

LEAVE REFERENCE GUIDE
FOR
SUPERVISORS

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Human Resource Services-351-2325 or www.unco.edu/hr

State of Colorado Website www.colorado.gov/dpa/dhr/benefits

Copy of Official State Web Portal follows which includes topics that can be accessed

Department of Personnel & Administration

Human Resources



HR & Risk Professionals Supervisors State Employee Resources State Employment

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Disability Plans

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COBRA

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Benefit Administrators' Guide (BAG)

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Leave

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Selection

Reference Center: DHR Reports, Publications & Forms

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Professional Development Center

Workforce Planning and Development

Disability coverage helps replace a portion of your income if you become disabled due to a covered illness, pregnancy or injury. Coverage is provided through The Standard Insurance Company. Please refer to the plan documents available below, which govern the plans. You are expected to be familiar with the terms, conditions and limitations of each plan you select. If you have questions, please contact your department's human resources office.

Enrollment in Short-term Disability (STD) is automatic, requires no action by you and is not part of Enrollment. It is provided by the State of Colorado at no cost to you, and pays up to 60% of your pre-disability income for up to 150 days following the required 30-day waiting period.

Long-term Disability (LTD) can be purchased by employees on an after-tax basis. Premiums are determined by salary, age and PERA vesting status. After a six-month waiting period, benefits are payable up to 60% of your pre-disability earnings until age 65 (later in some cases) if you continue to meet plan requirements.

LTD enrollment is NOT guaranteed. After enrolling in the online enrollment system, you MUST complete your Evidence of Insurability (EOI) form. Without EOI, no application can be approved. The EOI form must be submitted to Standard no later than 31 days after your Enrollment period. Otherwise, you will need to wait until the next Open Enrollment period to apply. The EOI form is available through the link below.

If you have at least five years of PERA covered employment, you may be eligible for PERA disability benefits. LTD Premiums for PERA-vested members are lower than for non-vested members. Please refer to the chart comparing PERA and State disability benefits. For information about PERA benefits, please call PERA directly at 1-800-759-7372.

If you have questions about your benefit options, enrollment, eligibility or claims, please contact your agency's Benefits/Payroll/HR Administrator. You can find your administrator by clicking on the link below; then click "Bookmarks" and then click on your agency. Questions about claims or your specific coverage should be addressed to your insurance carrier.

For more information about Benefits contact the [DPA Benefits Unit](#).

Email comments to: [DPA Benefits](#)

Tools

- Short-Term Disability (STD) Plan Details & Exclusions - Certificate of Coverage
Long-Term Disability (LTD) Plan Details & Exclusions - Certificate of Coverage
Comparison Chart (State Disability and PERA Disability Benefits)
Medical History Statement for LTD - from Standard Insurance
PERA's Long Term Disability
Why Long Term Disability?
Standard Insurance Company (Carrier)

Related Links

- Insurance Premiums
Who is my human resources contact?
Insurance Companies' Phone Numbers
What do "Pre-tax" and "After tax" mean?
Instructions for Online Enrollment
Enroll for Benefits
HealthLine
Glossary of Insurance Terms
Forms
Salary Reduction Plan

FAMILY MEDICAL LEAVE

PURPOSE: Family Medical Leave Act of 1993 is a Federal policy which strikes a balance between work demands and personal needs to preserve the stability, security and integrity of our families.

ELIGIBILITY: Grants up to 520 hours (13 weeks) of family/medical or active duty family leave in a fiscal year if employee has worked for the State for at least 12 months, not necessarily consecutively. The hours are prorated for part-time employees. Temporary employee must also have worked at least 1,250 hours in the past 12 months. FMLA was expanded in January 2008 to include military caregiver leave for a single period of up to 1040 hours in one 12-month period. Eligibility is calculated from the date leave will begin.

BENEFIT: FML designation provides job protection. When employee returns to work, he/she will be restored to own position or an equivalent one, with the same pay grade, benefits, work schedule. This does not apply if employment would have otherwise been terminated had employee not taken family/medical leave, such as lay off or disciplinary termination.

***FML is unpaid leave-employees must use sick, vacation accrual then be in Leave Without Pay status. FML may run concurrent with other leave policies.**

While under Family Medical Leave, employee can continue medical and dental coverage. If employee is on Leave Without Pay Status, and election is made to continue coverage, the employee share of premium will have to be provided by the employee, but the University will continue to pay the state premium contributions.

CONTACT, PROCESS & TIMELINES: Employee, supervisor, or co-workers must contact Human Resource Services 351-2718 as soon as possible, upon need/eligibility or questions regarding Family Medical Leave. Human Resource Services must issue eligibility letter, to the employee, within five business days and request that the "Medical Certification" form be completed by physician within 15 days. HRS will also provides guidance with process.

Employee must also complete the "State of Colorado Leave/Absence Request and Authorization" form. The information on form should reflect the number of hours used for FML and also documented on the leave record. Intermittent time off is difficult to tract, but must be documented so that the employee is within maximum hours allowed.

The following forms submitted by employees may be indirect notification for FML designation-Notify HRS 351-2325 if leave is requested for a serious medical condition requiring leave for more than three days: "State of Colorado Leave/Absence Request and Authorization," "Medical Certification," & "Fitness to Return" forms are available on www.unco.edu/hrs forms or www.colorado.gov/dpa/dhr/benefits Leave

The State performs FML audits at agencies, of the process, procedures and documents. It is important that HRS is in compliance with Federal Policy and we rely on the assistance from supervisors.

Colorado State Personnel System

Your Rights and Responsibilities under Family/Medical Leave

Revised February 17, 2009

Striking a balance between work demands and personal needs is critical if we are to preserve the stability, security, and integrity of our families.

As an employer, the State of Colorado has been involved in helping our workforce strike a balance between work and personal needs by offering family/medical leave since 1990. In return, the effectiveness and productivity with which we deliver our products and services is expected to benefit. The passage of the Family and Medical Leave Act of 1993 (FMLA) affected our family/medical leave program. This brochure presents general information on your family/medical leave rights and obligations as an employee in the state personnel system. The term "department" means principal department or higher education institution.

➤ *Eligibility*

You are eligible for up to 520 hours of family/medical or active duty family leave in a fiscal year if you have worked for the State for at least 12 months, not necessarily consecutively. A temporary employee must also have worked at least 1,250 hours in the past 12 months. Employees in the Reserves or National Guard are entitled to count active military duty absences as time worked to establish eligibility (like other employees on the payroll even if on an unpaid leave). The FMLA was expanded in January 2008 to include military caregiver leave for a single period of up to 1040 hours in one 12-month period, which begins on the date the leave begins.

The hours are prorated for part-time employees. Eligibility is calculated from the date leave will begin.

Your appointing authority may approve additional time beyond the family/medical leave. Any approved additional leave is treated the same as any other type of paid or unpaid leave.

➤ *Reasons for Family/Medical Leave*

Family/medical leave may be taken for the following.

- Birth and care of **your** child. The leave must be completed within one year of the birth.
- Placement and care of a child from adoption or foster care. The leave must be completed within one year of the placement.
- Care for a child, parent, or spouse with a serious health condition. Child is defined as under the age of 18 or over the age of 18 if disabled as defined under the America with Disabilities Act (ADA)
- Your own serious health condition.
- When a child, parent, or spouse experiences a qualifying exigency directly related to being called to or on active duty for a contingency operation during a declared war. Examples of qualifying exigency include, short-notice deployment, military events and related activities, short-term childcare and school activities due to the exigency, financial and legal arrangements due to the exigency, non-medical counseling, post-deployment activities, and additional activities mutually agreed upon by the employee and appointing authority.

The appointing authority may also request additional certifications at reasonable intervals during family/medical leave. Typically, it will be no more often than 30 days or the date in the original certificate, whichever is longer. Certification can be requested every six-months regardless.

All forms are available from your appointing authority or HR office. Your appointing authority will notify you of the need for any certifications and when they are due, normally within 15 calendar days. Failure to provide the required certification(s) may result in delay or denial of family/medical leave. All medical information will be maintained in confidence, as required by law.

A fully completed *State of Colorado Certification of Qualifying Exigency for Military Family Leave* form will satisfy the certification requirements for active duty family leave. The *State of Colorado Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave* form will satisfy the certification requirements for military caregiver leave.

➤ ***Fitness-To-Return***

At the end of your family/medical leave for your own serious health condition, a fitness-to-return certificate may be required to verify your ability to return to work. A fitness-to-return certificate is required if you are absent for more than 30 days. The appointing authority may also require it for an absence of 30 days or less based on the nature of your health condition in relation to your job assignment.

➤ ***Periodic Communication***

Communication between you and your appointing authority is a vital part of making sure you receive all of your rights under family/medical leave. It should begin at the point you are aware of your need for leave and continue through the conclusion of your family/medical leave. You and your appointing authority are expected to work out a mutually satisfactory check-in schedule during your absence, including updates on your current status and your intent to return to work.

➤ ***Substitution of Paid Leave***

Family/medical leave is a guaranteed period of leave with job protection. The amount of paid or unpaid family/medical leave depends on your individual situation and the amount of your accrued leave and compensatory time. You will be required to use your accrued sick leave (as permitted by leave policies), annual leave, and compensatory time, unless receiving STD benefits, before you are placed on unpaid family/medical leave. In addition, all other absences, such as holidays, bereavement and short-term disability leave that also qualify for family/medical leave will be counted toward your family/medical leave. In other words, all paid leaves run concurrently and do not extend the time you are entitled to under family/medical leave. The only exception is when you are being "made whole" while receiving Workers' Compensation payments.

During any **paid** leave, you will continue to earn annual and sick leave that will be available for use at the beginning of the next month after it was earned. During any **unpaid** leave, you will not earn annual and sick leave, your service date will be adjusted, and you will not receive service credit for retirement purposes.

➤ ***Benefits***

Your insurance coverage will continue while you are on approved family/medical leave. If your family/medical leave is **paid**, your share of the premiums will continue to be paid through normal payroll deduction. If your family/medical leave is **unpaid** and you elect to maintain your coverage, you must pay your portion of the premium (the amount deducted from your pay). If you fail to make your payment when due, your coverage may be cancelled retroactive to the last month for which full payment was made. Should you owe any amount of a premium upon return, repayment is required when you return to work for at least 30 days, retire within 30 days, or terminate your employment. Any amount owed will not be recovered when you are unable to return to work due to a continuation, recurrence, or onset of a new serious health condition or for other circumstances beyond your control. If you elect not to maintain your coverage during unpaid family/medical leave (subject to Section 125 requirements), your coverage will be reinstated upon your return to work. Contact your department payroll or benefits office for specific information and arrangements.

STATE OF COLORADO

FREQUENTLY ASKED QUESTIONS

about

FAMILY/MEDICAL LEAVE FOR STATE EMPLOYEES

Revised February 18, 2009

The following provides *general* information about family/medical leave (FML) in the state personnel system. The facts of a specific situation could change this information so employees and managers are encouraged to seek clarification or additional information from their department or higher education institution's (department) FMLA Coordinator. In addition, departments have differing practices so it is important for employees and managers to know their employing departments' processes.

What is family/medical leave?

It is **unpaid**, job-protected leave provided by a federal law, the Family and Medical Leave Act of 1993, as amended, with revised regulations effective January 16, 2009. The state is automatically covered and considered to be a single employer. Included in the job-protection provisions is the right to return to the same or virtually identical position, with all of its terms and conditions, and the right to continued insurance benefits during the leave (as long as the employee continues to pay the employee's share of the premium).

How much leave time is available?

Eligible employees with qualifying events may take up to 520 hours per fiscal year. Part-time employees are entitled to a pro-rated amount, e.g., a half time employee may receive up to 260 hours.

Federal law expanded the reasons for FMLA effective January 16, 2009, to include military caregiver leave for a single period of up to 1040 hours in a single 12-month period, beginning the date leave begins.

If the manager agrees, can the employee take a longer leave, even if accrued leave is exhausted?

The employee can take additional leave if approved by the manager. Because FML does not apply beyond the 13 weeks, or 26 weeks total within a single 12-month period for military caregiver leave, some of the rights and benefits change. For example, the employee will need to pay both shares (employee and employer) of the premium in order to maintain health insurance coverage or, if coverage lapses, wait until the next open enrollment period to resume coverage. The employee will have rights to a position in the same class as opposed to the same or identical position.

The amount of leave cannot be limited for the father of a newborn. If the employee is eligible, he is entitled to the full amount of time. Again, it must be concluded within one year of the birth.

Note: the amount of sick leave granted for male or female is dependent upon on the specified recovery period for the mother.

If FML is used for an immediate family member who dies during the leave, can the employee continue to use FML until it is exhausted?

FML ceases when the family member dies. Family/medical leave is provided for the care of the living. While FML ceases, other leave applies, such as bereavement leave.

When should an employee let the manager know that leave is needed?

Using regular leave rules, an employee should request leave at least 30 days in advance when foreseeable. If the need for leave is unforeseeable, the employee should let the manager know of the need as soon as possible, typically the same or next day.

What are the time frames for designating the leave and who does the designation?

It depends, in some departments, the FMLA Coordinator (generally HR) may do the designation, or it may be the responsibility of the appointing authority. In either case, the need for leave must be communicated to the supervisor who should notify HR as soon as possible. The employer has five business days from when the employee requests leave or the employer acquires knowledge that an employee's leave may be for an FMLA-qualifying reason to notify an employee of their eligibility, rights and responsibilities. Departments must wait for the appropriate completed State of Colorado certification form (different for self, family member, active duty, and military caregiver leave) prior to designating a condition as FML qualifying. Conditional designations are no longer allowed. Once sufficient information is received to determine that the condition is FMLA qualifying, the employer has 5 business days to notify the employee if the leave will or will not be designated as FML.

Note: The employee must be given at least 15 calendar days to provide supporting documentation for the requested leave.

When does family/medical leave begin for a pregnant employee?

Family/medical leave should be designated and begin when the employee begins leave for pregnancy-related reasons, e.g., pre-natal visits to a health care provider, severe morning sickness, complications of a difficult pregnancy, child birth.

Can an employee choose not to be placed on family/medical leave? What if the manager agrees?

No, family/medical leave is not based on the employee's desires nor does the employee need to specifically apply for or mention FML. If an eligible employee has a qualifying condition, the employer must designate the leave as FML. The employer bears the sole responsibility for designating whether each leave request is qualified based on the reason for the leave provided by the

payments. In fact, to do so reduces the STD salary replacement benefits.

The following example illustrates how different types of leave are used concurrently with FML. Assume the employee is covered by both STD and FML and has requested 12 weeks of leave. The employee has three weeks of sick and two weeks of annual leave.

Family/Medical Leave for 12 weeks		
3 weeks sick leave 30 day waiting period for STD	1 wk. annual leave	8 weeks STD leave with salary replacement benefits 60% salary

Can an employee use compensatory time for a family/medical leave condition?

The revised federal FMLA regulations allow employers to include compensatory time in the substitution of paid leave for unpaid leave during FML. Thus, compensatory time runs concurrently with FML and counts against an employee's FML entitlement.

Can the manager place any restrictions on how the employee uses his or her time while on FML?

If a department has an established policy on outside employment while on leave, it should be uniformly applied and include those on family/medical leave. Otherwise, no restrictions can be imposed as long as the reason for leave remains valid and all requirements have been fulfilled.

What if the employee does not want to put the reason for the leave on the leave request form?

First, the employee is obligated under the federal law's requirements to state the reason for the leave so the employer can determine the type of leave to authorize and meet its legal obligation to designate the leave. The employee could verbally state the reason to whoever makes the designation and that person could simply note on the form that the leave is qualified and designated. However, simply calling in sick is not acceptable, the employee must state a reason for using leave so the employer can properly designate the leave and fulfill its obligations under the law.

Second, all medical or health information requires strict confidentiality on the part of those handling such documents. It must be maintained in separate locked files with limited access. An employee should refer to the department's human resources office for specifics on its medical confidentiality policy. Any violations of medical confidentiality should be promptly reported to either the appointing authority or the department's human resources office.

Third, it is understandable that some conditions are very sensitive and the employee is uncomfortable sharing the information with a manager. Each department is to have a "back up" process with someone outside the work unit designated as the contact to who the employee can report the reasons for a leave request. Generally, it is the department's FMLA Coordinator who is trained to handle highly sensitive situations.

If the employee gives permission, can the health care provider call the manager instead of completing the form?

The employer, as explained below, is only allowed to have contact with the health care provider under certain circumstances after a completed certification is submitted, not as a substitute for the certification. A human resource professional or the employer's healthcare provider, if one, may contact the employee's health care provider to clarify the content or authenticity of the certification form or to clarify deficiencies within the certification form after the employee has been allowed seven calendar days to cure the deficiencies. Under no circumstances can an appointing authority or direct supervisor have direct contact with an employee's health care provider, unless it involves Workers' Compensation. If appointing authorities or supervisors are contacted directly by a health care provider, they must explain that the law does not allow the contact and refer the employee's health care provider to the HR office.

If the employee does not provide the required clarification of the certification form, the leave may be denied. It is the employee's responsibility to provide the employer with a complete and sufficient certification.

The form is also important for compliance with record keeping requirements placed on the employer by federal law.

What if the manager suspects FML is being taking advantage of?

There are several options available when the validity of the leave is questionable. If the original medical certificate is involved, the manager can request a 2nd opinion. The employer chooses the health care provider and pays for the examination. If the 2nd opinion conflicts with the original certificate, a 3rd opinion must be obtained. In such a case, the department pays for the opinion but the employee and department choose a mutually acceptable health care provider.

If circumstances change during the course of the leave and the manager has reason to doubt the continuing need for FML, additional medical certifications are allowed. The employer is allowed to obtain recertification no more often than every 30 days or the minimum duration of the leave stated in the medical certificate, whichever is longer. In any case the employer is allowed to request recertification every six months in connection with an absence. In addition, the employer is allowed to request a new certification in a new fiscal year.

To help manage leave for chronic health conditions, life time designations are not allowed. FMLA is only triggered when there is a need to use FML-qualified leave.

Can the manager refuse to grant FML?

If the employee is eligible, the event qualifies, the requirements have been met for requesting the leave, proper documentation has been provided, and the FML has not been exhausted for the year, the requested FML leave cannot be denied. To do so would interfere with an employee's right to FML under the Family and Medical Leave Act.



State of Colorado Leave/Absence Request and Authorization

Any medical information is confidential and must be kept in separate files with limited access.

Name _____	Employee ID # _____
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Department & Division _____	Work # _____
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I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition is highly sensitive, directly contact your Family/Medical Leave coordinator immediately.

I request approval for _____ total hours as listed below. Is the absence due to a work-related illness or injury? No Yes

Record dates, times, and number of hours in the blanks before each applicable reason. (More information may be required.)

Actual Dates & Times			
From	To	# Hrs.	
_____	_____	_____	Vacation (not related to care/treatment of a medical condition or bonding with a new child)
_____	_____	_____	Medical. If not self, relationship _____
_____	_____	_____	Routine eye, medical, dental exam.
_____	_____	_____	Common illness/injury (no prescribed treatment, e.g., cold, flu)
_____	_____	_____	Other Medical (inpatient or continuing treatment, e.g., surgery, childbirth). Explain reason.
_____			Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).

Employee Signature _____	Date _____	Check Here If Form Amended <input type="checkbox"/>
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To Be Completed By Appointing Authority (or designee)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Annual | <input type="checkbox"/> FML - annual | <input type="checkbox"/> Unpaid | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Sick | <input type="checkbox"/> FML - sick | <input type="checkbox"/> Military | |
| <input type="checkbox"/> STD | <input type="checkbox"/> FML - STD | <input type="checkbox"/> Voluntary Furlough | |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> FML - holiday | <input type="checkbox"/> Compensatory Time | |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> FML - unpaid | | |
| <input type="checkbox"/> Jury | <input type="checkbox"/> FML - Military Caregiver | | |
| <input type="checkbox"/> Alt. Holiday | <input type="checkbox"/> FML - Military Family | | |
| | <input type="checkbox"/> FML - Compensatory | | |

A Medical certification is required is not required. (Required for more than 3 full consecutive working days.)

A Fitness-to-Return certification will be will not be required before returning to work on a regular basis. (Required for an absence of more than 30 days.)

Approved by _____ Date _____
 Immediate Supervisor or Designee Signature

Approved by _____ Date _____
 Appointing Authority, Designee, FML Coordinator Signature

Posted by _____ Date _____

At the end of FML that is not related to Workers' Compensation, if the employee can only return to modified duty, is the manager obligated to restore the employee?

The employee has a right to the job as it existed at the time the leave began. If the employee cannot perform all of the essential functions, including work hours, the protections of FML no longer apply. This includes the right to be restored to the same or identical position. However, managers need to contact the department FMLA and ADA Coordinators before deciding not to restore an employee.

Does the manager have to allow the employee to return if a fitness-to-return certificate has not been provided?

As long as the employee was properly notified of the requirement for a fitness-to-return certificate, the manager is not obligated to return the employee until such certification is provided. However, if the employee is allowed to return to work while waiting for the requested certificate, restoration cannot be denied or delayed. Remember that the employee must have at least 15 calendar days from the request for a fitness-to-return certificate so planning is important in order to coordinate the delivery of the certificate and the return to work.

Where do employees and managers get the paperwork for FML?

Depending on the department's specific procedures, all of the forms are generally available from the manager. Forms are also available from the department's human resources office and are also on the Web site at www.colorado.gov/dpa/dhr.

What forms are required from the employee?

The employee needs to complete the *State of Colorado Leave/Absence Request* form (or equivalent form, including electronic leave systems) to request any type of leave, including FML. When requested, the employee may also be required to deliver a completed certification form and fitness-to-return certificate. Again, the forms are available from the manager, department human resources office, or the DHR Web site.

The employee may also be asked to submit proof of familial relationship, e.g., affidavit of common law marriage, adoption papers, birth certificate, etc.

What forms are required from the manager?

The manager needs to complete the bottom portion of the *State of Colorado Leave/Absence Request* form, which includes determining the type of leave to authorize, whether medical and fitness-to-return certificates are required. If the leave is designated as FML, the *State of Colorado Eligibility and Rights and Responsibilities Notice* and *State of Colorado Designation Notice* must be completed.

In general, the manager is responsible for designating each leave request in a timely manner once the reason for the leave is known or should have been known, requesting certifications, notifying the



State of Colorado Medical Certification Form Employee's Health Condition

Instructions to Department/Institution: For the employee's condition, fill in the following. You may attach the job duties from the official PDQ. Please complete this portion before giving to the employee. This completed form is to be placed in a separate, confidential medical file with limited access.

Employee's job title:	Regular work schedule:
Essential functions of the job:	Check if job duties list is attached: _____

Instructions to Employee: Fill in your name and employee ID # prior to giving this form to your health care provider. If this document is returned incomplete, or contains vague/ambiguous responses, it will be returned to you for correction. Failure to provide a complete and sufficient certificate within 15 calendar days may result in denial of sick leave and the possible delay or denial of any applicable family/medical leave. Providing false information, knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

Employee's Name:	Employee ID:
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Instructions to Health Care Provider: Please limit your responses only to the condition for which the employee is seeking leave. In order to avoid potential adverse consequences for the employee, please answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime", "unknown", or indeterminate" may not be sufficient to determine FMLA coverage. Be sure to sign the form on the last page and return to the employee.

Provider's name and business address:	Type of practice/medical specialty:
Telephone: ()	Fax: ()

Medical Facts

1. Approximate date the condition began: _____
2. Probable duration of the condition: _____

Mark As Applicable:

1. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No ___ Yes ___ If so, dates of admission: _____

Date(s) you treated the patient for the condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? No ___ Yes ___

Was medication, other than over-the-counter medication, prescribed? No ___ Yes ___

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? No ___ Yes ___
 If so, state the nature of such treatments and expected duration of treatment: _____



State of Colorado Fitness-To-Return Certification

Instructions to Employee: Return this form to your department/institution before or on the day you return to work.

Employee's Name	Employee ID #:
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Instructions to Department/Institution: Attach the job duty statements from the official Position Description Questionnaire (PDQ). This completed form is to be placed in a separate, confidential medical file with limited access.

Instructions to Health Care Provider: Please complete this form when the employee is seeking your release to return to work.

1. **Date the condition began.**

2(a) Check one of the following.

- The employee is able to work a full, regularly scheduled day with no restrictions beginning (date).
- The employee is unable to return for any work until _____ (date).
- The employee is able to return to work on a reduced schedule for _____ hours per day from _____ (date) through _____ (date).
- The employee is able to return to work with restrictions from _____ (date) through _____ (date).

Please complete next section (b).

(b) Please indicate restrictions.

- no lifting or carrying objects: _____ max. lbs. Repetitions
- no pushing/pulling objects: _____ max. lbs. Repetitions
- no bending/stooping/squatting/twisting: Repetitions
- no kneeling for more than _____ hours each day
- no crawling for more than _____ hours each day
- no sitting for more than _____ hours each day
- no standing for more than _____ hours each day
- no walking for more than _____ hours each day
- no climbing stairs
- no working/climbing on elevated equipment (ladders, stools, roofs, poles, etc.) for more than _____ hours each day
- no reaching above the head or shoulders
- no reaching away from the body greater than _____ with right left arm
- no grasping objects with right left hand
- no fine manipulation with right left hand
- no assaultive, physical control, and/or arrest situations
- no driving a vehicle
- no operating machinery or equipment
- no working alone
- no use of firearms
- no typing, keyboarding, or entering data for more than _____ hours each day
- no use of a CRT or computer monitor for more than _____ hours each day
- no use, including repetitive, of _____ (extremity/joint)
- no weight bearing on _____ (extremity)
- Other restrictions (specify):

3. Other instructions:



State of Colorado Medical Certification Form

Family Member's Health Condition

Instructions to Department/Institution: This completed form is to be placed in a separate, confidential medical file with limited access.

Instructions to Employee: Complete this section prior to giving this form to your family member or his/her medical provider. If this document is returned incomplete, or contains vague/ambiguous responses, it will be returned to you for correction. Failure to provide a complete and sufficient certificate within 15 calendar days may result in denial of sick leave and the possible delay or denial of any applicable family/medical leave. Providing false information, knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

Employee's Name:	Employee ID:
Name of family member providing care for:	Relationship to the family member:
If family member is your son or daughter, date of birth:	Describe the care you will provide to your family member and estimate leave needed:

Employee signature: _____ Date: _____

Instructions to Health Care Provider: The employee listed above has requested leave to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime", "unknown", or indeterminate" may not be sufficient to determine FMLA coverage. Be sure to sign the form on the last page and return to the employee. Limit your responses to the condition for which leave has been requested.

Provider's name and business address:	Type of practice/medical specialty:
Telephone: ()	Fax: ()

Medical Facts

1. Approximate date the condition began: _____
2. Probable duration of the condition: _____

Mark As Applicable:

1. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No ___ Yes ___ If so, dates of admission: _____

Date(s) you treated the patient for the condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? No ___ Yes ___

Was medication, other than over-the-counter medication, prescribed? No ___ Yes ___

WORKERS' COMPENSATION ACT

PURPOSE: UNC is insured by Pinnacol Assurance, in accordance by federal Workers' Compensation Act. For treatment, injured employee will be able to select one of two designated providers. If injured employee would like to change to the other designated providers, it must be requested before 90 days of injury has lapsed.

ELIGIBILITY: Provides compensation benefits for UNC faculty/staff and student employees who are injured during scheduled work hours/duties or have sustained an occupational disease while at work.

BENEFIT: Compensation includes medical care, therapy, medications, temporary and permanent disability and income replacement. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks. Thereafter, the compensation rate while disabled is for 90 days of full pay, then 2/3 of average weekly wage, subject to statutory maximum. The "Make Whole" policy then applies and the employee will then use 1/3 of their accrued time (sick, vacation then be on leave without pay status) for loss time.

CONTACT, PROCESS & TIMELILNES: Human Resource Services 351-2718 must be contacted within four business days of injury. Employee will be required to complete the "Injury/Illness Report" available at www.unco.edu/hr/forms. HRS will enter this information onto Pinnacol's website. Employee will be informed of the designated providers, and will select the provider, call for the appointment, or HRS can assist. For information on process- www.unco.edu/hr_fast_fact.htm

*In case of emergency situations-immediately, seek treatment at the nearest hospital emergency room and contact HRS as soon as injured is released. Follow up appointment will be scheduled with a designated provider.

As soon as Pinnacol receives electronic information, a claim number and adjuster will be assigned to case.

WORKERS' COMPENSATION ACT

Notice to Employees

Your employer is insured under the above-named law by:

PINNACOL ASSURANCE

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you fail to report your injury or occupational disease promptly, Loss of Benefit penalties may be assessed against you. Please contact UNC HUMAN RESOURCES at 351-2718 ASAP.

No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks. Thereafter, the compensation rate while disabled is full pay for 90 days, then 2/3 your average weekly wage, subject to a statutory maximum determined annually as provided by law.

You are hereby notified that if a child support obligation is owed, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee pursuant to sections 8-42-124 and 26-13-122(4), C.R.S.

You are entitled to reasonable and necessary medical, surgical and hospital treatment for treatment of injuries or occupational diseases. You will select and call for an appointment with either one of these providers.

The physicians designated by your employer's insurance carrier are:

FAMILY PHYSICIANS OF GREELEY-WEST
6801 W. 20th Street, Suite 101
Greeley, CO 80634 Phone (970) 378-8000

WORKWELL OCCUPATIONAL MEDICINE
1275 58TH Avenue, Suite C
Greeley, CO 80634 Phone (970) 356-9800

In addition to any reports the employer is required to file, an injured employee may file his own claim for compensation and medical benefits in order to protect his future rights. To obtain claim forms or if your compensation is not paid promptly during your disability, or if you wish any information concerning your rights under the Workers' Compensation Act, write the Colorado Division of Workers' Compensation, 1120 Lincoln Street, Denver, Colorado 80203, giving your name as it appears on the payroll, your social security number, the name of your employer, and the date of your accident. To obtain further information you may call Customer Service at (303) 764-2969 or (303) 764-2929.

This form is provided by the State of Colorado Division of Risk Management. Call (303) 866-3848 for information about Workers' Compensation coverage of state employees.

****If it is an emergency situation, go directly to the North Colorado Medical Center Emergency Room.**

Injury/Illness Report

Use this form to report **ALL** workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments.

Injured Employee/Student must complete Sections I & II - Please Print Clearly

EMPLOYEE/STUDENT INFORMATION

Section I

Injured Employee/Student Name		Bear #		
Home Address		City	State	Zip Code
Date of Birth	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Home Phone	Work Phone
Department	Job Title	Campus Box	Hire/Work Start Date	
Supervisor/Faculty Name	Supervisor/Faculty Phone #	Supervisor/Faculty Email		

ACCIDENT/ILLNESS INFORMATION

Section II

Injury or Illness Date	List Time of Injury or Illness: AM <input type="checkbox"/> PM <input type="checkbox"/>	Was the accident or illness on UNC's property? If not where. YES <input type="checkbox"/> NO <input type="checkbox"/>		
Location of Injury or Illness (Room # & Building or Company)	Date reported to Supervisor/Faculty	Time reported to Supervisor/Faculty AM <input type="checkbox"/> PM <input type="checkbox"/>		
Time began work on date of injury AM <input type="checkbox"/> PM <input type="checkbox"/>	Did employee/student return to work after being injured? If YES, Date returned to work / /		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name the object or substance which directly injured the employee/student (Be specific e.g. knee hit floor, fell-hand hit pavement, hammer struck finger etc):				
What were you doing when injured? - Describe how the injury or illness occurred and the part(s) of the body affected - Be specific and detailed (e.g. bending to pick up item felt a sharp pain in lower left back, slipped on ice while walking, gradual pain developed in shoulder over a course of 3 months, etc.) Identify all <u>body parts</u> that were injured.				
List all known witnesses (include Name and Phone Number)				
Employee/Student Signature			Date	

EH&S and HR Use Only

Section III

Date Received Report	Lost Time or Restrictions YES <input type="checkbox"/> NO <input type="checkbox"/>	WC Claim Number	Date Faxed to EH&S	HR Representative
Medical Provider (Hospital or Doctor) and Address			Phone Number	
City	State	Zip Code	Date of 1 st appointment	

STATE SHORT TERM AND LONG TERM DISABILITY

PURPOSE: Disability coverage helps replace a portion of income if Classified employee becomes disabled due to a covered illness, pregnancy or accidental injury. It pays up to 60% of pre-disability earnings.

ELIGIBILITY: Short Term Disability is automatic for all State employees at no cost. Long Term Disability is not automatic. Employees apply on-line during Open Enrollment. Employee must work at least 30 hours/week, to be eligible to apply. "Evidence of Insurability" form must also be submitted. If approved, premiums are based upon salary, age and PERA vesting status.

BENEFIT: Short Term Disability provides up to 60% of pre-disability income for up to 150 days following the required 30-day waiting period. Employee must use all of sick leave and vacation accrual before receiving benefits.

Long Term Disability – after six month waiting period, benefits are payable up to 60% of pre-disability earnings until age 65 (later in some cases) if plan requirements are met. The plan is designed to continue benefits after short-term disability benefits end.

Benefits run concurrent with FML. Worker's compensation benefits would offset disability earnings.

CONTACT, PROCESS & TIMELINES: Contact Human Resource Services 351-2327 for information/guidance on process in advance of employee's exhaustion of leave time for medical condition. HRS will contact employee, advise, provide forms and assistance. Physician, employee and HRS will complete the application forms, to be submitted to Standard Insurance Company for review.

Because FML runs concurrent with other policies, HRS is usually aware of employee's condition and will counsel employee on PERA Short-Term Disability and PERA retirement programs.

Standard Insurance administers STD and LTD 1-800-252-5577

Policy certificate and information can be found on www.colorado.gov/dpa/dhr/benefits Disability

PERA SHORT-TERM DISABILITY & DISABILITY RETIREMENT

PURPOSE: Benefits are provided to members with five or more years of PERA service.

ELIGIBILITY: Employee may apply for PERA Short-term Disability-when medical condition prevents employee from performing his/her job with reasonable accommodation as required by federal law; and are medically unable to earn 75% of your pre-disability earnings from PERA-covered employment or from any job given employee's existing education, training and experience.

PERA DISABILITY RETIREMENT has the same requirements as PERA Short-term Disability, in addition that the employee is totally and permanently incapacitated and is not reasonably expected to recover from the disabling medical condition.

BENEFITS: PERA SHORT-TERM DISABILITY may provide assistance by vocational rehabilitation and retraining. Pays 60% of pre-disability PERA-includable salary (gross pay minus Sec. 125 deductions). Calculated benefits may be reduced by certain deductible income. Maximum benefit period is up to 22 months after the payment waiting period.

PERA RETIREMENT benefits are usually, 50% of Highest Average Salary. However, it may be more or less depending upon age and service credit.

CONTACTS, PROCESS & TIMELINES: Human Resource Services 351-2718 for information, guidance, and application forms. HRS is usually aware of the qualified employee, as he/she would have already completed the approval process of Short-term Disability and advised of coordination of FML and other benefits.

Information can also be accessed at www.copera.org or by calling PERA at 1-800-750-7272

**Disability Plan Comparison
FY07Plan Year**

Question?	State of Colorado		PERA	
	STD	LTD	STD	Disability Retirement
Who is eligible?	State employees as defined by CRS 24-50-303 (7) To purchase LTD coverage, an eligible employee must work at least 30 hours per week.		Employees who have earned five years of PERA service credit (state troopers, CBI agents and judges are eligible immediately).	
Does the employer pay for the program?	Yes	No, optional coverage available to employees for after-tax premium based on age, salary and PERA vested status	Yes, pre-funded through monthly employer contributions.	
When does coverage begin?	From first day of active employment.	First of the month following approval by Standard Insurance Company	Once an employee becomes vested with PERA.	
How do I apply for disability benefits?	Apply through your agency's payroll or human resources department within 30 days of absence.	Your STD claim serves as your LTD application.	Contact PERA's Customer Service Center to request a Disability Program brochure, which includes an application and a Summary Plan Description.	
What is the benefit waiting period?	30 calendar days. You will not receive STD benefits until you have exhausted sick leave	180 days. Leave payments are considered deductible income, and will reduce your benefits.	60 calendar days. Leave payments are deductible income and will reduce your benefits.	None.
What is the maximum benefit period?	150 days in a consecutive 12-month period (180 days, minus the 30-day waiting period).	To age 65 Longer if disability begins at or after age 62.	Up to the first 22 months after the payment waiting period.	Lifetime, if disability continues.
How is the disability benefit calculated?	60% of predisability earnings based on gross weekly earnings, less deductible income.	60% of predisability earnings based on gross weekly earnings, less deductible income.	60% of pre-disability PERA-includable salary (gross pay minus IRC §125 deductions), less deductible income.	Usually, 50% of High Average Salary; however, it may be more or less, depending on service credit.
What are the maximum/minimum benefit payments?	Minimum: none Maximum: \$2,310/week, less deductible income.	Minimum: \$100/month Maximum: \$10,000/month, less deductible income.	Calculated benefits may be reduced by certain deductible income.	None.
How is disability defined?	Unable to perform with reasonable continuity the material duties of your own occupation, or you are unable to earn 50% or more of your predisability earnings while working in your own occupation.	First 18 months: unable to perform the material duties of your own occupation and have a loss of at least 20% in earnings when working at your own occupation. After 18 months: unable to perform the material duties of any occupation and unable to earn at least 60% of your Indexed Predisability Earnings within 12 months following return to work.	Medically incapacitated from performing the essential functions of any job at which you could return to work and earn at least 75% of your predisability earnings, but NOT totally incapacitated from all regular and substantial gainful employment.	Same as STD, except that information must support that the Member is not reasonably expected to recover within the group policy's 22-month Maximum Benefit Period.

COBRA

PURPOSE: Federal policy which grants continuation of medical & dental insurance coverage when an employee or dependents lose coverage.

ELIGIBILITY: Qualifying events which cause the beneficiary to lose coverage under the plan. Events include death of a covered employee, termination (except for gross misconduct), reduction in employment hours, divorce or legal separation of spouse, Medicare entitlement, and loss of dependent status and coverage.

BENEFIT: Maximum period of coverage continuation is either 18 months or 36 months, depending on what the qualifying event is. Premiums are high as it is the full cost of the coverage, plus a 2 percent administrative charge.

CONTACTS, PROCESS & TIMELINES: COBRA forms and information are automatically generated when the Classified employee or Human Resource Services enters the reason for loss of coverage (qualifying event) on the State Benefit website www.colorado.gov/dpa/dhr/benefits

COBRA administrator is Businessolver 1-877-725-4545. Forms and information will be sent to mailing address that is on the State Benefit Website. There is a 60 day period in which person would have the option to either decline or enroll in COBRA.

With the loss of coverage, a HIPPA letter will be mailed from the insurance carrier. This letter may be required, and serves as proof of former insurance, when the person enrolls in another medical plan.

WHAT IS COBRA CONTINUATION COVERAGE?

Congress passed the landmark Consolidated Omnibus Budget Reconciliation Act (COBRA)¹ health benefit provisions in 1986. The law amends the Employee Retirement Income Security Act (ERISA), the Internal Revenue Code, and the Public Health Service Act to require most group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated.

COBRA requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination, or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, divorce or legal separation from a covered employee, a covered employee's becoming entitled to Medicare, and a child's loss of dependent status (and therefore coverage) under the plan.

Employers may require individuals who elect continuation coverage to pay the full cost of the coverage, plus a 2 percent administrative charge. The required payment for continuation coverage is often more expensive than the amount that active employees are required to pay for group health coverage, since the employer usually pays part of the cost of employees' coverage and all of that cost can be charged to the individuals receiving continuation coverage. The COBRA payment is ordinarily less expensive, though, than individual health coverage. While COBRA continuation coverage must be offered, it lasts only for a limited period of time.

¹ The original health continuation provisions were contained in Title X of COBRA, which was signed into law (Pub. L. No. 99-272) on April 7, 1986.

² The COBRA provisions of the Public Health Service Act covering state and local government plans are administered by the Department of Health and Human Services.

DIRECT TRANSFER PROGRAM

PURPOSE: UNC program which enables Classified and Exempt employees to donate annual leave (vacation) hours to a qualified Classified employee, who is experiencing catastrophic medical hardship, (either personally or to care for a seriously ill family member).

ELIGIBILITY: Classified employee with a minimum of one year service who has exhausted all sick and annual leave. Conditions which may qualify are, serious medical hardship, catastrophic illness or injury, such as cancer, major surgery, serious accident, heart attack, conditions that pose a threat to life or requires in patient, hospice or resident health care.

BENEFIT: Provides income protection to the approved Classified employee who is absent from work, for a prolonged period of time.

CONTACT, PROCESS & TIMELINES: Have the employee contact Human Resource Services 351-2718 for information and application. The application requires, treating physician, supervisor and employee to complete sections of the application and return to HRS. The Direct Transfer committee will review the application. If approved, donations would be solicited through e-mail and UNC Today.

"Annual Leave Contribution Transfer" forms are on the website <http://www.unco.edu/hr> forms. The donation forms should be returned to HRS, Campus Box 54 or dropped off at Carter 2002.

Donor leave records should be adjusted for the number of vacation hours donated and the recipient's leave record should be sent to HRS to reflect the donated hours. HR will notify Payroll on the number of hours the employee should be paid. Since exhaustion of all sick and vacation accrual is one of the requirements, the timeline for reimbursements of the person's leave without pay hours, is always retroactive.

UNIVERSITY OF NORTHERN COLORADO DIRECT TRANSFER PROGRAM

PURPOSE

To establish a means to voluntarily transfer annual leave to a qualifying employee experiencing a catastrophic medical hardship, either personally or by a family member (defined below), in order to provide some income protection when an employee would be absent from work for a prolonged period of time and has exhausted all annual and sick leave.

DEFINITION OF FAMILY MEMBER: The employee's child, parent, spouse, legal dependent for whom the employee is the primary caregiver, or another person living in the employee's household for whom the employee is the primary caregiver.

INTENT

To cover serious medical hardship or catastrophic illness or injury, such as cancer, major surgery, serious accident, heart attack, etc. that poses a threat to life and requires inpatient, hospice or resident health care. Normal pregnancy, common illness, and illness/injury covered by short-term disability, PERA, or worker's compensation are excluded. This program is not intended to cover cases of abusive leave usage.

GOVERNANCE

University of Northern Colorado Human Resources Director/Manager shall approve or deny applications upon committee recommendations. The committee will be comprised of the following UNC employees: an Insurance Specialist from the Department of Human Resources, a representative from the State Personnel Employees Executive Council, a representative from the Nursing Department, the Vice President of the applicants area or his/her designee, and chaired by a second member of the State Personnel Employee's Executive Council.

Decisions are based on the merits of each individual case and the following guidelines:

- Requests must be for reasons listed under the purpose and intent of the program; e.g., seriousness of the illness/injury, exhaustion of leave, availability of other benefits, etc.
- In addition to the merits of the case, requests may be denied for suspected sick leave abuse as shown by documentation, incomplete application, refusal to supply requested information, or ineligibility.
- Years of service and performance may be considered as documented by performance and employment histories.

Applications must be initiated by completing the appropriate form provided by Human Resources. The application must be approved and signed by the requesting employee's supervisor prior to submission.

REQUIREMENTS AND CONDITIONS FOR APPLICATION

- Application can be made for either personal use or for the care of an immediate family member.
- Applicants must have one year of service before applying for use of transferred leave.
- Applicants must have exhausted all annual and sick leave.
- Requests must be made for reasons listed under the purpose and intent of the program. Normal pregnancy, common illness, coverage by short-term disability, worker's compensation, or PERA disability are excluded.
- Application does not constitute approval of the request.
- Performance, years of service, and leave usage patterns may be considered in the decision to grant or deny the application.
- All or a portion of the time requested may be granted.
- Non-selection is not a determination that a situation is not a personal emergency. It should not prohibit other possible solutions, e.g., leave-without-pay, etc.
- The decision is final with no grievance, administrative or judicial appeal.
- If approved, the granted leave is meant to cover only the duration of the illness/injury for which was collected. If the situation ceases or the recipient terminates/retires, any unused portion of the leave collected must be forfeited.
- If approved, solicitation should be as anonymous as possible. Donations will be confidential.

INSTRUCTIONS:

1. Applications must be made in writing on the appropriate form (attached).
2. Supporting documents to accompany the application may include records of performance and leave usage because performance, leave usage patterns, and tenure may be considered in the decision. Letters of support and/or personal appearance before the board may also be included.

FITNESS FOR DUTY POLICY

PURPOSE: UNC policy which states that employees should be fit for duty in their particular position and are able to safely perform the essential functions of the position with or without reasonable accommodation.

ELIGIBILITY: Employees may be asked to report to a medical provider at UNC's expense for situations listed in policy. Example situations are - 1) before starting work in any high risk occupational classification, 2) whenever there is a legitimate question about the ability to perform the essential functions of the job, 3) whenever there is a request for disability status protected by the Americans with Disabilities Act.

BENEFIT: Reasonable assurance that employees are able to perform the essential functions of their jobs and compliance with the Americans with Disability Act.

CONTACTS, PROCESS & TIMELINES: If any of the policy events or situations applies, contact Human Resource Services 351-2718 for information and guidance in the process. HRS will discuss situation with supervisor, inform the employee, and make the appointment with provider. Upon receiving results, supervisor and Director of HRS will discuss course of action.

UNIVERSITY OF NORTHERN COLORADO FITNESS FOR DUTY POLICY

It is the policy of the University of Northern Colorado that each of its employees should be fit for duty in their particular position that each should be able to safely perform the essential functions of that position with or without reasonable accommodation.

Consistent with that policy, you will be asked to report to a medical provider, at UNC's expense, when one or more of the following events or situations occur:

1. Before you start work in any position in high risk occupational classification.
2. When you have been off for more than 45 consecutive days.
3. Whenever there is a legitimate question about your ability to perform the essential functions of your job.
4. Whenever there is a legitimate question about your ability to safely perform the essential functions of your job.
5. Whenever you request a classification as an individual with a disability protected by the Americans With Disabilities Act.
6. Whenever you request an accommodation to perform one or more of the essential functions of your job.
7. Whenever it is consistent with business necessity to determine your fitness for duty for your particular position or for the position for which you have applied.

It is important that each employee understand that, whenever the employee is required to complete a fitness for duty exam, the following rules apply:

1. UNC expects full cooperation and maximum effort from the employee when participating in any task, which they are required to perform.
2. All tests will be in compliance with federal and state laws.
3. All tests will be designed to protect the safety and health of the employee.
4. All tests will be paid for by the employer.
5. The results of all tests, which are medical in nature, will be kept in a confidential medical file to be revealed only to UNC representatives who have a need to review that information. Such representatives might include safety representatives, human resources representatives involved in employment

TRANSFER MEDICAL LEAVE TO FRINGE BENEFIT POOL

PURPOSE: UNC Program to reimburse departments for pay if employee is on extended medical leave beginning 31st day. Maximum reimbursement period is up to 60 days.

ELIGIBILITY: Department who has an employee on medical leave beyond 30 calendar days. Policy does NOT apply if the employee is off work due to a Worker's compensation injury. (WC reimburses the department for 60% of the employee's pay.

BENEFIT: Department receives reimbursement from the benefit pool. With this reimbursement of funds, the department may be able to hire a temporary employee to provide services during employee absence.

CONTACTS, PROCESS & TIMELINES: Contact Human Resources 351-2718 for "Transfer Medical Leave to Fringe Benefit Pool" form. After approval from HR Director, Payroll will be informed to make the expense transfer. The transfer of expenses is requested when employee returns to work (with some exceptions). Requests must be made within end of each fiscal year.

Transfer Medical Leave to Fringe Benefit Pool

Instructions:

If an employee is on medical leave beyond 30 calendar days, the department will pay for the first 30 calendar days. Then the next 60 calendar days can be transferred to the fringe benefit pool so the department can hire a temporary employee. Only when the department does not have sufficient budget to cover the temporary employee, will these expenses be transferred prior to the employee coming back to work.

If you are transferring expenses prior to the employee returning to work, please explain, in the Special conditions section, why and what payroll periods you are requesting the transfer to be made.

*If the employee is covered by a Worker's Compensation claim, this policy does not apply. When the injured employee returns to work, the department is reimbursed by the insurance carrier, at 60% of earnings.

Please send form to:

Human Resources
Carter Hall, Room 2002
Campus Box 54

Employee Name: _____

Bear #: _____

Department: _____

First Day on Medical Leave _____

Last Day on Medical Leave _____

Special Conditions:

Requesting Authority _____

Human Resources Approval _____

CO-ORDINATION OF BENEFITS & FLOW CHART

Why is it important to notify Human Resource Service if someone is off work for more than three working days or employee requests extended sick time on "State of Colorado Leave/Absence Request and Authorization" form?

- Family Medical Leave designation date cannot be retroactive. FMLA Coordinator (HR Director, has 5 business days to send notification of eligibility to be in compliance with Federal Policy).

Does Family Medical Leave run concurrent with Workers' Compensation?

- The leave should be designated (as qualified or not), but the time may or may not count as FML depending on whether any accrued leave is available. As long as the employee is using accrued time (Make Whole policy), the leave cannot count against the FML time. If the employee is not being made whole (no accrued paid leave), the absence does count against the FML time.

Does FML run concurrent with Short-Term Disability?

- Yes

Can Short-Term Disability run concurrent with Workers' Compensation?

- Yes, employee should apply for Short-Term Disability. However, since Workers pays up to 90 days of full pay, Short-term disability benefit period will be offset, as it pays 2/3 income.

Can an employee receive Transfer Leave and Short-Term Disability benefits at the same time?

- No, as long as the qualified employee receives donated time, Short-Term Disability benefit begin date will be extended. Short-Term Disability requires that sick, vacation and any paid time be exhausted before benefits begin.

State of Colorado Disability/Illness/Injury

All of these benefits overlap. Contact your agency payroll or personnel administrator for coordination of these benefits and any other applicable laws. Rules for FMLA are found in the Personnel Director's Administrative Procedure. Call PERA for PERA Disability Program.

I'm a current employee...

I've been injured or have an illness that requires me to be absent from work.

Is injury work related?

Seek medical treatment

Yes

No

Is the employee absent from work more than (3) days?

No

Yes

Contact supervisor IMMEDIATELY

Supervisor IMMEDIATELY files first report of injury to workers' comp. carrier.

Is employee absent three (3) workdays?

Yes

No

Supervisor should notify agency payroll or personnel administrator.

Start processing STD claim (State & PERA), FMLA documentation & make whole provisions.
(Go to dotted line box above right)

Supervisor reports employee returning to work to workers' comp. carrier.

Notify supervisor to schedule sick leave.

FMLA

Designation based on reason for leave.

Employee provides medical certificate to supervisor.

Yes

No

Employee can use up to 520 hours of FMLA (paid or unpaid leave).

Employee uses any applicable type of paid or unpaid leave.

Supervisor should IMMEDIATELY notify agency payroll or personnel administrator.

Start processing STD claim (State & PERA), FMLA documentation.

State STD/LTD

Employee files STD claim. Employee with one year of service must file within 30 days of when absence begins to be eligible for STD leave.

If approved, STD benefit (60% of predisability earnings) begins after 30 day waiting period or after all sick leave is exhausted, whichever is later.

PERA Disability

Is employee VESTED with PERA (five years PERA covered employment)?

No. DO NOT APPLY to PERA

Yes (or not sure)

Employee contact PERA for disability program information and application within 90 days after termination.

If approved, disability benefit is 60% of predisability income (PERA includable salary). Benefit begins after 60 day waiting period or after all sick leave is exhausted, whichever is later.

If approved for state & PERA/STD, PERA is the primary payer.

COORDINATION OF BENEFITS

1. STD (state) only = not to exceed 80% of predisability earnings.
2. Workers' Comp./STD (state) = not to exceed 66^{2/3}% up to the cap + make whole.
3. STD (PERA)/Workers' Comp./STD (state) = not to exceed 100% of predisability earnings.

Disability Definitions

STD (state): You are disabled if, as a result of Sickness, Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation.

LTD (state):
Own Occupation: You are disabled from your own occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the material duties of your Own Occupation.
Any Occupation: You are disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.

STD (PERA): A member who is found to be mentally or physically incapacitated from performance of the essential functions of the member's own job.

Disability Retirement (PERA): A member who is found to be totally and permanently mentally or physically incapacitated from regular and substantial gainful employment.

