

Leave of Absence: Key Time Periods
Effective: June 2016

Leave of Absence	FMLA Determination	Provisional Designation Notice Form	FMLA Cover Letter	Certification of Health Care Provider (CHCP) Form	Employee Rights & Responsibility Document	U.S. Dept. of Labor Designation Form (WH 382)	Leave Becomes Applicable
Military, Educational, Professional, Academic/Sab, Special (AAUP), Administrative, Personal, Union	Non-medically-related absence that does not run concurrent to FMLA	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	On 15 th consecutive calendar day of absence
Adoption, Childrearing, Paid Parental Leave (AAUP), Special (AAUP)	Non-medically-related absence that may run concurrent to FMLA; non-FMLA eligible employee	Not applicable	Not applicable	Not applicable	Not applicable	Send to employee within five (5) business days of notice/request	On 15 th consecutive calendar day of absence
FMLA –Adoption, FMLA-Childrearing, Paid Parental Leave (AAUP), Special (AAUP)	Non-medically-related absence that may run concurrent to FMLA; FMLA eligible employee	Not applicable	Send to employee within five (5) business days of notice/request	Not applicable	Send to employee within five (5) business days of notice/request	Send to employee within five (5) business days of notice/request	On 15 th consecutive calendar day of absence
Med/sick-EE, Med/sick- FAM, OIL (FOP), Special (AAUP)	Medically-related absence; non-FMLA eligible employee	Send to HR within five (5) business days of notice/request	Not applicable	Send to employee within five (5) business days of notice/request (or as outlined in CBA)	Not applicable	Send to employee within five (5) business days of notice/request	On 15 th consecutive calendar day of absence
FMLA-Med/sick-EE, FMLA-Med/sick-FAM, FMLA-OIL (FOP), Special (AAUP)	Medically-related absence; FMLA eligible employee	Send to HR within five (5) business days of notice/request	Send to employee within five (5) business days of notice/request	Send to employee within five (5) business days of notice/request	Send to employee within five (5) business days of notice/request	Send to employee within five (5) business days of receiving Medical Review Form from HR	On 15 th consecutive calendar day of absence