

## I. Summary

The University of California, Riverside (UCR) is committed to administering requests by employees for time off from work fairly and to treat similarly situated employees consistently. While eligibility and leave entitlements vary under Family Medical Leave and California Family Rights and other legislated leave provisions, this local procedure provides direction for the campus to understand the Leave of Absence process at UCR.

## II. Related Policies and References

[PPSM-2.210](#): Absence from Work  
ID – Academic Leave of Absence Guidelines  
IE – Academic Leave of Absence Form (UPAY) 573

## III. Definitions

**Serious Health Condition** – an illness, injury, impairment, or physical or mental condition that involves one of the following:

### A. Inpatient Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

### B. Incapacity of More Than Three Consecutive Days Plus Continuing Treatment by a Health Care Provider

A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment that occurs two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment under the supervision of a health care provider (e.g., a course of prescription medication, or therapy requiring special equipment, to resolve or alleviate the health condition). Note: This does not include taking over-the-counter medications or activities that can be initiated without a visit to a health care provider (e.g., bed rest, exercise, drinking fluids).

### C. Pregnancy (only covered under FMLA)

A period of incapacity due to pregnancy, childbirth, or related medical conditions. This includes severe morning sickness and prenatal care.

### D. Chronic Conditions Requiring Treatment

A chronic condition which:

1. Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

#### **E. Permanent/Long-Term Conditions Requiring Supervision**

A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

#### **F. Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (e.g., chemotherapy, radiation, etc.), severe arthritis (e.g., physical therapy), or kidney disease (e.g., dialysis).

### **IV. Policy**

#### **A. Reason for Leave**

Employers are required to grant leave to eligible employees:

1. Because of a serious health condition, including pregnancy, that makes the employee unable to perform the functions of their job.

An expectant mother may take FMLA before the birth of the child for prenatal care or if their condition renders them unable to work.

2. To care for the employee's spouse, domestic partner, children who are under 18 years of age or incapable of self-care because of a mental or physical disability (including children of the employee's domestic partner), or parent with a serious health condition (in-laws are excluded).

The department may require a declaration of relationship for FML.

3. To care for a newborn child (Baby Bonding)

Leave granted for bonding purposes shall be concluded within 12 months following the birth of the child.

4. For placement with the employee of a child for adoption or foster care (Baby Bonding)
  - a. The employee may take FML before the actual placement if an absence from work is required for the placement for adoption or foster care to proceed.
  - b. Leave granted for bonding purposes shall be concluded within 12 months following the child's placement for adoption or foster care.

5. Military FMLA Caregiver Leave: To care for a covered servicemember with a serious illness or injury incurred in the line of duty – contact Central Human Resources for guidance.
6. Military FMLA Exigency Leave: For any “qualifying exigency” that results from a covered family member’s active duty or call to active duty in the National Guard or Reserves in support of a contingency operation, including military events and related activities, childcare, financial and legal arrangements, counseling, post-deployment activities, and other related events – contact Central Human Resources for guidance.

## **B. Eligibility**

1. An employee is entitled up to 12 workweeks of FMLA/CFRA during a calendar year, provided that:
  - a. The employee has at least 12 cumulative months of university service (all prior university service and military leave granted by the university, including service with and military leave granted by the Department of Energy Laboratories, shall be used to calculate the 12-month service requirement); and
  - b. The employee has worked at least 1,250 actual hours during the 12-months immediately preceding the commencement date of the leave (for employees granted military leave, all hours that would have been worked had the employee not been ordered to military duty shall be used to calculate 1,250 actual hours of work requirement).
2. An employee is entitled up to four (4) months of PDL during a calendar year, provided that there are no eligibility requirements for employees requesting PDL.

An employee may be granted a Leave of Absence under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), and/or the Pregnancy Disability Leave Law (PDL) for reasons noted in this local procedure (in many circumstances, these leaves run concurrently).

## **V. Procedures**

- A.** The department receives information that a Leave of Absence may be appropriate, such as the employee:
  1. Indicates a need for time away due to a personal medical related situation;
  2. Indicates a need for time away due to a medical related situation involving a family member;
  3. Is hospitalized;
  4. Is unable to work due to pregnancy;
  5. Indicates a need for time away for the purpose of baby bonding.
- B.** Within five (5) business days, the department shall determine the employees’ eligibility and provide the employee with an initial Leave of Absence packet, consisting of a:
  1. Response to Request cover letter which indicates the status of the request and the actions required (a list of sample cover letters can be found in Section VIII). Sample cover letters are available on the HR website forms page.
  2. Leave of Absence Request form.

3. The appropriate Certification of Health Care Provider Form – (*The department is responsible for completing the contact information in the introduction and in Section I*) – not required for Parental/Baby Bonding Leave.
  - a. Certification of Health Care Provider for Employee's Serious Medical Condition.
  - b. Certification of Health Care Provider for Family Member's Serious Medical Condition.
  - c. Certification of Health Care Provider for Employee's Pregnancy Disability.
  - d. Certification of Health Care Provider for Military Caregiver Leave.
  - e. Certification of Qualifying Exigency Leave – Leave Arising Out of the Active Duty or Call to Active Duty of a Covered Military Member.
4. The Notice of Eligibility and Rights & Responsibilities form (*The department is responsible for completing the form in its entirety*)
5. The FML Benefits Checklist
6. The Declaration of Relationship (*The department is responsible for completing the employee name and department information in the introduction*) – to be provided if the leave is to care for a family member or for parental leave.

Note: Under limited circumstances, FML can be retroactively designated – contact Human Resources prior to establishing a retroactive FML beginning date.

- C. Within 15 business days from the date indicated on the initial Leave of Absence packet, the employee shall return all requested documents to the individual listed.
  1. Failure of the employee to respond within 15 days will result in the department/Shared Services Center forwarding a Certification and/or Declaration Not Received letter, another Leave of Absence Request form, Health Care Provider Certification (if applicable), and Declaration of Relationship form (if applicable) to the employee.

**Shared Services Centers (SSC):**

- > **Citrus Shared Services** (UNEX, Palm Desert, Graduate Division, University Library and Student Services) – extension 2-1682
- > **Harvest Shared Services** (CNAS, Academic Senate, CHASS, Research & Economic Development and UC Mexus) – extension 2-4799
- > **Payroll Online Shared Services** (BCOE, GSOE, SoBA and SoPP) – extension 2-2005
- > **R'Shared Services** (BAS, Chancellor/Provost, University Advancement, Planning & Budget, Academic Personnel, International Affairs, Undergraduate Education) – extension 2-0629

2. Failure of the employee to respond to the department's/SSC's second request within 15 business days will result in the department contacting Employee & Labor Relations for further guidance.

- D. Once the requested documents are received from the employee, the department/Shared Services Center shall:
  1. Sign and complete Section II of the Leave of Absence Request Form.
  2. Review the medical certification for completeness (if complete, contact the campus Disability Management Manager in central Human Resources for guidance).

3. Provide a copy of the following documents to the employee within three (3) business days:
  - a. A Designation Notice cover letter (a PDL Certification or Parental Leave Certification letter should be used in lieu of the Designation cover letter & Designation Notice when PDL or Parental Leave is requested separately)
  - b. A Designation Notice
  - c. The completed Leave of Absence Request form
  - d. A Return to Work Certification (if applicable)

## **VI. Personal Leaves**

- A.** A request for personal leave without pay via submission of a Leave of Absence Request form must be submitted by the employee to the department head, including proposed dates of, and the reason for leave.
- B.** The department head determines whether the leave request is appropriate and/or feasible. In granting the leave, the best interests of the university, as well as the interests of the employee shall be considered. Personal leave may be granted for reasons such as, but not limited to extended illness; need to provide extended care for members of the family; education which will directly increase job effectiveness; or temporary employment outside the university, provided that the outside work is in the interest of public service and/or will be beneficial to the university upon the employee's return.
- C.** For a personal leave of up to six (6) months, the department head either approves or denies the leave and informs the employee of the decision.
- D.** For a personal leave of more than six (6) months, or extension of a leave beyond six (6) months, the department head recommends approval or denial of the leave to the organizational unit (i.e., the dean or vice chancellor's office). The organizational unit makes the final decision on approval or denial of the leave, and informs the department head of the decision who, in turn, informs the employee. In total, personal leave granted shall not exceed 12 months.
- E.** It is the department's responsibility to update the employee's record to reflect the leave of absence without pay.

## **VII. Responsibilities**

### **A. Employee**

1. Provide at least 30 days advanced notice of the need for FML, whenever possible. If 30 days' notice is not practicable, the employee shall provide notice as soon as possible.
2. Complete and return all Leave of Absence forms requested by employee's department, within the time period given by the department.

### **B. Department/Shared Services Center (SSC)**

1. Identify and designate the type of leave (e.g., FML, PDL, Parental, Personal)
2. Provide the initial leave of absence packet to the employee within five (5) business days of receiving information that a need for a leave of absence may be required.
3. Record and track all paid and unpaid leave taken. The UCR Time Record should show dates/hours when FML is taken. Leave must be designated in these records as FML. If leave is taken in increments of less than one (1) full day, the hours of the leave must be recorded for exempt and non-exempt employees.
4. Maintain all leave-related records in a confidential file, separate from the employee's personnel file.

5. Ensure records are available for inspection, copying and transcription by the Department of Labor (DOL) upon request.
6. Approve personal leaves of up to six (6) months in duration.
7. Ensure necessary updates are made to accurately reflect LWP and LWOP.

#### **C. Organizational Units**

Approve personal leaves with a duration of more than six (6) months, but not more than 12 months.

### **VIII. Sample Cover Letters**

Sample letters are available on the [HR website forms and documents](#) section under [leave of absence](#).

#### **A. Sample FML/CFRA Cover Letters (except PDL)**

1. Response to Requests Cover Letters
  - a. Employee Not FML Eligible – For All FML Requests, except PDL
  - b. Employee FML Eligible but Leave Entitlement Exhausted – For All FML Requests, except PDL
  - c. Employee FML Eligible – For Leave for Employee’s Serious Health Condition
  - d. Employee FML Eligible – For all approved and denied FML requests, except approved requests for combined PDL & Parental Leave
2. Designation Letter – For all approved and denied FML requests, except approved requests for combined PDL & Parental Leave

#### **B. Sample Pregnancy and Baby Bonding Cover Letters**

1. Response to Requests Cover
  - a. Employee FML Eligible – For combined PDL and Parental Leave
  - b. Employee FML Eligible – For requests limited to PDL
  - c. Employee FML Eligible – For requests for Parental Leave only
  - d. Employee Not FML Eligible – For requests for PDL only
  - e. Employee FML Eligible but Leave Entitlement Exhausted – For requests for PDL only
  - f. Letter for Change in End Date of PDL – For approved combined PDL and Parental Leave
2. Confirmation Letters
  - a. PDL Only Confirmation Letter – Employee not FML eligible or employee FML eligible but leave entitlement exhausted
  - b. Parental Leave Only Confirmation Letter
3. Designation Letter – For approved combined PDL and Parental leave

#### **C. Additional Sample Cover Letters**

1. Certification and/or Declaration Not Received – For all FML leaves
2. Certification Incomplete or Insufficient – For all FML leaves
3. Recertification – For leave for employee’s or family member’s serious health condition