

Norwich University
Leave Policy

Family & Medical Leave
Vermont Parental & Family Leave
Military Leave
Personal Unpaid Leave of Absence

Norwich University Family & Medical Leave Policy
Family & Medical Leave Act (FMLA) of 1993, Updated 2008
Vermont Parental & Family Leave Act () 1991

The University's Family and Medical Leave policy provides employees who are eligible for benefits (regular employees who work 20 hours a week or more on an annual basis) up to twelve weeks of unpaid leave during any twelve month period, if requested, for the following reasons:

- The birth of the employee's child or to care for such child;
- A child's placement with the employee for adoption or foster care;
- To care for a spouse or child who has a serious health condition;
- The employee's own serious health condition; or
- Military Family leave.

Parental leave for a newborn child or for adoption or foster care placement of a child must be completed within twelve months of the birth, adoption, or placement.

Family leave is for a serious health condition which is defined as a health condition that involves inpatient care in a hospital, hospice, or residential medical care facility or continuing in-home care treatment under the direction of a physician.

Military Family leave due to any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation, an eligible employee is entitled to up to twelve weeks of leave. Also, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty, is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

Please note:

- An employee may elect to substitute any paid vacation, personal, or sick leave for which they qualify for all or part of the FMLA or FPLA leave.
- Employees are expected to give at least 30 days advance notice of leave to the extent advance notice is possible.
- Employees who have taken a family or medical leave will be returned to the same or equivalent position and employment benefits when they return to work at the end of the leave.
- Spouses employed by the University are jointly entitled to a combined total of twelve weeks of family leave for the birth or placement of a child and elder care. For the care of the spouse or child with a serious health condition or for the employee's own serious health condition, each employed spouse is entitled to a separate twelve-week limit.
- Health care benefits (medical, dental, health care flexible spending accounts, health savings accounts) will be continued on the same basis as if the employee was actively at work. *Any employee contributions (per employee cafeteria plan selection) normally paid through payroll deduction will be owed by the employee on the first of each month of the unpaid leave.* If the employee wishes to prepay the contributions, such as through increased payroll deductions when the need for unpaid FMLA leave is foreseeable, that is permissible upon request of the employee.
- Vermont law states that benefits will continue "at the level and under the conditions coverage would be provided if the employee continued in employment continuously during the duration of the leave" (21 VSA

472(c). While the term "benefits" is not defined, accrual of sick and vacation leave will continue with paid leave status.

- Should the employee not return to work after the leave, for reasons other than health conditions or some other reason beyond the employee's control, the employee will be charged retroactively for the University's portion of health care premium cost during the FMLA leave.

Short-term Family leave allows an employee to be absent from work for less than a full day to participate in preschool or school activities directly related to the family member's educational advancement, to accompany the family member to routine medical or dental appointments or for professional services related to their care and wellbeing, to respond to a medical emergency involving the family member who is the employee's child, stepchild, foster child, ward, parent, spouse, or parent-in-law.

- An employee may take up to four hours of unpaid short-term family leave in any thirty days, and up to twenty-four hours of leave in any twelve months.
- An employee must give notice as early as possible before the leave begins.
- An employee's use of short-term family leave must be counted separately from the employee's use of parental or family leave.
- Use of paid sick leave for medical appointments, or paid vacation or personal leave for school activities, is not counted toward the limits of unpaid short-term family leave.

Personal Unpaid Leave of Absence: A leave of absence for compelling personal reasons may be granted if, in the opinion of the supervisor and department head, staffing and workload permit. Normally a personal leave will not be granted for a period exceeding six months. In exceptional cases a personal leave may be extended for a period of time not to exceed a total of one year unpaid leave. An employee will not be granted a leave of absence to accept a temporary or permanent position or to enter into a contractual agreement. The department head and the HR director may waive this provision when it is in the best interest of the University.

- Individuals who are on an unpaid leave are not eligible for University contributions to insurance coverage under the Cafeteria Plan of Benefits or for contributions to the retirement plan.
- Individuals may continue group health care and dental coverage while on leave by paying monthly premiums. The employee should contact HR for information regarding continuation of benefits during the leave of absence.
- No vacation/sick time is earned during this leave of absence.
- At the time the leave is arranged, the employee and the supervisor/department head should discuss reinstatement at the end of the leave. Normally, the employee will return to her/his position without the loss of seniority.
- It is the responsibility of the employee on leave to notify the supervisor/department head one month prior to the anticipated date of return.
- An employee who fails to return to work upon the scheduled expiration of an approved leave of absence and who has not obtained an extension will be considered to have voluntarily terminated employment.
- Employee should submit a written request for leave to supervisor/department head stating why leave is needed and for how long and any other pertinent information that would help in considering the request. A copy of this request should also be sent to the HR Director.

Statement of Support for the Guard and Reserve

We recognize the National Guard and Reserve as essential to the strength of our nation and the well-being of our communities. In the highest American tradition, the patriotic men and women of the Guard and Reserve serve voluntarily in an honorable and vital profession. They train to respond to their community and their country in time of need. They deserve the support of every segment of our society.

If these volunteer forces are to continue to serve our nation, increased public understanding is required of the essential role of the Guard and Reserve in preserving our national security. Their members must have the cooperation of all American employers in encouraging employee participation in Guard and Reserve.

Therefore, we join other employers in pledging that:

1. Employment will not be denied because of service in the Guard or Reserve.
2. Employee job and career opportunities will not be limited or reduced because of service in the Guard or Reserve.
3. Employees will be granted leaves of absence for military service in the Guard or Reserve, consistent with existing laws, without sacrifice of vacation; and
4. This agreement and its resultant policies will be made known throughout our organization.

Signed by President Richard W. Schneider
18 January 2005

Norwich University Leave Application

Today's Date: _____

Name: _____

ID # A _____

Address: _____

Home Phone: _____

Department: _____ Job Title: _____

Date of Hire: _____

Type of Leave requested:

_____ Family & Medical Leave (FMLA) – must provide appropriate medical documentation.

_____ Military Leave – a regular employee who is a member of the National Guard or Military Reserve is granted up to two weeks off for training.

_____ Intermittent Parental Leave – please indicate an explanation of the reason for the requested leave.

_____ Other – please indicate an explanation of the reason for the requested leave.

Explanation:

Dates of Requested Leave: _____ to _____

The employee shall give as much notice as possible.

As appropriate, please record the number of days to be used as follows:

_____ Paid Sick time _____ Paid Vacation time _____ Paid Holiday time _____ Days Unpaid

I agree to return on the date specified above unless the leave has been modified and approved by Human Resources. I understand that the University will assume that I have resigned voluntarily if I fail to return at the end of the leave.

Employee Signature Date

Supervisor's recommendation & signature Date

Human Resources approval Date

Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **Not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 09-30-2010

1. Employee's Name

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "**serious health condition**" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present **incapacity**² if different):

b. Will it be necessary for the employee to take work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?

b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?
If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

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

1. Hospital Care

Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment³ 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 occasion** which results in a **regimen of continuing treatment⁴** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

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 incapacity² (*e.g.*, asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity²** which 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.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) 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 Incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (*e.g.*, an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Public Burden Statement

We estimate that it will take an average of 20 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.