

## University of Illinois

### Leave Application: Family and Medical Leave / Parental Leave / Unpaid Family Bereavement Leave

#### Family and Medical Leave

In accordance with the Family and Medical Leave Act of 1993, and as amended in 2009, 2013, 2015, and 2021, Family and Medical Leave shall be granted to an employee for the birth or adoption of a child; for the care of a child, spouse (including legal same-sex spouse), or parent who has a serious health condition; when unable to perform the function of their position due to a serious health condition; for the care of a child, spouse (including legal same-sex spouse), parent or next of kin who is a covered servicemember with a serious injury or illness incurred: (a) in the line of duty on active duty; and (b) that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating; or because of a qualifying exigency arising out of the fact that a child, spouse (including legal same-sex spouse), or parent is on a covered active duty or call to active duty status in support of a contingency operation as a member of the National Guard, Reserves, or Regular Armed Forces. Covered active duty requires deployment to a foreign country. Eligible employees may take leave to care for a servicemember's parent who is incapable of self-care when the care is necessitated by the member's covered active duty.

#### Parental Leave

Upon hire and upon request, an eligible employee shall be granted, without loss of salary, University paid parental leave of up to six weeks following the birth of a child, or upon the initial placement of a child under 18 years of age for adoption or foster care, or the legal adoption of a child under 18 years of age. If the leave request is for a stillborn or newborn fatality, medical documentation may be required. Parental leave is automatically counted toward the 12-week family and medical leave entitlement for eligible employees. Employees who resign employment before or at the expiration of parental leave normally shall be required to reimburse the University for the cost of wages paid during the leave. Parental leave is a gifted leave based on University policy.

#### Unpaid Family Bereavement Leave (FBL)

The Family Bereavement Act (FBA) (Illinois Public Act 102-1050) formally called the Illinois Child Bereavement Leave Act went into effect July 29, 2016. The Act does not create a right for an employee to take unpaid leave that exceeds the unpaid leave time available under FMLA; therefore, employees who have exhausted their 12-week FMLA entitlement may not take the additional days under this Act. University of Illinois employees eligible for the University-provided funeral/bereavement leave receive 5 consecutive days of paid leave for qualifying events. The State of Illinois Family Bereavement Act allows for eligible employees to take 10 consecutive days of unpaid leave. In many circumstances this will mean that an employee will receive 5 consecutive days of paid leave in a block of time plus 5 consecutive days of unpaid leave. However, in situations where the employee does not qualify for paid leave, the employee may qualify for 10 consecutive days of unpaid leave. Conversely, employees may be eligible for the paid 5 consecutive days of leave, but not the 10 consecutive unpaid days. The leave entitlement does not equate to 15 days. Paid funeral/bereavement leave may be used only on days an employee is scheduled to work. Leave provided under this Act must be used within 60 days after the employee receives notice of the death of the covered family member, or within 60 days of other events listed under (#4) in Qualifying Events. Employees wishing to request unpaid family bereavement leave may be asked to provide documentation. If an employee suffers more than one qualifying event in any 12-month period, the employee is entitled to take up to six weeks of unpaid bereavement leave in the 12-month period. Relationships existing due to marriage will terminate upon the death or divorce of the relative through whom the marriage relationship exists. Current marital status will be defined in accordance with Illinois State law.

#### Leave Form Submission & Approval Process:

Employees should complete the TO BE COMPLETED BY EMPLOYEE portion of the Leave Form and submit it to their department human resources representative or applicable human resources (HR) office or: System HR (for System Office employees), UIS HR (for UIS employees), UI Health HR (for UI Hospital and Clinics), or Rockford or Peoria HR (UIC College of Medicine Rockford and Peoria).

The department human resources representative or the office listed above completes the TO BE COMPLETED BY DEPARTMENT portion and returns to the employee. A copy should be retained in the department separate from the employee's personnel file. DO NOT SEND A COPY TO THE HUMAN RESOURCES OFFICE except under certain circumstances (see the EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT section below).

**Medical Certification** issued by the employee's or the family member's health care provider is required to support a request for Family and Medical Leave due to a serious health condition (see Medical Certification forms). Requests for paid leaves shall be in accordance with the University's sick leave/vacation policies. Departments may require employees to provide the opinion of a second health care provider designated or approved by the University, but not employed by the University. The opinion of a third provider may be required when there are differing opinions. The opinion of the third provider shall be considered final and shall be binding on the University and employee. Any expenses associated with obtaining second and third opinions shall be the responsibility of the employing department.

## Questions

Employees should discuss questions or disagreements about leave with their department human resources representative. If concerns are not resolved at the department level, the college/administrative unit human resources representative should contact the appropriate university or system office human resources who will provide assistance to both the employee and the unit.

Interpretation of specific requirements of the Family and Medical Leave Act (FMLA) and the Family Bereavement Act (FBA) policies are subject to provisions contained in the full text of the Act. Questions regarding the provisions of the FMLA and the Department of Labor Regulations and the Family Bereavement Act (FBA) for its implementation should be directed to the appropriate university or system human resources office.

NOTE: System Office employees should contact System HR if there are questions or disagreements about leave under FMLA.

- Urbana-Champaign
  - Illinois HR (217) 333-3105 or ihr-LER@illinois.edu
- Chicago
  - UIC Human Resources: uichrleaves@uillinois.edu
  - UI Hospital and Clinics (UI Health) uihloa@uic.edu or fax (312) 355-1548
- Springfield
  - UIS Human Resources (217) 206-6652; uishr@uis.edu
- System Office
  - System Human Resource Services erhr@uillinois.edu

**FMLA Employee Rights and Responsibilities are provided following the application on this document.  
Additional leave information may be found: [hr.uillinois.edu/leave](http://hr.uillinois.edu/leave)**

# Leave Application

## Family and Medical Leave / Parental Leave / Unpaid Family Bereavement Leave

### TO BE COMPLETED BY EMPLOYEE

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_

Office E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

### REASON FOR LEAVE

\_\_\_ **FMLA Serious illness of employee\***

\_\_\_ **FMLA Serious illness of spouse, child or parent\***

Name of individual \_\_\_\_\_ Relationship \_\_\_\_\_

#### **FMLA and/or Parental - Birth/Adoption of Child**

\_\_\_ Parental Leave or Parental Leave with FMLA

Birth, Anticipated date of delivery \_\_\_\_\_

\_\_\_ Placement of child with employee for adoption or foster care (attach legal confirmation)

Adoption or Foster Care Placement, Anticipated date \_\_\_\_\_

\_\_\_ **FMLA Qualifying exigency** for spouse, child, or parent on covered active duty or call to active duty\*\*

Name of individual \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_ **FMLA Serious illness or injury of a covered servicemember** (spouse, child, parent, or next of kin)\*

Name of individual \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_ **Unpaid Family Bereavement Leave (FBL) for one of the reasons below (block or may qualify as intermittent)\*\*\***

Qualifying Relationship for Paid University Funeral/Bereavement Leave: \_\_\_\_\_

Date(s) of Use for Paid University Funeral/Bereavement Leave: \_\_\_\_\_

- Employee is requesting leave for one of the reasons outlined below.
  - \_\_\_ Employee is requesting 0-10 days of FBL.
  - \_\_\_ Employee is requesting leave for up to six weeks FBL (employee suffered more than one qualifying event in a 12-month period).
- University Paid Funeral/Bereavement Leave may work in conjunction with the Unpaid Family Bereavement Leave (FBL).
  - \_\_\_ Employee used/is going to use (within 60 days of the death) University Paid Funeral/Bereavement Leave (up to 5 consecutive days)

FBL Reasons are:

1. Attend the funeral, or an alternative to a funeral for a covered family member (an employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent stepparent);
2. To make arrangements necessitated by the death of the covered family member;

3. Grieve the death of the covered family member;
4. To be absent from work due to:
  - I. a miscarriage;
  - II. an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure;
  - III. a failed adoption match or an adoption that is not finalized because it is contested by another party;
  - IV. a failed surrogacy agreement;
  - V. a diagnosis that negatively impacts pregnancy or fertility; or
  - VI. a stillbirth

\*Medical Certification is required.

\*\*Certification of Qualifying Exigency for Military Family Leave is required.

\*\*\*Documentation may be requested and required if the absence qualifies for FMLA.

### REQUEST TO USE BENEFITS

MARK ALL THAT APPLY. IF NO AMOUNTS ARE ENTERED, THE FMLA LEAVE OR THE FBL LEAVE WILL BE UNPAID.

- |  |   |
|--|---|
| <input type="checkbox"/> Apply Vacation leave (FMLA)   | <input type="checkbox"/> Apply Parental leave days (FMLA/Parental or Parental Only) |
| <input type="checkbox"/> Apply Sick leave (FMLA (not Exigency))                              | <input type="checkbox"/> Apply Floating Holidays (FMLA)                             |
| <input type="checkbox"/> Apply Unpaid leave (FMLA)   | <input type="checkbox"/> Apply Shared Benefits (requires separate approval)         |
| <input type="checkbox"/> Other: _____<br>(HR to communicate what is applicable for "other".) |   |

Unpaid Family Bereavement Leave:  Unpaid  VACA  SICK  Floating Holiday

An employee may elect to use accrued leave time to remain in paid status by using accrued sick, vacation, or floating holiday leave in accordance with University leave provisions.

### REQUESTING LEAVE TO BE TAKEN AS (MARK ALL THAT APPLY)

block of time from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

intermittently, only applicable to FMLA, Parental, FBL (Parental and FBL must be used in full day increments (please describe on separate sheet and attach to application))

temporarily reduced work schedule (please describe on separate sheet and attach to application, System Office requires approval of supervisor)

### I HAVE READ AND/OR UNDERSTAND THE FOLLOWING (AS APPLICABLE) - SIGNATURE & DATE

I have read the "Employee Rights and Obligations Under FMLA" (below) and understand all my rights and obligations under this policy. I also understand that any leave taken as designated FMLA leave (paid and/or unpaid) counts toward my FMLA leave entitlement.

I understand the Parental Leave Policy. Parental leave may count towards FMLA entitlement and employees who resign employment before or at the expiration of the parental leave normally shall be required to reimburse the University for the cost of wages paid during the leave.

I have read the information regarding the Unpaid Family Bereavement Act (FBL) (Illinois Public Act 102-1050) which may provide ten consecutive days of unpaid leave time for eligible employees and am requesting the leave for a qualifying reason.

I understand I may be denied the leave and/or may be subject to disciplinary action up to and including termination if found to have falsified the need for leave or the contents of this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY DEPARTMENT HR REPRESENTATIVE, SYSTEM HR (FOR SYSTEM OFFICE EMPLOYEES), UIS HR (FOR UIS EMPLOYEES), UI HEALTH HR (FOR UI HOSPITAL AND CLINICS), OR ROCKFORD OR PEORIA HR (UIC COLLEGE OF MEDICINE ROCKFORD AND PEORIA)**

**Eligibility Check:**

- |  |     |    |
|--|-----|----|
| 1. Has the employee worked for the employer for at least 12 months?<br>(If no, the employee is not eligible for FMLA nor Unpaid Family Bereavement leave.)   | Yes | No |
| 2. Is the employee actively employed?<br>(If no, the employee is not eligible for Parental leave nor Paid & Unpaid Family Bereavement leave)                 | Yes | No |
| 3. Has the employee worked 1,000 hours during the previous 12 months?<br>(If no, the employee is not eligible for FMLA nor Unpaid Family Bereavement leave.) | Yes | No |

**Reason for Leave:**

- |  |     |    |     |
|--|-----|----|-----|
| 4a. Is the reason for the leave because of the employee's serious health condition?  | Yes | No |     |
| 4b. Is the reason for the leave because of the employee's parent, child, or spouse's serious health condition?   | Yes | No |     |
| 4c. Is the reason for the leave because of the birth, adoption, or placement of foster care of a child by the employee?<br>_____ Parental & FMLA    _____ Parental Only (not eligible for FMLA)  | Yes | No |     |
| 4d. Is the reason for the leave because of a qualifying exigency arising out of the fact that a family member (child, spouse, or parent) is on covered active duty or call to active duty status in support of a contingency operation as a member of the National Guard, Reserves, or Regular Armed Forces? | Yes | No |     |
| 4e. Is the reason for the leave because of the serious injury or illness of a covered servicemember?   | Yes | No |     |
| 4f. Is the reason for the leave for Unpaid Family Bereavement leave (FBL)?   | Yes | No |     |
| • Does the employee have an approved FMLA event in the previous 12 months?   | Yes | No | N/A |
| • If there is an approved FMLA event, how many hours remain in the event year? _____   |     |    |     |
| • Has/Will the employee used paid university funeral/bereavement leave?  | Yes | No | N/A |
| • If paid university funeral/bereavement leave was used for this event, how many days? _____   |     |    |     |

**Documentation:**

- |  |     |    |     |
|--|-----|----|-----|
| 5. Does the employee's medical certification that is required for an employee's own or family member's serious health condition, including the serious injury or illness of a covered servicemember or parental leave for stillborn or newborn fatality, support the request for leave?<br>N/A | Yes | No |     |
| 6. If requesting qualifying exigency leave for spouse, child, or parent on covered active duty or call to active duty, has the appropriate documentation been provided to support the request for leave?   | Yes | No | N/A |
| 7. If requesting Unpaid Family Bereavement Leave for FBL Reason #4, Department Of Labor (DOL) form received to support the request for leave?  | Yes | No | N/A |

**Leave Hours Eligibility Check: (complete 8 and 9 and/or 9a)**

8. The employee's 12-month FMLA year began/begins on \_\_\_\_\_, if applicable.
9. The employee has \_\_\_\_\_ number of hours of FMLA, FMLA w/Parental, VESSA, VESSA/FMLA leave entitlement remaining in the employee's event year at the time of this leave request.
- 9a. The employee has \_\_\_\_\_ Unpaid Family Bereavement leave hours remaining at the time of this leave request.

INTENTIONALLY LEFT BLANK

**Leave Approval/Denial:**

Based on the answers above, is the employee eligible for the requested leave? Yes No

\_\_\_\_\_ FMLA \_\_\_\_\_ FMLA & Parental \_\_\_\_\_ Parental (does not qualify for FMLA)

- The employee has \_\_\_\_\_ number of hours of FMLA leave entitlement remaining at the time of this leave request.
- The employee has \_\_\_\_\_ number of hours of Parental (does not qualify for FMLA) leave entitlement remaining at the time of this leave request.
- The remaining FMLA hours will be shared with other active FMLA events. Yes No N/A

\_\_\_\_\_ **Unpaid Family Bereavement Leave (FBL)** (mark one of three approval scenarios below)

- \_\_\_\_\_ Both Paid University Funeral/Bereavement Leave (consecutive/block of time only) AND Unpaid Family Bereavement Leave (not to exceed 5 consecutive/block of time)
  - Paid University Funeral/Bereavement Leave date(s) (range): \_\_\_\_\_
  - Unpaid Family Bereavement Leave date(s) (range): \_\_\_\_\_
- \_\_\_\_\_ Unpaid Family Bereavement Leave only, \_\_\_\_\_ FBL days (not to exceed 10 consecutive days)
  - \_\_\_\_\_ Block of time \_\_\_\_\_ Intermittent
- \_\_\_\_\_ Unpaid Family Bereavement Leave only, \_\_\_\_\_ FBL days (not to exceed 6 weeks due to more than one qualifying event in any 12-month period)
  - \_\_\_\_\_ Block of time \_\_\_\_\_ Intermittent

**Additional notes/comments. If employee is denied, state reason.**

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The department acknowledges that benefits will be applied as shown on the first page of this form by the employee:

- |   |  |
|---|--|
| _____ Apply Vacation leave (FMLA)   | _____ Apply Parental leave days (FMLA/Parental or Parental Only) |
| _____ Apply Sick leave (FMLA (not Exigency))                              | _____ Apply Floating Holidays (FMLA)                             |
| _____ Apply Unpaid leave (FMLA)   | _____ Apply Shared Benefits (requires separate approval)         |
| _____ Other: _____<br>(HR to communicate what is applicable for "other".) |  |

Unpaid Family Bereavement Leave: \_\_\_\_\_ Unpaid \_\_\_\_\_ VACA \_\_\_\_\_ SICK \_\_\_\_\_ Floating Holiday

An employee may elect to use accrued leave time to remain in paid status by using accrued sick, vacation, or floating holiday leave in accordance with University leave provisions.

**Please sign below to indicate your review of this leave request:**

\_\_\_\_\_  
Authorized Signature (Department/Unit HR, System HR, UIS HR, UI Hospital Leave Coordinator) Date

*If the department has questions or believes that the employee is not eligible for the leave request, please consult your university or system human resources office before denying the leave.*

The department is responsible for tracking FMLA, FMLA/Parental, Parental, VESSA, FMLA/VESSA and Unpaid Family Bereavement Leave usage on the Leave Usage Form available at [http://nessie.uihr.uillinois.edu/pdf/leave/FMLA-VESSA\\_Usage\\_rpt.xls](http://nessie.uihr.uillinois.edu/pdf/leave/FMLA-VESSA_Usage_rpt.xls)

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## EMPLOYEE ENTITLEMENT

*In accordance with the Family and Medical Leave Act of 1993, and as amended in 2009, 2013, 2015, and 2021, Family and Medical Leave shall be granted to an employee for the birth or adoption of a child; for the care of a child, spouse (including legal same-sex spouse), or parent who has a serious health condition; when unable to perform the function of their position due to a serious health condition; for the care of a child, spouse (including legal same-sex spouse), parent or next of kin who is a covered servicemember with a serious injury or illness incurred: (a) in the line of duty on active duty; and (b) that may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank, or rating; or because of a qualifying exigency arising out of the fact that a child, spouse (including legal same-sex spouse), or parent is on a covered active duty or call to active duty status in support of a contingency operation as a member of the National Guard, Reserves, or Regular Armed Forces. Covered active duty requires deployment to a foreign country. Eligible employees may take leave to care for a servicemember's parent who is incapable of self-care when the care is necessitated by the member's covered active duty.*

*An eligible employee may take up to twelve weeks (26 weeks to care for a covered servicemember with a serious injury or illness under (e) below) of Family and Medical Leave during each consecutive 12-month period for which eligibility criteria have been met. The initial 12-month period is measured forward from the date the employee first takes FMLA leave. The next 12-month period begins the first time FMLA leave is taken after completion of any previous 12-month period. For leave taken for the birth or placement of a child for adoption or foster care, entitlement expires at the end of the twelve-month period following the date of the birth or adoption placement.*

## EMPLOYEE ELIGIBILITY

*To be eligible for FMLA benefits, a University of Illinois employee must:*

- (1) have worked for the University of Illinois for at least twelve months; and*
- (2) have worked at least 1,000 hours of service during the previous twelve months.*

*Definition of a Serious Health Condition and other provisions within the FMLA policy can be found at <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=5639>.*

## APPLICATION PROCEDURES

*Employees should complete the TO BE COMPLETED BY EMPLOYEE portion of the FMLA Leave Form and submit it to their department human resources representative or applicable human resources (HR) office:*

- **System Office** employees should submit the completed FMLA application and Medical Certification (if applicable) to System Human Resource Services. System HR completes the TO BE COMPLETED BY DEPARTMENT portion.*
- **UI Hospital and Clinics (UI Health)** employees should submit the completed FMLA application and Medical Certification (if applicable) to UI Health HR. A member of the Absence Management Team completes the TO BE COMPLETED BY DEPARTMENT portion and responds to the request.*
- **UIC College of Medicine** employees at the Rockford and Peoria locations should submit the completed FMLA application and medical certification forms to their respective Human Resources offices in Rockford and Peoria; HR will complete the To Be Completed By Department portion.*
- **UIS** employees should submit the completed FMLA application and Medical Certification (if applicable) to UIS Human Resources. UIS HR completes the TO BE COMPLETED BY DEPARTMENT portion and responds to the request.*

*The department human resources representative or the office listed above completes the TO BE COMPLETED BY DEPARTMENT portion and returns to the employee. A copy should be retained in the department separate from the employee's personnel file. DO NOT SEND A COPY TO THE HUMAN RESOURCES OFFICE except under the following*

circumstances: **UIUC Academic Professionals (AP) and Faculty** must receive approval for unpaid FMLA leaves. Forms should be submitted to Illinois Human Resources.

#### MEDICAL CERTIFICATION

*Certification issued by the employee's or the family member's health care provider is required to support a request for Family and Medical Leave due to a serious health condition (see Medical Certification forms). If the leave request is for a stillborn or newborn fatality, medical documentation may be required. Requests for paid leaves shall be in accordance with the University's sick leave/vacation policies. Departments may require employees to provide the opinion of a second health care provider designated or approved by the University, but not employed by the University. The opinion of a third provider may be required when there are differing opinions. The opinion of the third provider shall be considered final and shall be binding on the University and employee. Any expenses associated with obtaining second and third opinions shall be the responsibility of the employing department.*

#### CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

*Certification issued by the employee is required for an employee seeking FMLA leave due to a qualifying exigency. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation.*

#### RETURN FROM FAMILY AND MEDICAL LEAVE

*The department or applicable HR office may require an employee to obtain a statement from a health care provider that he/she is able to resume work. Employees are expected to contact employing departments at least thirty calendar days in advance of the anticipated date of return. A staff employee who has been absent for Family and Medical Leave shall be restored to the position of employment held by the employee when the leave commenced; or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.*

#### USE OF PAID AND UNPAID LEAVE

***Birth or Placement of a Child for Adoption or Foster Care:*** *Employees have the option to take FMLA leave with or without pay. An employee may request to apply accrued vacation and/or sick leave during the FMLA period in accordance with Policy and Rules for Civil Service Staff or with university Academic policies. Any portion of the FMLA period for which accrued leave is not applied shall be without pay.*

***Serious Health Condition, Family Member, Employee, or Covered Servicemember:*** *Employees have the option to take the leave with or without pay. For care of a spouse, child, or parent with a serious health condition or because of an employee's own serious health condition, the leave is provided under the University Sick Leave policy (Policy 10, Sick Leave) and the university Academic sick leave policies. If an employee's sick leave is exhausted, the employee may elect to use accrued vacation leave to continue in pay status during the FMLA period. Sick and vacation leave used for this purpose will be counted towards the FMLA entitlement.*

***Exigency Leave:*** *Employees have the option to take the leave with or without pay. An employee may request to apply accrued leave during the FMLA period in accordance with Policy and Rules for Civil Service Staff or with university Academic policies. Any portion of the FMLA period for which accrued leave is not applied shall be without pay.*

In addition, employees with a serious health condition, who exhaust their accrued sick leave balances, may be eligible to receive disability benefits through SURS. Employees may request an APPLICATION FOR DISABILITY BENEFITS from the university HR office. Any portion of the FMLA period for which accrued vacation, sick leave, or disability benefits are not applied shall be without pay.

#### INSURANCE COVERAGE AND RETIREMENT CONTRIBUTIONS DURING UNPAID LEAVE

Coverage of group health and dental insurance shall be continued by the University at the same level that coverage would have been provided if the employee had remained in continuous employment. Employees are responsible for paying the employee-paid portion of any insurance premiums presently paid by payroll deduction. **If the employee does not make required payments** during the leave period, the CMS-Group Insurance Division (GID) will terminate

the member's coverage on the first day of the current month. These members are ineligible to continue coverage under COBRA and will not receive a COBRA notification letter (eligible or ineligible). CMS will take action to collect all outstanding premium(s), which may include involuntary withholding. Employees are encouraged to contact the Benefits Service Center for information on changes in status and to arrange for billing prior to their last day of work.

Employees pay the entire premium plus a 2% administrative fee for COBRA coverage. Central Management Services (CMS) mails monthly billing statements to the employee's home address on or about the tenth of each month. Bills for the current month are due by the twenty-fifth of that month and are paid to CMS. Individuals electing COBRA coverage have 45 days from the date coverage is elected to pay currently due premiums. Failure to submit payment by the due date terminates COBRA rights.

The University may recover any premiums paid for maintaining coverage for the employee if the employee fails to return from Family and Medical Leave for a reason other than continuation, recurrence, onset of a serious health condition (employee or family), or other circumstances beyond the control of the employee. Certification of such conditions may be required by the University.

To determine the effect of Family and Medical Leave on the accumulation of service time for retirement and to assure continuation of contributions, the employee should contact SURS at 1-800-ASK-SURS.

#### QUESTIONS

Employees should discuss questions or disagreements about leave under the Family and Medical Leave Act with their department human resources representative. If concerns are not resolved at the department level, the college/administrative unit human resources representative should contact the appropriate university or system office human resources who will provide assistance to both the employee and the unit.

Interpretation of specific requirements of the Family and Medical Leave Act policy is subject to provisions contained in the full text of the Act. Questions regarding the provisions of the FMLA and the Department of Labor Regulations for its implementation should be directed to the appropriate university or system human resources office.

NOTE: System Office employees should contact System HR if there are questions or disagreements about leave under FMLA. UIS employees should contact UIS HR if there are questions or disagreements about leave under FMLA.