Policy: Leave of Absence

I. **POLICY**

It is the policy of Advocate Health Care (Advocate) to allow time away from work for family, medical and personal leaves. Each associate’s request for Leave of Absence (LOA) will be considered first under the Family and Medical Leave Act (FMLA). If the associate is not eligible under FMLA, he/she may be eligible for another type of leave. Advocate will consider leave requests due to a disability on a case-by-case basis.

See Advocate’s System policies for Military, Bereavement, Workers’ Compensation and Jury Duty Leave of Absences. (See Cross Reference Section)

II. **DEFINITIONS**

**Family Medical Leave (FML):** An excused time away from work for up to twelve (12) workweeks (480 hours—12 workweeks x 40 hours-- for a 1.0 FTE, 384 hours--12 workweeks x 32 hours-- for a .8 FTE or prorated based on current FTE status) during a rolling 12 month period (measured backwards from the date a FML begins) for: 1) the birth, or adoption or foster care placement of a child, 2) the care of a spouse, child, step child or parent who has a serious health condition, or 3) the associate’s serious health condition.

To be eligible, an associate must have worked for Advocate for at least 12 months and for at least 1,250 hours in the previous 12 months and must give at least 30 days advance notice when requesting a FML. If the associate returns to work within his/her approved FML time off, he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

All Certification of Health Care Provider forms must be completed by a Health Care Provider, not the associate. The Disability Council (DC) will clinically review all FML’s. If the Provider Certification Form is incomplete, the DC will contact the provider after obtaining...
permission from the associate. If the DC has cause to doubt the clinical information contained in Provider Certification Form, AHC (at their expense) will instruct the associate to obtain a second opinion. If the first and second opinion differ, AHC (again, at their expense) will instruct the associate to obtain a third opinion.

In the case of an Intermittent FML, for long-term and/or chronic conditions, the DC may request that the associate re-certify their FML every 30 days. The DC will contact the associate periodically for an update.

Associate may or may not be eligible for paid Disability Leave. The Disability Council (the Council) at the time of the leave will determine disability benefit eligibility.

**Intermittent FML:** Excused short periods of time away from work, or a reduced work schedule, without a change in status, for up to 12 weeks for an associate’s own serious health condition or that of a family member whenever medically necessary.

**VESSA (Victim’s Economic Security & Safety Act) Leave:** An excused time away from work for up to twelve weeks if the associate is a victim of domestic or sexual violence or whose family or household member is a victim—provided the associate is not the perpetrator. The purpose of this leave is to allow victims to seek medical help, legal assistance, counseling, safety planning and/or other types of related assistance.

Under VESSA, a “family or household member” is a spouse, parent, son, daughter, or any person jointly residing in the same household. “Son or daughter” is defined as a biological, adopted, or foster child, a legal ward, under 18 years of age, or is 18 years of age or older and incapable of self-care because of a mental or physical disability.

If the associate returns to work within his/her approved VESSA time off, he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

**Leave under VESSA is coordinated with the Family Medical Leave.**

**Disability Leave Non-FML (Paid Medical Leave):** An excused time away from work because of a non-work related illness or injury. To be eligible, an associate must be employed by Advocate for 6 continuous months in a full time or part time A position. If the associate returns to work during the approved leave that is within 30 calendar days he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

**Workers’ Compensation Leave of Absence:** An excused time away from work for an injury, illness or exposure that arises out of associate’s employment as defined by the Illinois Workers’ Compensation Act. This leave is not status or length of service dependent. If an associate is not eligible for FML and they return to work during the approved leave that is within 30 calendar days he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

**Personal Medical Leave of Absence:** An excused time away from work for an associate’s own illness when the associate does not qualify for disability or FML. To be eligible, an associate must be employed by Advocate for 3 months. If the associate returns to work during the approved leave that is within 30 calendar days he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

**Family Military Leave:** An excused time away from work, up to 30 days, requested by an
associate who is the spouse or parent of a person called by order of the Governor or President to state or federal military service. To be eligible an associate must have worked at least 1,250 hours in the 12 months preceding the commencement of the leave.

If the associate returns to work during the approved leave that is within 30 calendar days he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

**Personal Leave of Absence:** An excused time away from work, to conduct personal business, complete an educational requirement or degree, or to travel. To be eligible, an associate must be employed by Advocate for 3 months. There is no guaranteed reinstatement requirement with this leave.

**Exhaustion of Leave:** Associate who has used up all time available permitted or allowed under a particular leave.

**Disabilities Extending Beyond Twelve Months:** After an associate has been disabled and has not returned to work for 12 months, the associate’s employment with Advocate Health Care will end. However, the associate will continue to receive disability benefits as long as the associate is certified as disabled by the Disability Council. This includes any associate certified by the Disability Council who is on an approved leave of absence for a medical disability.

**Recordkeeping:** In accordance with federal and state rules and regulations, AHC must maintain both FML and VESSA documentation for a minimum of three years (the three years begins at the END of the particular LOA). Documentation includes, but is not limited to, basic payroll information and identifying associate data; dates the leave is taken, the hours of leave taken, copies of associates’ notices of leave to the employer and copies of the employer’s general and specific notice to associates of FML and VESSA rights; documents describing associate benefits and policies regarding unpaid and paid leave; records documenting group health plan contribution payments made by the employer towards associate benefits, and records of any disputes concerning FML or VESSA LOA’s.

### III. PROCEDURE

If an associate requests a period of time away from work, they should contact HR to determine the type of leave they will be eligible for, as listed below:

- FML with Disability Pay
- FML for His/Her Own Serious Health Condition Without Disability Pay
- FML for All Other Qualifying Reasons
- Intermittent FML
- VESSA LOA (can be Intermittent and/or with or without Disability)
- Disability Leave Non-FML (Paid Medical Leave)
- Workers’ Compensation
- Personal Medical Leave
- Personal Leave
- Family Military Leave

Once the type of leave and eligibility is determined, HR will forward the appropriate paperwork to the associate and notify the manager of the type of leave and the dates of leave.

If an associate is unable to request a Leave of Absence or the manager suspects that the associate may need an LOA the manager must contact Human Resources (HR) to determine
FML or VESSA eligibility and determine the appropriate type of leave. HR may place the associate on FML or VESSA by using the appropriate Associate Notification of Approved Leave form. This form when used should be sent via Certified Mail (return receipt requested) to the associate’s address of record. FML or VESSA begins on the first day of absence for an FML or VESSA qualifying event and continues until the associate returns to work or exhausts his/her leave, which ever comes first.

Associates on approved LOA for more than six consecutive weeks will have a delay in their next scheduled salary/performance review, which will be extended by the same number of weeks as the LOA.

Failure to return required LOA documentation in a timely manner may affect the associate’s right to a LOA.

1. **FML With Disability Pay:**

   If an associate is eligible for FML and the associate is requesting leave for his/her own serious health condition, and is eligible for disability pay (i.e. that is they have worked in a full-time or part-time A position for 6 continuous months), and the illness/injury is non work related, the procedure below will be followed:

   - In a planned Medical LOA, the associate contacts Human Resources (HR), completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will determine the type of leave the associate is eligible for and provide the associate with a LOA Packet which will include:

     1) **Guidelines For Leave of Absence**
     2) A copy of the completed Associate Notification To The Manager of Intent to Request A Leave of Absence
     3) If FML eligible, a Certification of Health Care Provider Family/Medical Leave form. The associate or their physician must return this form to the Disability Council prior to the start of the leave or within 15 days after it is received. Failure to return this form to the Council by the date indicated may result in the loss of coverage under FMLA.

     The LOA Packet can be given directly to the associate or sent certified mail to their home. In either case, the associate must sign the Associate Notification To The Manager of Intent to Request a Leave of Absence, which indicates that they have received the LOA Packet.

     - Upon receipt of the completed Certification of Health Care Provider Family/Medical Leave form, the Council will provide clinical review. The Council notifies HR via e-mail of the status of the claim. If approved, HR will mail to the associate, via Certified Mail, the Associate Notification of Approved Family/Medical Leave form. HR will notify the manager and the Council, via e-mail, the start date of the FML, hours available to the associate and the end date of the FML. If further evaluation is necessary
the Council will forward all the appropriate information to Advocate’s designated Health Care Provider.

- The associate must also notify the Council to certify their disability no later than the sixth (6th) day of absence. Once notified, the Council will verify eligibility for disability. The Council will discuss this with the associate and provide the associate with the Certification Packet. This packet will include a Disability Certification form, and Authorization for Release of Information form. Failure to return these forms to the Council by the date indicated may affect the start of disability benefits.

- The Council will notify the manager & HR via e-mail and HR via faxed report of the date the Council will begin paying disability benefits to the associate.

- The associate is responsible for entering PTO time into the time and attendance system the first 10 consecutively scheduled workdays of absence or 14 consecutive calendar days of absence. These hours should be coded 37 (Scheduled PTO). The manager is then responsible for editing these hours to FMPTO (PTO hours used should be charged to the home cost center). The associate is required to use available PTO for the first 10 consecutively scheduled work days of absence. If no PTO is available, the associate may utilize unpaid time off and the associate should code these hours as 38 (Unpaid Time Off). The Manager is responsible for editing these hours as FMLUP.

- The Council will update the associate record, changing the status by processing his/her electronic associate record at the start and end of the leave. The Council will complete the time keeping record utilizing the appropriate disability code/FML code.

- HR will notify the associate via certified mail at least two weeks prior to the expiration of the FML leave (using the Exhaustion of Family/Medical Leave form). The associate who intends to return to work should, (when possible) notify their HR/Manager a minimum of two (2) business days prior to returning to work.

- Exhaustion of coverage under FML does not affect an associate’s eligibility for disability benefits, as long as the time off continues to be certified by the Council.

- If an associate is medically released to return to work, but is still eligible for FML leave and decides to take the remaining FML leave, the associate and HR must follow the instructions under “Family And Medical Leave Without Disability Pay”. An example would include an associate who still has coverage under FML, and chooses not to return to work under the restricted duty program or an associate, who, after the birth of their baby, wishes to remain on leave after disability benefits end, to care for the newborn child.

- If an associate exhausts their coverage under FML and is medically released to return to work to their former position, and either their position has been filled or they do not return to work, they will be considered to have
voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

2. **FML for His/Her Own Serious Illness Without Disability Pay:**

If an associate is eligible for FML, is requesting leave for his/her own serious health condition, but either the reason for the request or the associate’s classification makes them ineligible for disability benefits, use the following procedure:

- In a planned Medical LOA, the associate contacts Human Resources (HR), completes and signs the **Associate Notification to the Manager of Intent To Request A Leave of Absence** form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will determine the type of leave the associate is eligible for and provide the associate with a **LOA Packet** which will include:
  1) **Guidelines For Leave of Absence**
  2) A copy of the completed **Associate Notification To The Manager of Intent to Request A Leave of Absence**
  3) If FML eligible, a **Certification of Health Care Provider Family/Medical Leave** form. The associate or their physician must return this form to the Disability Council prior to the start of the leave or within 15 days after it is received. Failure to return this form to the Council by the date indicated may result in the loss of coverage under FMLA.

The **LOA Packet** can be given directly to the associate or sent certified mail to their home. In either case, the associate must **sign** the **Associate Notification To The Manager of Intent to Request a Leave of Absence**, which indicates that they have received the **LOA Packet**.

- Upon receipt of the completed **Certification of Health Care Provider Family/Medical Leave** form, the Council will provide clinical review. The Council notifies HR via e-mail of the status of the claim. If approved the HR will mail to the associate, via Certified Mail, the **Associate Notification of Approved Family/Medical Leave** form. HR will notify the manager and Council via e-mail, the start date of the FML, hours available to the associate and the end date of the FML. If further evaluation is necessary the Council will forward all the appropriate information to Advocate’s designated Health Care Provider.

- The associate is responsible for the duration of the leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO). The Manager is then responsible for editing these hours to FMPTO. The associate is required to use available PTO for the first 10 consecutively scheduled work days of leave. If no PTO is available, the associate may utilize unpaid time off and the associate should code these
hours as 38 (Unpaid Time Off). The manager is responsible for editing these hours as FMLUP (PTO hours used should be charged to the home cost center).

- To continue employment benefits while on an unpaid LOA, it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

- Human Resources will notify Associate Records/Data of the associate’s change in status by processing his/her electronic associate record at the start and end of the leave.

- HR must notify the associate, via certified mail, at least two weeks prior to the expiration of the FML (using Exhaustion of Family/Medical Leave form).

- The associate who intends to return to work should notify their HR/manager a minimum of two (2) business days (when possible) prior to returning to work and must provide to their Manager and Human Resources a statement from his/her health care provider indicating their fitness for duty.

- If an associate exhausts their coverage under FML and is medically released to return to work to their former position, and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

3. **FML for All Other Qualifying Reasons:**

If an associate is eligible for FML, and the associate is requesting leave for an FML-qualifying reason other than his/her own serious health condition use the following procedure:

- In a planned LOA, the associate contacts Human Resources (HR), completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will determine the type of leave the associate is eligible for and provide the associate with a LOA Packet which will include:

  1) Guidelines For Leave of Absence
  2) A copy of the completed Associate Notification To The Manager of Intent to Request A Leave of Absence
  3) If FML eligible, a Certification of Health Care Provider Family/Medical Leave form. This form must be returned to the Disability Council, by the associate or their physician, prior to the start of the leave or within 15 days after it is received. Failure to
return this form to the Council by the date indicated may result in the loss of coverage under FMLA.

The LOA Packet can be given directly to the associate or sent certified mail to their home. In either case, the associate must sign the Associate Notification To The Manager of Intent to Request a Leave of Absence, which indicates that they have received the LOA Packet.

• Upon receipt of the completed Certification of Health Care Provider Family/Medical Leave form, the Council will provide clinical review and approval. The Council notifies HR via e-mail of the status of the claim. If approved the HR will mail to the associate, via Certified Mail, the Associate Notification of Approved Family/Medical Leave form. HR will notify the manager and Council via e-mail, the start date of the FML, hours available to the associate and the end date of the FML. If further evaluation is necessary the Council will forward all the appropriate information to Advocate’s designated Health Care Provider.

• The associate is responsible for the duration of the leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO). The manager is then responsible for editing these hours to FMPTO. The associate is required to use available PTO for the first 10 consecutively scheduled work days of leave. If no PTO is available, the associate may utilize unpaid time off should code these hours as 38 (Unpaid Time Off). The manager is responsible for editing these hours as FMLUP (PTO hours used should be charged to the home cost center).

• To continue employment benefits while on an unpaid LOA it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

• Human Resources will notify Associate Records/Data of the associate’s change in status by processing his/her electronic associate record at the start and end of the leave. HR must notify the associate, via certified mail, at least two weeks prior to the expiration of the FML leave (using the Exhaustion of Family/Medical Leave form). The associate who intends to return to work should, (when possible), notify their HR/manager a minimum of two (2) business days prior to their return to work.

• If an associate exhausts their coverage under FML and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

4. Intermittent FML

If an associate is eligible for FML and is requesting an intermittent leave or a reduced schedule and the Disability Protection Plan or Worker’s Compensation does not cover
it, use the following procedure (NOTE: There is no change in status with an intermittent FML):

- In a planned LOA, the associate contacts Human Resources (HR), completes and signs the **Associate Notification to the Manager of Intent To Request A Leave of Absence** form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will determine the type of leave the associate is eligible for and provide the associate with a **LOA Packet** which will include:
  1) **Guidelines For Leave of Absence**
  2) A copy of the completed **Associate Notification To The Manager of Intent to Request A Leave of Absence**
  3) If FML eligible, a **Certification of Health Care Provider Family/Medical Leave** form. This form must be returned to the Disability Council, by the associate or their physician, prior to the start of the leave or within 15 days after it is received. Failure to return this form to the Council by the date indicated may result in the loss of coverage under FMLA.

  The **LOA Packet** can be given directly to the associate or sent certified mail to their home. In either case, the associate must **sign** the **Associate Notification To The Manager of Intent to Request a Leave of Absence**, which indicates that they have received the **LOA Packet**.

- Upon receipt of the completed **Certification of Health Care Provider Family/Medical Leave**, the Council will provide clinical review. The Council notifies HR via e-mail of the status of the claim. If approved the HR will mail to the associate, via Certified Mail, the **Associate Notification of Approved Intermittent Family/Medical Leave** form. HR will notify the manager via e-mail, the start date of the FML and the schedule or hours the associate will be using while on Intermittent FML. If further evaluation is necessary the Council will forward all the appropriate information to Advocate’s designated Health Care Provider.

- The associate is responsible for the duration of the intermittent leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO). The associate’s manager is then responsible for editing these hours to FMPTO. The associate is required to use available PTO for the initial hours of an intermittent leave as indicated in the schedule below:

  Full time associate – Associate is required to use available PTO for the first 80 hours of intermittent leave in a calendar year. If no PTO is available, the associate may utilize unpaid time off.

  Part-Time A Associate – Associate is required to use available PTO for the first 64 hours of intermittent leave in a calendar year. If no PTO is available, the associate may utilize unpaid time off.
Part-time B Associate – Associate is required to use available PTO for the first 40 hours of intermittent leave in a calendar year. If no PTO is available, the associate may utilize unpaid time off.

If no PTO is available, the associate may utilize unpaid time off and the associate should code these hours as 38 (Unpaid Time Off). The manager is responsible for editing these hours as FMLUP (PTO hours used should be charged to the home cost center).

- If an associate exhausts their coverage under FML they will be expected to return to their normal FTE status. Failure to return to their normal FTE status may result in termination of employment.

5. **VESSA LOA (can be Intermittent and/or with or without Disability):**

If an associate (or household member) is a victim of domestic or sexual violence, the associate may be eligible for a VESSA LOA. This leave entitles the associate to take up to 12-weeks off in any 12-month period. It can be intermittent, with a reduced work schedule and may require reasonable accommodation.

**NOTE: Leave under VESSA is coordinated with the Family Medical Leave.**

The leave must be taken for one of the following reasons:

A) To seek medical attention for, or recover from, physical or psychological injuries caused by domestic or sexual violence to the associate or the associate’s family or household member.

B) To obtain services from a victim services organization for the associate or associate’s family or household member.

C) To obtain psychological or other counseling for the associate or the associate’s family or household member.

D) To participate in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of the associate or the associate’s family or household member from future domestic or sexual violence or ensure economic safety.

E) To seek legal assistance or remedies to ensure the health and safety of the associate or the associate’s family or household member, including preparing for or participating in any civil or criminal legal proceeding related to or derived from the domestic or sexual violence.

To be eligible, an associate must be on Advocate’s payroll in a full-time, part-time, 0-hour or temporary employment status. In order to process this leave, the procedure below must be followed:

- In a planned VESSA LOA, the associate contacts Human Resources (HR), completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 48 hours (or within a reasonable period) prior to the start of the requested leave. HR will confirm eligibility and provide the associate with a LOA...
Packet which will include:

1) **Guidelines For Leave of Absence**
2) A copy of the completed **Associate Notification To The Manager of Intent to Request A Leave of Absence**
3) If VESSA eligible, evidence of this event must be provided within 15 days after applying for the leave. This must include a sworn statement of the victim, and police or court record, documentation from a Victim Services Organization, an attorney, clergy member, or a medical or other professional from whom assistance has been sought. Failure to provide this documentation may result in the loss of coverage under VESSA.

In addition, under VESSA, Human Resources may request periodic updates on the status and intention of the associate to return to work may be requested.

The **LOA Packet** can be given directly to the associate or sent certified mail to their home or other designated address. In either case, the associate must **sign** the **Associate Notification To The Manager of Intent to Request a Leave of Absence**, which indicates that they have received the **LOA Packet**.

- If approved HR will mail to the associate, via Certified Mail, the **Associate Notification of Approved Family/Medical Leave form**. HR will notify the manager the start date of the VESSA, hours available to the associate and the end date of the VESSA LOA.

- The associate is responsible for the duration of the leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO). If no PTO is available, the associate may utilize unpaid time off. In order to ensure confidentiality, the local human resources department will be responsible for tracking the total VESSA hours taken by an associate.

- To continue employment benefits while on an unpaid LOA, it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

- Human Resources will notify Associate Records/ Data of the associate’s change in status by processing his/her electronic associate record at the start and end of the leave (when an associate uses intermittent leave there is no change in status).

- HR must notify the associate, via certified mail, at least two weeks prior to the expiration of the VESSA (using **Exhaustion of FML/VESSA LOA form**).

- The associate who intends to return to work should notify their HR/manager a minimum of two (2) business days (when possible) prior to returning to work.
• If an associate exhausts their coverage under VESSA, and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

6. **Disability Leave Non-FML (Paid Medical Leave):**

If an associate requests a leave of absence because of their non-work related illness or injury, and is eligible for Medical Leave with Disability Pay but not for protection under the FML use the procedure below. To be eligible, an associate must be employed for 6 continuous months in a full time or part-time A status.

• In a planned Medical LOA, the associate contacts HR, completes and signs the **Associate Notification to the Manager of Intent To Request A Leave of Absence** form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will determine the type of leave the associate is eligible for, and provide them with a **LOA Packet** which will include Guidelines For Leave of Absence form, and a copy of the completed and **signed** Associate Notification To The Manager of Intent to Request A Leave of Absence.

• The associate must notify the Council to certify their disability no later than the sixth (6th) day of absence. Once notified, the Council will verify eligibility for disability. The Council will discuss this with the associate and provide the associate with the **Certification Packet**. This packet will include Disability Certification form, and Authorization for Release of Information form. Failure to return these forms to the Council by the date indicated may affect the start of disability benefits.

• The Council will notify the manager and HR via e-mail or HR via faxed report of the date the Council will begin paying disability benefits to the associate.

• The associate is responsible for entering PTO time into the time and attendance system the first 10 consecutively scheduled workdays of absence or 14 consecutive calendar days of absence. These hours should be coded 37 (Scheduled PTO - charged to the home cost center). The associate is required to use available PTO for the first 10 consecutively scheduled work days of leave. If no PTO is available the associate may utilize unpaid time off the associate should code these hours as 38 (Unpaid Time Off).

• The Council will update the associate record, changing the status by processing his/her electronic associate record at the start and end of the leave. The Council will complete the time keeping record utilizing the appropriate disability code.
• When the associate is released by their physician to return to work, they must contact their manager a minimum of one week in advance (when possible) and provide the Council with a statement from his/her health care provider indicating their fitness for duty. The Council will then review, approve and notify Human Resources and the Manager to confirm the associate’s release. If the associate returns to work within 30 days, he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

• If the Council continues to certify the associate for disability, their guaranteed reinstatement can be extended for an additional 30 days. This is done on a case-by-case basis in coordination with HR. Exhaustion of the guaranteed reinstatement requirement does not affect an associate’s eligibility for disability benefits, as long as the time off continues to be certified by the Council.

• If an associate exhausts their guaranteed reinstatement requirement and extension, and is medically released to return to work to their former position, and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

7. Workers’ Compensation

In the event that an associate is unable to work due to a work-related injury or illness the procedure below will be followed along with Workers’ Compensation Policy #90.12.15.

• The associate must notify their manager, the Workers’ Compensation administrator and HR immediately, seek medical treatment and complete the required Workers’ Compensation forms.

• The manager must contact HR to determine the associate’s eligibility for protection under FMLA. After reviewing the associate’s employment information HR will determine the appropriate LOA and mail to the associate, via Certified Mail, a Leave of Absence Packet. This packet should include a Guidelines For Leave Of Absence form, the Associate Notification Of Approved Family/Medical Leave Without Disability Benefits form, and a Certification of Health Care Provider Family/Medical Leave form, if eligible for FML. This form must be returned to HR prior to the start of the leave or within 15 days after it is received. Failure to return this form to the HR by the date indicated may result in the loss of coverage under FMLA. HR will notify the Workers’ Compensation Administrator of the associates FML eligibility and hours available. **If the associate is not eligible for FML they will be sent a Guidelines For Leave of Absence, and an Associate Notification of Approved Personal Medical Leave form.**
As directed by the Workers’ Compensation Administrator, the manager must complete and process the associate’s first 3 consecutively scheduled workdays of absence in the time and attendance system. The hours must be coded as FMWCWP (Family Medical Leave Worker’s Compensation) or WRKCP (Worker’s Compensation Non-FMLA eligible). NOTE: The above payroll codes can only be used after the Workers’ Compensation Administrator gives approval.

After the first 3 days, the Workers’ Compensation Administrator will be responsible for the duration of the leave to complete and process the associate’s time keeping record. The FMLUP code (will be used for all non-paid FML hours). In the event the associate is not eligible for FMLA, the time keeping record will be coded UNPD (Unpaid Time Off).

To continue employment benefits while receiving Workers’ Compensation, it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

W/C will notify Associate Records/Data of the associate’s change in status by processing his/her electronic associate record form at the start and end of the leave. Human Resources must notify the associate, via certified mail, at least two weeks prior to the expiration of the FML (using Exhaustion of Family/Medical Leave form). The associate who intends to return to work should, (when possible), notify their manager a minimum of one (1) week prior to returning to work and must provide the Workers’ Compensation Administrator and HR with a statement from his/her health care provider indicating their fitness for duty.

If an associate has been eligible for coverage under FML and they exhaust this coverage, there is no affect on an associates eligibility to receive Workers’ Compensation benefits or their employment status, as long as the time off continues to be approved by the Workers’ Compensation Administrator.

If an associate is not eligible for FML and the Workers’ Compensation Administrator continues to certify the associate for benefits, their guaranteed reinstatement requirement can be extended for an additional 30 days. This is done on a case-by-case basis in coordination with HR. Exhaustion of the guaranteed reinstatement requirement does not affect an associate’s eligibility for benefits, as long as the time off continues to be certified by the Workers’ Compensation Administrator.

If an associate exhausts their guaranteed reinstatement requirement and extension, and is medically released to return to work to their former position, and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.
8. **Personal Medical Leave (non-FML, without Disability Pay):**

In the event that an associate is not eligible for either an FML or a Disability leave, either because of the reason for the leave or because of the associate’s status, but has worked for Advocate for a period of 3 months, and is unable to work because of their own serious health condition HR, along with the manager, at the associate’s request, is required to grant up to a 30 calendar day personal medical leave of absence. If the associate returns to work within the approved leave dates, he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

- In a planned Medical LOA, the associate contacts HR, completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 30 days prior to the start of the requested leave.  HR will discuss with the associate the type of leave and provide them with a LOA Packet which will include Guidelines For Leave of Absence form, a copy of the completed and signed Associate Notification To The Manager of Intent to Request A Leave of Absence, and a Provider Certification for Personal Medical Leave form.

  The Provider Certification form must be returned to the Disability Council prior to the start of the leave or within 15 days after it is received. Failure to return this form to the DC by the date indicated, may result in the loss of the job guarantee under the Personal Medical Leave policy.

- Upon receipt of the completed Provider Certification for Personal Medical Leave form the Disability Council will notify HR and the manager via e-mail. Human Resources will notify the associate, via certified mail, of the start date of the Personal Medical Leave and the end date of the job guarantee.

- The associate is responsible for the duration of the leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO-charged to the home cost center). The associate is required to use available PTO for the first 10 consecutively scheduled work days of leave. If no PTO is available, the associate may utilize unpaid time off and the associate should code these hours as 38 (Unpaid Time Off).

- To continue employment benefits while on an unpaid Leave of Absence, it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

- HR will notify Associate Records/Data of the associate’s change in status by processing his/her electronic associate record at the start and end of the leave. The associate who intends to return to work should, (when possible), notify their manager a minimum of one (1) week prior to returning to work and must provide the HR with a statement from his/her health care provider indicating their fitness for duty. If the associate returns to work...
within 30 days, he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

- Requests for a Medical LOA in excess of 30 days for an associate’s serious health condition, including pregnancy disability, will be considered on a case-by-case basis and must be approved by the Council in coordination with HR. If approved, their guaranteed reinstatement requirement can be extended for up to an additional 30 days up to a maximum of 60 days within a 12 month period. Supporting documentation may be requested.

- If an associate exhausts their guaranteed reinstatement requirement and extension (if applicable), and is medically released to return to work to their former position, and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

9. **Personal Leave (Non-Medical):**

In the event that an associate is not eligible for either FML or Disability leave, either based on the reason of the leave or because of the associate’s status, but has worked for Advocate for a period of 3 months, the manager, at the associate’s request, may grant a 30-calendar day personal leave of absence.

- In a planned LOA, the associate contacts HR, completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 30 days prior to the start of the requested leave. HR will discuss with the associate the type of leave and provide them with a LOA Packet which will include Guidelines For Leave of Absence form, a copy of the completed and signed Associate Notification To The Manager of Intent to Request A Leave of Absence, and a copy of this policy.

- The manager, in conjunction with HR, will determine whether to approve the associate’s request. If approved, HR will give or send certified mail the Associate Notification of Approved Personal Leave form.

- The associate is responsible for the duration of the leave to enter PTO time into the time and attendance system. These hours should be coded 37 (Scheduled PTO- charged to the home cost center). The associate is required to use available PTO for the first 10 consecutively scheduled work days of leave. If no PTO is available, the associate may utilize unpaid time off and the associate should code these hours as 38 (Unpaid Time Off).

- To continue employment benefits while on an unpaid LOA, it is the associate’s responsibility to contact HR to arrange for payment of these benefits.

- The manager will notify Associate Records/Data of the associate’s change
in status by processing his/her Electronic record form at the start and end of the leave. The associate who intends to return to work should, (when possible), notify their manager and HR a minimum of one (1) week prior to returning to work.

- Requests for a personal LOA in excess of 30 days will be considered on a case-by-case basis and must be approved by the Department Manager and HR. This request must be in writing and supporting documentation may be requested. In making a decision on any such leave request, the business needs of the department or unit in which the associate is employed will be considered. The associate who intends to return to work should, (when possible), notify their manager and HR a minimum of one (1) week prior to returning to work.

- If an associate fails to return to work after exhausting their approved time off and either their position has been filled or they do not return to work, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.12.14), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

- In conjunction with the HR, the associate’s manager may deny the Personal Leave. HR will notify the associate via the Denial of Personal Leave of Absence form.

10. **Family Military Leave:**
An excused time away from work, up to 30 days, requested by an associate who is the spouse or parent of a person called by order of the Governor or President to state or federal military service. To be eligible an associate must have worked at least 1,250 hours in the 12 months preceding the commencement of the leave.

An associate is required to produce proper certification from the military authority to verify the associate’s eligibility for the leave.

If the associate returns to work during the approved leave that is within 30 calendar days he/she will be placed in his/her former or equivalent position with equivalent pay and benefits.

- In a planned Family Military Leave, the associate contacts HR, completes and signs the Associate Notification to the Manager of Intent To Request A Leave of Absence form, and gives it to the manager at least 14 days prior to the start of the requested leave. HR will discuss with the associate the type of leave and provide them with a LOA Packet which will include Guidelines For Leave of Absence form, a copy of the completed and signed Associate Notification To The Manager of Intent to Request A Leave of Absence.

- If no PTO is available, the associate may utilize unpaid time off and the associate should code these hours as 38 (Unpaid Time Off).

- To continue employment benefits while on an unpaid Leave of Absence, it is the
associate’s responsibility to contact HR to arrange for payment of these benefits.

- HR will notify Associate Records/Data of the associate’s change in status by processing his/her electronic associate record at the start and end of the leave.

- If an associate does not return to work within 30 days of the Family Military Leave, they will be considered to have voluntarily resigned. The Advocate separation protocol should be followed. However, in accordance with AHC’s Bridging of Service Policy (90.012.014), if the associate is re-employed by Advocate within one year or less from his/her last day worked, there will be no break in the associate’s system seniority.

IV. CROSS REFERENCE

- Advocate System Policy #90.12.02 Bereavement Leave
- Advocate System Policy #90.12.04 Paid Time Off
- Advocate System Policy # 90.12.15 Workers’ Compensation
- Advocate System Policy #90.13.01 Reasonable Accommodation Committee
- Advocate System Policy #90.13.06 Termination of Employment
- Advocate System Policy #90.13.17 Jury Duty
- Advocate System Policy #90.13.18 Military Service
- Advocate Disability Income Protection Plan

V. EXHIBITS/ATTACHMENTS

- Associate Notification To The Manager Of Intent To Request A Leave Of Absence
- Associate Notification of Approved Family Medical or VESSA Leave With Disability Benefits or Workers’ Compensation or Family Medical or VESSA Leave Without Disability Benefits
- VESSA Affidavit
- Associate Notification of Approved Personal Medical Leave
- Associate Notification of Approved Personal Leave
- Guidelines for Leave of Absence
- Exhaustion of Family/Medical and VESSA Leave
- Exhaustion of Personal Medical Leave/Personal Leave
- Certification of Health Care Provider (DOL’s Form WH-380)
- Provider Certification for Personal Medical Form Leave
- Denial of Personal Medical/Personal Leave of Absence