

 <b>Kaleida Health</b> <b>POLICY</b>	<b>Title: Leaves of Absence</b>	<b># HR.203</b>
	<b>Owner:</b> Manager, Integrated Absence Program	<b>Issued:</b> 1/14/02
<b>Keywords:</b> FMLA, LOA		

**I. Statement of Purpose**

While employees are expected to report to work when scheduled, Kaleida Health recognizes that employees may occasionally need time away from work to deal with medical, family and compelling personal situations. This policy identifies the types of eligible leaves of absence employees may be qualified for and the procedure they must follow to apply for a leave of absence.

**II. Audience**

This policy and procedure applies to all full-time and part-time nonunion employees.

**III. Instructions – (Outline necessary steps for consistent completion of process/ procedure)**

**A. Types of Leaves of Absence**

**1. Family and Medical Leave (FMLA)**

- a. To be eligible for a family and medical leave of absence, an employee must have worked at least 1,250 hours during the twelve (12) month period immediately preceding the leave request. In cases where the leave is foreseeable, the employee must provide Kaleida Health with at least thirty (30) days advance notice of the leave. If the leave must begin in less than thirty (30) days, the employee should notify the company at the earliest time possible. If an employee fails to provide thirty (30) days notice for a foreseeable leave with no reasonable excuse for the delay, the leave may be denied until at least thirty (30) days from the date the notice is provided, except in cases of an emergency. The employee must fill out an FMLA Request form, as well as a Certification of Health Care Provider form, supporting the request. The request form should be submitted to Corporate Benefits for approval and the employee should advise their manager that it was submitted. Corporate Benefits will send both the manager and the employee notification of an FMLA approval or denial. If a continuous leave is approved, Corporate Benefits will change the employee's status in Lawson to Family Medical Leave.
- b. Eligible employees may request up to 12 workweeks (26 workweeks for Military Caregiver Leave) of leave during a 12-month period for any of the following reasons:
  - 1) Birth and care of employee's newborn child;
  - 2) Placement of a child with the employee for adoption or foster care and to care for the newly placed child;
  - 3) To care for the employee's spouse, child, dependent, or parent who has been diagnosed with a serious health condition;
  - 4) Employee's own serious health condition;
  - 5) Any qualifying exigency arising out of the fact that the spouse, son, daughter, parent, of the employee is on active duty (or has been notified of an impending call or order to active duty) in the armed forces in support of a contingency operation.

The law also allows eligible employees to take up to 26 workweeks for leave during a single 12-month period if the employee is the spouse, son, daughter, parent, or next of kin caring for a military service member recovering from a serious injury or illness suffered while on active duty in the armed forces. Twenty-six (26) workweeks is the total of 14 weeks specific to the care of a service member and 12 weeks for all types of FMLA.

- c. A “rolling” 12-month period measured backward from the date an employee uses any FMLA leave is used to determine the “12-month period” in which the 12 weeks of leave entitlement occurs. Periods of lost time covered under disability, workers’ compensation, and New York Paid Family Leave, count toward an employee’s FMLA 12-week entitlement. Eligibility for leave based upon the birth or adoption of a child expires at the end of the 12-month period beginning on the date of birth or placement. If an employee’s spouse is also an employee and normally works at a different site, each may take twelve (12) weeks of leave as provided herein.
  
- d. The FMLA regulations provide guidelines on what constitutes a serious health condition as follows:
  - 1) A serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. FMLA leave based on this portion of the definition is available in any one of the following circumstances described below:
    - a) A period of incapacity of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
      - (1) Treatment by a healthcare provider two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist or
      - (2) Treatment by a health care provider on at least one occasion that results in a regimen of continuing a treatment (e.g. a course of prescription medication or therapy requiring special equipment) under the supervision of the health care provider. The first (or only) in-person treatment visit must take place within 7 days of the first day of incapacity.
    - b) Any period of incapacity due to pregnancy, or for special prenatal care.
    - c) Any period of incapacity, or treatment for such incapacity, due to a chronic serious health condition, which is defined as one that requires periodic visits, at least twice a year, for treatment by a healthcare provider or by a nurse under direct supervision of a healthcare provider, which continues over an extended period of time (including recurring episodes of a single underlying condition), and which may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy).

- d) A period of incapacity, which is permanent or long term due to a condition for which treatment may not be effective. (E.g. Alzheimer's, severe stroke, or the terminal stage of a disease)
- e) Any period of absence to receive multiple treatments by a health care provider, either for restorative surgery after an accident or injury, or for a condition if left untreated would likely result in a period of incapacity of more than three consecutive calendar days, (e.g. cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).
- f) Absences due to pregnancy, prenatal care, or chronic conditions qualify for FMLA leave even though the employee or the covered family member does not receive treatment from a healthcare provider during the absence, and even if the absence does not last more than 3 consecutive, full calendar days (e.g. asthma attack).
- e. An employee may take intermittent FMLA leave or may work a reduced work schedule to reduce the usual number of hours per day or workweek. Prior approval, as outlined in the FMLA approval notification, will be required.
- f. Eligible health care providers, as defined by FMLA regulations, include doctors of medicine, osteopathic doctors, podiatrists, dentists, clinical psychologists, optometrists, chiropractors (for certain conditions), nurse practitioners, nurse midwives, clinical social workers, physician assistants and certain Christian Scientist practitioners.
- g. Kaleida Health will require medical certification of a serious health condition from the employee's health care provider. The company may also require the employee to be examined by a physician designated by the company for a second opinion, at the company's expense. A mutually agreeable third physician will resolve conflicts between the first and second opinions. The opinion of the third physician will be considered final, and the company will also pay the cost of the third examination. Failure to provide medical certification may result in denial of the leave.

## 2. **Personal Leaves of Absence**

- a. **Eligibility:**  
All full-time and part-time nonunion employees are eligible to apply for an unpaid six (6) month leave of absence after completing one year of service with Kaleida Health, as long as they are not gainfully employed elsewhere. Employees may request one six (6) month extension before the end of the original six (6) month period. A leave of absence following the exhaustion of a disability or workers' compensation absence is not eligible for a six (6) month extension. A completed Leave of Absence (LOA) Request form must be submitted to the manager/supervisor for approval at least 30 calendar days in advance of the date the leave is requested to begin, except in cases of emergency. The manager will then

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submit the approved Leave of Absence (LOA) Request form to Corporate Benefits for processing. The Leave of Absence (LOA) Request form must include both the beginning and ending dates of the requested leave time. A statement detailing the reasons for the request must be included on the Leave of Absence (LOA) Request form. Any supporting documentation necessary to approve the leave (ie, medical certification for medical LOA, enrollment documentation for education LOA, etc) must be attached to the request form. Corporate Benefits will notify the manager and the employee indicating denial or approval of the leave request. Approval or denial of the request will be determined based on the individual situation and the needs of the department and subject to approval by the employee's supervisor and the Human Resources Department. Once approved, Corporate Benefits will change the employee's status to leave of absence.

- b. Reasons for Personal Leave of Absence:
  - 1) Compelling personal reasons, (e.g. family obligations or other extraordinary circumstances).
  - 2) Educational purposes
  - 3) If absent due to a disability-covered illness or injury for more than 52 cumulative weeks. In these cases, employees will not be eligible for a six (6) month extension.
  - 4) If absent due to Employer connected illness or injury covered by workers' compensation for more than 78 cumulative weeks. In these cases, employees will not be eligible for a six (6) month extension.
- b. Emergency leaves of absence will be granted upon request in these circumstances:
  - 1) To pregnant employees where there is a potential threat to the employee's pregnancy;
  - 2) Serious illness or injury of an immediate family member or dependent;
  - 3) A death in the immediate family.

**B. Payment During Leaves of Absence**

**1. Personal Leaves of Absence**

An employee who has been granted a personal leave of absence and has PTO time available, will be required to use all hours in his/her PTO bank until his/her remaining balance is 40 hours, at which point the employee has the option to save these hours. No employee will be granted PTO while on a leave of absence if he/she has a negative PTO balance or would go in the negative if the approval was given. The employee's manager/time keeper may enter PTO time up to the employee's regular base pay amount each pay period. Employees will not accrue PTO or ESB hours while on a personal leave of absence except on any PTO hours paid to the employee each pay period.

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2. **FMLA**

An employee's approved disability, workers' compensation, or New York Paid Family Leave runs concurrently with FMLA and this period is counted toward the twelve (12) week FMLA period. Payment is covered under the Disability Policy (HR.202), Workers' Compensation Policy (HR.5), or New York Paid Family Leave (HR.207). The information below outlines payment during any portion of an FMLA period not covered by disability or workers' compensation.

An employee who has been granted a continuous FMLA leave and has PTO time available, will be required to use all hours in his/her PTO bank until his/her remaining balance is 40 hours, at which point the employee has the option to save these hours. No employee will be granted PTO while on an FMLA leave if he/she has a negative PTO balance or would go in the negative if the approval was given. The employee's manager/time keeper may enter PTO time up to the employee's regular base pay amount each pay period. ESB hours may not be used during the unpaid FMLA period. Employees will not accrue PTO or ESB hours while on FMLA except on any PTO or hours paid to the employee each pay period.

An employee who has been granted an Intermittent FMLA leave must have all time covered by PTO, if available, per PTO policy HR.200.

Union employees should refer to your collective bargaining agreement for information on payment of PTO and ESB during an FMLA leave of absence.

C. **Continuation of Benefits During Leaves of Absence**

1. **FMLA**

Kaleida Health will continue to contribute its share of the cost of an employee's medical benefits, and pay the premium for basic life insurance while an employee is on an approved FMLA leave. Employees are responsible for paying the employee portion of their medical benefits, as well as any other benefits the employee wishes to continue. As long as an employee is receiving payments from their ESB or PTO banks, the employee's share of benefit premiums will be deducted from these payments, provided the payments are sufficient to cover the amount of premiums. After ESB and PTO payments cease, the employee will be required to submit payments each pay period to Kaleida. Failure to pay the required premiums in a timely manner will result in the termination of the employee's benefits.

2. **Personal Leaves of Absence**

For personal leaves of absence, Kaleida Health will continue to pay the premium for the employee's basic life insurance. Employees are responsible for paying the full cost of any other benefits they wish to continue while on a personal leave of absence. Failure to pay the required premiums in a timely manner will result in the termination of the employee's benefits.

D. **Return to Work After a Leave of Absence**

Employees should contact their manager approximately two weeks prior to the expiration date of the leave of absence to determine their employment status and verify their potential return to work date.

1. **FMLA**

An employee on an approved FMLA leave will be returned to his/her job at the end of the leave.

If the FMLA leave included a period covered by New York State Disability, the employee may be required to report to the Employee Health Department with certification from a health care provider that he/she is able to return to work and resume the full responsibility of his/her position. The employee may be required to pass a physical examination prior to being authorized to return to work. If the employee has any restrictions on their ability to perform the regular duties of his/her job, the employee's return to work is subject to approval by Kaleida Health. The above processes will be managed by the Integrated Absence Department. If the employee is approved to return to work, Employee Health will notify the Integrated Absence Specialist who will coordinate the employee's return to work. Please see policy HR.202 for further return to work information on employees returning from a disability.

The employee's manager is responsible for submitting a change form to HRIS to reactivate an employee returning from all FMLA leaves that do not include a period covered by New York State Disability.

2. **Personal Leaves of Absence**

When an employee returns to work from an approved personal leave of absence, every effort will be made to return them to the position they held prior to the leave of absence, if that position is available. The employee's manager is responsible for submitting a change form to HRIS to reactivate an employee returning from a personal leave of absence.

If your position is no longer available, you may apply for any other open positions at Kaleida for which you are eligible. If you are unable to secure a position **prior to the expiration date of your leave of absence**, your employment with Kaleida will be terminated.

Union employees should refer to your collective bargaining agreement for information on your rights upon returning from a personal leave of absence.

3. **For All Leaves of Absence**

Employees returning to work following an FMLA or personal leave of absence must obtain clearance from the Employee Health Department if they missed their yearly health screens while on leave. In this case, the employee should make an appointment with the Employee Health Department prior to their return.

If an employee does not return from FMLA or a personal leave of absence when scheduled, his/her employment with Kaleida Health will be terminated. It is the manager's responsibility to submit a termination form to HRIS to deactivate the employee on the payroll system.

IV. **Approved by - (Include date)**

Director, Corporate Benefits	8/10, 9/11, 5/12, 7/16, 8/18
Corporate Policy Approval Committee	8/13/10, 10/14/11, 6/8/12, 7/16, 8/18

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**V. References** (Include evidence based research, Kaleida Health policy, and regulation as applicable)  
[FMLA Request Form](#) – located on the Employee Benefits Forms page of Kaleidascope

\*\*Other forms associated with FMLA are available via the [Employee Benefits Forms](#) page of Kaleidascope

[Leave of Absence Request Form](#) – located on the Employee Benefits Forms page of Kaleidascope

[HR.5](#) – Worker's Compensation

[HR.200](#) - Paid Time Off (PTO)

[HR.202](#) Disability

[HR.207](#) – New York Paid Family Leave

New York State Disability Law  
Family and Medical Leave Act (FMLA)

**Version History:**

<b>Effective Date:</b>	<b>Reviewed/ Revised</b>
8/27/18	Revised
8/1/16	Revised
7/20/15	Reviewed no changes
5/12	Revised
9/11	Revised

Kaleida Health developed these Policies, Standards of Practice, and Process Maps in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team, hospital administration and staff in making clinical and non-clinical decisions about our patients' care and the environment and services we provide for our patients. These documents should not be construed as dictating exclusive courses of treatment and/or procedures. No one should view these documents and their bibliographic references as a final authority on patient care. Variations of these documents in practice may be warranted based on individual patient characteristics and unique clinical and non-clinical circumstances. Upon printing, this document will be valid for 7/8/2022 only. Please contact Taylor Healthcare regarding any associated forms.