLA leave is typically when an employee is absent for three consecutive business days or longer. For example, a new mother can take 12 weeks off from work for birth on bonding.

Intermittent: Leave taken in separate periods of time due to a single Qualifying Reason, rather than for one continuous period of time. Examples of Intermittent Leave include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over a period of months.

Leave Terminology

Paid Leave Benefits: Sick, Vacation, Holiday

Leave of Absence: Time taken away from work for reasons such as childbirth, caring for an ill family member, an employee's own health condition.

Overview of Leave of Absence Steps Process

1. Initiate the Leave of Absence
2. Respond to the Leave Request
3. Take Required Action
4. Approve/Deny the Leave Request

Step 1: Initiate the Leave of Absence Process

Employee

- Initiate the leave request and notifies supervisor and Department HR
- Submit a Service Request through email: Send an email to: HR_Disability@asu.edu.
- Submit leave request form with type and dates of leave
- Initiate request 30 days prior to begin date if planned or as soon as possible if unplanned.

Step 1: Initiate the Leaves of Absence Process

Supervisor/Dept HR Representative

- Direct employee to initiate the leave request if absent for more than 3 consecutive scheduled work days.
- May initiate the leave request on behalf of the employee if the employee is incapacitated.
 - Submit a Service Request through email: Send an email to: HR_Disability@asu.edu.

Step 2: Respond to leave request

OHR Benefits Partner

- Evaluates eligibility
- Sends leave packet to employee
- Sends notification to Dept HR Team

Step 3: Required Actions

Employee


- Follow established department call/time reporting procedures
- Submit Medical Certification if leave for own health condition, care of family member, birth mother – 15 calendar days
- Submit Release to Return to Work if leave for own health condition, birth mother – 14 days prior to return from leave
- Keep Supervisor, Department HR and Benefits informed

Step 4: Approve/Deny Leave Request

OHR Benefits Partner

- Evaluates documentation
- Issue designation notice with approval/denial
- Update Leave Tracker and Send notification to Dept HR Team if dates are different.

Faculty, Academic Professionals Checklist



FMLA Leave Checklist

Faculty, Academic Professionals

FMLA Leave Overview

To be eligible for FMLA, the employee must:

- 1) Have been employed for at least 12 months **AND**
- 2) Have worked at least 1250 hours during the 12 months immediately prior to the request **AND**
- 3) Have not already exhausted his/her FMLA leave entitlement (for the 12 months prior to the leave begin date)

Step 1: Request the Leave

- Request leave:**
 - 30 days prior to the leave for a planned leave, include approximate duration
 - Immediately for an unplanned leave, include approximate duration
- Notify your School Director or Dean**
- Submit a Service Request through email:**
 - Send an email to: HR_Disability@asu.edu.
 - Use the subject line: Leave Request. Provide your name, employee ID, estimated leave start and end date and phone number. *Do not include medical information with the request or sensitive information should not be disclosed here.*
 - Once your request is received, you will be sent a leave packet from Human Resources.
- Submit the Leave of Absence Request Form:**
 - [Academic Personnel Request for Leave of Absence](#)
 - Work with your department HR/Leave Representative to complete all sections of the Request for Leave of Absence form and submit to the Provost through Dropbox.
 - Contact Chantel Powers for Dropbox instructions: cpowers@asu.edu

Step 2: Submit Required Documentation

- Required Leave Documentation:** submit as specified in the leave packet.
- Return to Work:**
 - If you are out for your own serious health condition, submit a Health Care Provider Release to Return to Work/Certificate of Illness form five business days **PRIOR** to your return to work. Failure to provide the form will delay your return to work.
 - If you are not out for your own serious health condition, confirm your return date to your department chair and/or Department Chair and Human Resources Benefits five business days **PRIOR** to your return to work.

Step 3: Time Reporting

- Time Reporting:** Contact your department data time administrator (DTA) to confirm the deadlines for reporting sick, vacation and or compensatory time while you are on a leave of absence.

Step 4: Keep Your Employer Informed


- Leave of Absence Changes:** Notify your School Director or Dean and Human Resources Benefits as possible.
- Leave extension:** Notify your School Director or Dean and Human Resources Benefits five business days **PRIOR** to your original return to work. You will be asked to provide documentation for the extension request.

More Information

Leaves of Absence: <https://cfo.asu.edu/leaves-and-holidays>
HR Forms: <https://cfo.asu.edu/hr-forms>

Questions

Faculty services: 480-727-9900 Monday – Friday, 8 a.m. to 5 p.m. Arizona time



Business and Finance

Arizona State University

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Faculty, academic professionals leave requests

Home / [Leaves of absence](#) / Faculty, academic professionals leave requests

The following information provides instructions about how to request a leave and keep your employer informed of changes.

Step 1: Request leave.

1. Request the leave 30 days prior to the leave for a planned leave, include approximate duration. Immediately for an unplanned leave, include approximate duration.
2. Notify the following contacts:
 1. School director, department chair or dean.
 2. Department HR representative.
3. Submit a service request.
 1. Send an email to HR_disability@asu.edu. Use **Leave Request** in the subject line.
 2. Provide your name, employee ID, estimated leave start and end date, and phone number in the email.
4. Submit one of the following leave of absence request forms listed. Complete all sections of the form before you submit your request. You will be sent a leave packet after your request is received.
 - [Academic Personnel Request for Leave of Absence](#) is for all leaves.
 - [Employee military leave](#).

Step 2: Submit the required documentation

1. Submit required documents as specified in the leave packet.
2. Return to work:
 - If you are **out for your own serious health condition**, submit a Health Care Provider Release to Return to Work or Certificate of Illness form five business days prior to your return to work. Failure to provide the form will delay your return to work.
 - If you are **not out for your own serious health condition**, confirm your return date five business days prior to your return to work.

Step 3: Time reporting

Contact your department to confirm the process and deadlines for reporting sick, vacation and or compensatory time while you are on a leave of absence.

Step 4: Keep the university informed

Follow these instructions for a leave of absence change or a leave extension.

Faculty, Academic Professionals Request Form

Academic Personnel Request Form with signatures must be submitted to Provost and OHR Benefits

ACADEMIC PERSONNEL REQUEST FOR LEAVE OF ABSENCE

TO BE COMPLETED BY THE FACULTY MEMBER OR ACADEMIC PROFESSIONAL

NAME OF INDIVIDUAL		TITLE/RANK	DATE
COLLEGE		UNIT	
DATE OF HIRE	DATES OF OTHER LEAVES OF ABSENCE GRANTED (MM/DD/YYYY - MM/DD/YYYY)		ASU ID
CLASSIFICATION (Please check one): <input type="radio"/> FACULTY See ACD505-02 for titles that fall within this classification. Select classification below:		<input type="radio"/> ACADEMIC PROFESSIONAL See ACD505-03 for titles that fall within this classification. Select classification below:	
Expiration of Probationary Period (for Tenure-Track Faculty only) Select a year below:		Expiration of Probationary Period (for Probationary APs only) Select a year below:	

DESCRIPTION OF LEAVE

Academic Affairs Manual (ACD) policies governing Responsibilities of Faculty During Leaves from Campus: [ACD 701](#), Health-Related Leaves: [ACD 702-02](#), [ACD 702-03](#), Leave of Absence without Pay: [ACD 707](#), and Parental Leave with Pay: [ACD 710](#). Process guide for Leave of Absence can be found at [provost.asu.edu/promotion_tenure](#).

Requested Period (Either Academic Year or Fiscal Year)	Term Academic Yr (enter dates) Select term:	Term Fiscal Yr (enter dates) Select term:
Compensation During Leave	Select an option:	Explain compensation option:
Count toward Years of Service *	Select an option:	

* By checking this box and upon approval, tenure eligible (probationary) faculty and continuing appointment eligible (probationary) academic professionals will receive an extension of the probationary period ([ACD 506-03](#), [ACD 507-05](#)).

Reason for request for Leave of Absence: (State clearly and concisely the reason for your request for a leave of absence, benefits to be achieved, writing/publications planned, and other pertinent information. If requesting an extension of the probationary period, include the good cause reason and whether the individual is on a trajectory for a positive outcome. Confidential or sensitive information should not be disclosed here but may be attached as a separate document.)

I have reviewed and agree to abide by the policies governing Leaves of Absence as set forth in the Academic Affairs Policies and Procedures Manual. Signature: _____ Date: _____

After signing above, submit form to unit for further processing. Depending upon the type of leave requested, unit will notify applicant if additional forms are required. Below this line OFFICIAL USE ONLY

Approval By (Type Name)	Approve	Deny	Signature	Date
Unit Chair/Director:				
College Dean:				
University Provost (or designee), if applicable:				

NOTES

UNIVERSITY ACTION

Note: No written notification may be given to the individual until the process has been completed and the provost (or designee) approves or denies the request, as applicable, or has been notified.

UNIT: As indicated on the Process Guide for Leave of Absence, please work with Employment Data Management on the next step in the process.

07/24/17

Staff Leave Checklist



FMLA Leave Checklist

Classified employees, University staff, Non-faculty administrators

FMLA Leave Overview

To be eligible for FMLA, the employee must:

- 1) Have been employed for at least 12 months AND
- 2) Have worked at least 1250 hours during the 12 months immediately prior to the requested date AND
- 3) Have not already exhausted his/her FMLA leave entitlement (for the 12 months prior to the requested leave begin date)

Step 1: Request the Leave

- Request leave:
 - 30 days prior to the leave for a planned leave, include approximate duration
 - Immediately for an unplanned leave, include approximate duration
- Notify your Supervisor
- Submit a Service Request through email:
 - Send an email to: HR_Disability@asu.edu. Use the subject line: Leave Request. Provide name, Employee ID, estimated leave start and end date and phone number. *Do not include medical information with the email, confidential or sensitive information should not be disclosed here.*
- Submit the Leave of Absence Request Form:
 - Complete all sections of the form and submit the Leave of Absence Request form.
 - Once your request is received, you will be sent leave packet from Human Resources Benefits

Step 2: Submit Required Documentation

- Required Leave Documentation: Submit as specified in the leave packet.
- Return to Work:
 - If you are out for your own serious health condition, submit a Health Care Provider Release Return to Work/Certificate of Illness form **five business days PRIOR to your return to work**. Failure to provide the form will delay your return to work.
 - If you are not out for your own serious health condition, confirm your return date to your supervisor and Human Resources Benefits **five business days PRIOR to your return to work**.

Step 3: Time Reporting

- Time Reporting: Contact your supervisor and department data time administrator (DTA) to confirm the process and deadlines for reporting sick, vacation and/or compensatory time while you are on a leave of absence.

Step 4: Keep Your Employer Informed

- Leave of Absence Changes: Notify your supervisor and Human Resources Benefits as soon as possible.
- Leave extension: Notify your supervisor and Human Resources Benefits within **five business days PRIOR to your original return to work**. You will be asked to provide documentation to support extension request.

More Information

Leaves of Absence: <https://cfo.asu.edu/leaves-and-holidays>
HR Forms: <https://cfo.asu.edu/hr-forms>

Questions

Employee services: 855-278-5081 Monday – Friday, 8 a.m. to 5 p.m. Arizona time



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Staff leave request

[Home](#) / [Leaves of absence](#) / Staff leave request

The following information provides instructions about how to request a leave and keep your employer informed of changes.

Step 1: Request the Leave

1. Request leave 30 days prior to the leave for a planned leave, include approximate duration. Immediately for an unplanned leave, include approximate duration.
2. Notify the following contacts:
 1. Supervisor.
 2. Department HR Representative
3. Submit a service request by email to HR_Disability@asu.edu.
 1. Use **Leave Request** in the subject line.
 2. Provide your name, employee ID, estimated leave start and end date and phone number.
4. Submit one of the following leave of absence request forms listed. Complete all sections of the form before you submit your request. You will be sent a leave packet from Human Resources Benefits after your request is received.
 1. [FML and ASU Leaves](#)
 2. [Military leave](#)

Step 2: Submit the required documentation


1. Submit required documents as specified in the leave packet.
2. Return to Work:
 1. If you are **out for your own serious health condition**, submit a Health Care Provider Release to Return to Work or Certificate of Illness form **five business days prior to your return to work**. Failure to provide the form will delay your return to work.
 2. If you are **not out for your own serious health condition**, confirm your return date to your School Director or Department Chair and OHR Benefits **five business days prior to your return to work**.

Step 3: Time reporting

Contact your supervisor and department data time administrator to confirm the process and deadlines for reporting sick, vacation and/or compensatory time while you are on a leave of absence.

Step 4: Keep your employer informed

Staff Request Form



Leave of absence request

FMLA Leave or ASU Leave
Classified employees, University staff, Non-faculty administrators

Form Instructions: Sections 1 and 2 must be completed prior to submission.

Section I: Employee Information

Employee Name: _____ Employee 10-digit ID Number: _____
 Department Name: _____ Supervisor Name: _____

Section II: Leave Request

Leave Type (select one)

FMLA Leave
 ASU Leave

Leave Dates (complete all)

Leave Begin: _____
 Last Day Worked: _____
 Return to Work Date: _____

Leave Duration (select one)

Continuous
 Intermittent

Leave Reason (select one)

Employee Medical Leave

Family Member Leave (select one):

Family Member Health
 Military Family Member Health
 Military Family Business

Name of family member: _____ Relationship: _____

Parental (select one):

Birth/Bonding. Anticipated date of birth: _____
 Placement/Bonding for Adoption. Placement date: _____
 Placement/Bonding for Foster Care. Placement date: _____

Requesting paid parental leave benefits? Yes No
 Parent Relationship: Mother Father Other: _____

Employee Personal Leave (non-medical)

Employee Signature: _____ **Date:** _____

I understand that if I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of [SPP 1011](#) or [ACD 707](#).

Questions? Call 855-278-5081 or email HR@asu.edu

Section III: For completion by Human Resources Benefits

Pay Status Paid Unpaid Accrual balances: Attach copy accrual balance information

Leave Status Change

Effective Date: _____	<input type="checkbox"/> Paid to Unpaid <input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> FMLA to ASU Leave <input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Continuous to Intermittent <input type="checkbox"/> Intermittent to Continuous	<input type="checkbox"/> Return to work
Effective Date: _____	<input type="checkbox"/> Paid to Unpaid <input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> FMLA to ASU Leave <input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Continuous to Intermittent <input type="checkbox"/> Intermittent to Continuous	<input type="checkbox"/> Return to work

Comment(s): _____

Staff Leave Request Forms must be submitted to Provost and OHR Benefits

Supervisor

- Direct employee leave inquires to OHR Benefits HR_Disability@asu.edu.
- Direct employee timesheet/payroll inquires to Department HR Team
- Contact OHR Benefits Partner HR_Disability@asu.edu if you have questions

Leave Questions

Direct employee leave inquiries to the employee service center.

- Service Center phone numbers:

Employee services 855-278-5081 Monday – Friday 8 a.m. to 5 p.m. Arizona time	Faculty services 480-727-9900 Monday – Friday 8 a.m. to 5 p.m. Arizona time
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- Create a service ticket via email: HR_Disability@asu.edu
- If employee is unable to initiate request, create a service ticket

Leave Questions

Service Ticket Request

< ☰ HR Case - HRC0163192 📎 ∞

Number	HRC0163192	State	New
Contact Method	Email	Opened by	Employee Name
Customer Type	Employee	Opened	2020-05-18 06:32:24
Opened for	Employee Name 🔍 ℹ️	* Assignment group	Benefits Leaves & Disability 🔍
* Category	Benefits	Assigned to	Joanna Surveyor (joannas) 🔍
* Subcategory	Leaves Management	Watch list	🔒 👤
* Short description	Employee Name - LOA - Birth		
Description	Request Information ⬆️		

Leave Responsibilities

FS Employment Data Management

- Administrative
- Business Related
- Holds
- Sabbatical

OHR Benefits Partners

- FMLA
- ASU (Non-FMLA)
- Military
- Personal Leave
needs department
approval

Leave Responsibilities

Employee	OHR Benefits Administrator	Department
Request Leave	Verify eligibility	Track intermittent FMLA leave hours and submit to OHR Benefits monthly
Submit Certification	Provide forms to employee within required timeframe	
Keep department informed		Enter and update leave status in PeopleSoft
Request sick/comp/vacation	Monitor and update leave status	Submit a leave of absence status change form to update paid status (paid to unpaid or unpaid to paid)
Pay benefit premiums timely	Short Term Disability	
Short Term Disability	Long term Disability	
Long Term Disability	Coordination of Benefits	Contact OHR Benefits Administrator if you need assistance
Submit Release to Return to Work	Compassionate Transfer of Leave	<i>Faculty leaves - Faculty leave form must be submitted to the Provost office.</i>
	Consultation with employee and department	

Leave Processing Time Line

Day	Action	Responsible
Initiate leave request	Request Leave of Absence	Employee
Within 5 business days of leave request	Respond to request	OHR Benefits Partner
Within 15 calendar days of request for medical certification	Return required forms	Employee
Within 7 calendar days of medical certification deadline or if authentication or clarification needed	Provide written extension to employee with 7 calendar day deadline	OHR Benefits Partner
Within 5 business days of medical certification receipt	Issue required form	OHR Benefits Partner
14 business days prior to expected return to work date	Provide release to return to work to OHR Benefits	Employee

Leave Visibility

FMLA Accumulator

- Paycheck
- FMLA Tracking Page

FMLA Tracking Page

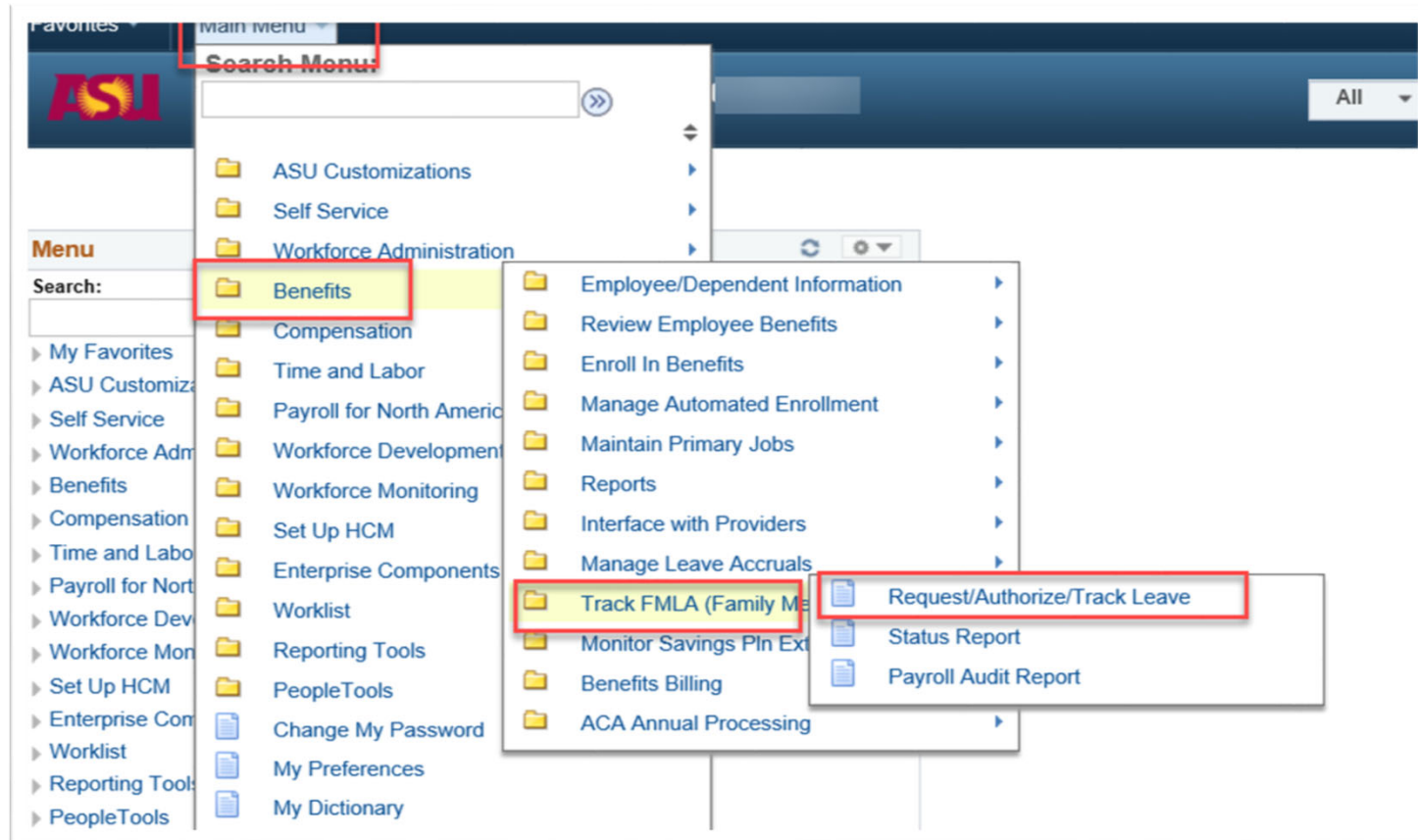
- Intermittent & Continuous

Job Data

- Continuous
- FMLA, ASU, Military

Navigation: FMLA Tracking Page

PeopleSoft Navigation: Main Menu>Benefits>Track FMLA (Family Medical Lv)>Request/Authorize/Track Leave>Activity



Leave Visibility- FMLA Tracking Page

Request | Eligibility | History | Activity

Employee Name

Request

Request ID 001 *Begin Date Return Date 05/24/2019

Reason FMLA-Employee Medical Status Expected/Open

Person ID **Employee ID**

Find | View All First 1 of 1 Last

Leave Summary

Scheduled	Weeks	Hours
Taken Today	Weeks	Hours

Entitlement Summary

As of Leave Begin	Weeks	Hours
Remaining Today	Weeks	Hours




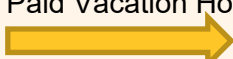

Activity Personalize | Find | View 1 | First 1-8 of 8 Last

*Activity Date	*Activity Type	Follow up Required	Long Description
03/01/2019	LOAReqFrm	<input type="checkbox"/>	LOA Request Form Received from EE
03/02/2019	Comments	<input type="checkbox"/>	Meets FMLA Eligibility, Dept notified and
03/05/2019	FMLA RR	<input type="checkbox"/>	FMLA RR mailed to EE
03/05/2019	FMLA HCP	<input type="checkbox"/>	FMLA HCP mailed to EE
03/05/2019	ReleaseRTW	<input type="checkbox"/>	Blank Release to RTW mailed to EE
03/05/2019	FMLA HCP	<input type="checkbox"/>	Complete HCP received - supports request
04/18/2019	FMLA Desig	<input type="checkbox"/>	FMLA Designation mailed to EE - Leave approved
04/18/2019	Comments	<input checked="" type="checkbox"/>	FMLA entered into PS Job Data and FMLA Tracker.

Save
Return to Search
Notify

[Request](#) | [Eligibility](#) | [History](#) | [Activity](#)

Concurrent Actions/Benefits During Leave

	06/08/22		08/30/22	08/31/22
1. Leave of Absence	FMLA Begin		FMLA End	Extended Leave
	 12 Weeks			
2. Paid Benefits	Paid Parental Begin		Paid Parental Ends	Paid Vacation Hours
	 12 Weeks			
3. Disability Benefits	Short Term Disability Begin	Short Term Disability Ends		
	 6 or 8 Weeks estimated			

Example: Employee begins leave due to birth, has elected short term disability. Employee requests additional leave time after FMLA exhausts for non medical reasons.

Release to Return to Work

Must be submitted 14 business prior to expected return to work date

- Release full duty, no restrictions
- Temporary Accommodations
- Permanent Accommodations or restrictions to work from home—
Must go through ADA process

ADA

ADA Updates & Reminders

RTW Forms

- Temporary Accommodations
- Permanent Accommodations – Must go through ADA process

Intermittent leave requests (Non-FMLA)

- Employees not eligible for intermittent FMLA, must go through the ADA process

Contact

- equityandinclusion@asu.edu
- 480-727-1770

Flexible Work Arrangement

Department leadership may alter an employee's schedule to provide necessary support services to the university community, to expedite a unit's work flow, or to accommodate an individual employee's needs.

Telecommuting Guidelines:

- <https://cfo.asu.edu/telecommuting-guidelines>

SPP 306: Flexible Work Arrangements

- <https://www.asu.edu/aad/manuals/spp/spp306.html>

Flexible Work Arrangement

Department leadership may alter an employee's schedule to provide necessary support services to the university community, to expedite a unit's work flow, or to accommodate an individual employee's needs.

Telecommuting Guidelines:

- <https://cfo.asu.edu/telecommuting-guidelines>

SPP 306: Flexible Work Arrangements

- <https://www.asu.edu/aad/manuals/spp/spp306.html>

Incident Reporting

Work Related Illness/Injury Incident Reporting Employee

United States

- call 911 if the incident is a medical emergency.
- For non-emergencies, call CorVel at 1-800-685-2877 to report the work-related injury or illness. University
- Employees working on the Tempe campus can contact [ASU Employee Health](#) services for non-emergency injuries, 8 a.m. to 5 a.m., Monday-Friday.

Approved international business travel

- Print and carry the ASU Travel Insurance Card at all times.
- For medical emergencies, call the local emergency services.
- For non-emergencies, call the 24/7 phone number on the card, reference the policy number and the State of Arizona. Visit the [travel insurance](#) webpage for details.

Work Related Illness/Injury Incident Reporting Supervisor

Supervisor

- Employees must notify their supervisor of the incident within 24 hours.
- Report the incident online at [Employee and non-employee incident report](#) or call 480-965-1823 or 480-727-9669.
- Submit the completed supervisor's incident investigation report within 48 hours.
- Report all time missed from work due to the incident to benefits workers' compensation
- A release to return to work must be submitted prior to return to work

Work Related Illness/Injury Incident Reporting Supervisor

OHR Benefits Report:

<https://cfo.asu.edu/benefits-guide-reporting-job-related-injury-illness>

Environmental Health & Safety:

<https://cfo.asu.edu/incident-reporting>
or call 480-965-1823 or 480-727-9669.

Supervisor

New Incidents/Claims	Established Incidents/Claims
<p>Direct employee workers' compensation inquires to OHR Benefits HR_Disability@asu.edu.</p>	<p>Direct employee claim status and pay inquires to Arizona Department of Administration - Risk Management</p> <p>602-542-2182</p>

Thank you

Questions?