

STATE OF COLORADO

Leave/Absence Request and Authorization

Revised for University of Colorado Boulder (form updated: May 2017)

Any medical information is confidential and must be kept in separate files with limited access.

Name:	6-digit Employee ID:
Department & Division:	Work Phone #:

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition is highly sensitive, immediately contact the department Family/Medical Leave coordinator directly.

I request approval for _____ total hours as listed below. Is the absence due to a work-related illness or injury? No Yes

Record dates, times, and number of hours in the blanks for each applicable reason. (More information may be required.)

Vacation (not related to care/treatment of a medical condition or bonding with a new child)

From:	To:	Number of Hours:

Medical. If not self, relationship: _____

- Routine eye, medical, dental exam.
- Common illness/injury (no prescribed treatment, e.g., cold, flu)
- Other Medical (inpatient or continuing treatment, e.g., surgery, childbirth).

Explain reason: _____

From:	To:	Number of Hours:

Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).

From:	To:	Number of Hours:

Employee Signature: _____ Date: _____

TO BE COMPLETED BY APPOINTING AUTHORITY (or designee)

- | | | | | |
|------------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Annual | <input type="checkbox"/> FML-annual | <input type="checkbox"/> FML-holiday | <input type="checkbox"/> Jury | <input type="checkbox"/> Military |
| <input type="checkbox"/> Sick | <input type="checkbox"/> FML-sick | <input type="checkbox"/> FML-compensatory | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Unpaid |
| <input type="checkbox"/> Comp Time | <input type="checkbox"/> FML-unpaid | <input type="checkbox"/> FML-military caregiver | <input type="checkbox"/> Alt. holiday | <input type="checkbox"/> Voluntary Furlough |
| <input type="checkbox"/> STD | <input type="checkbox"/> FML-STD | <input type="checkbox"/> FML-military family | <input type="checkbox"/> Administrative | <input type="checkbox"/> Other, Specify: _____ |

A medical certification is required is not required. (Required for more than 3 full consecutive working days.)

A Fitness-to-Return certification will be will not be required before returning to work on a regular basis. (Required for an absence of more than 30 days.)

For purposes of **family/medical leave designation**, I have determined, as the appointing authority or designee, the following. **(Mandatory)**

- the employee is not eligible for family/medical leave until _____ (date).
- the employee is eligible but has already used the hours allowed in this fiscal year.
- the event does not qualify for family/medical leave.
- the employee is eligible for family/medical leave **AND** the event does, or could, qualify for family/medical leave. **(The State of Colorado Notice of Eligibility and Right and Responsibilities form** must be completed and given to the employee within 5 business days of this request, absent extenuating circumstances.)
- continuation of a previously designated event (continuing treatment or recovery).

I, _____, approve this leave request. Date: _____
Electronic approval or signature of immediate supervisor or designee

I, _____, approve this leave request. Date: _____
Electronic approval or signature of Appointing Authority, designee, FML Coordinator

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

DEFINITIONS

- Complete definitions of the various types of leave and the rules governing their use can be located according to employee type:
 - a. For classified employees, refer to Chapter 5 of the State Personnel Director's Administrative Procedures.
 - b. For university staff, refer to Regent Policy 11.E.
 - c. Additional information and assistance is also available from the Office of Employee Relations (303-492-6475).
- The appointing authority is responsible for approving the use and type of leave.
- The employee is responsible for requesting leave as far in advance as possible and providing sufficient information regarding the reason for the leave.
- Please be accurate. State actual dates and times to be charged as leave. Incorrect information may cause errors and delays in processing an employee's request for leave.

TYPES OF LEAVE

Annual/Vacation Leave - paid leave typically used for personal/vacation purposes. Employees may be required to use concurrently when family/medical leave applies.

Sick Leave - paid leave used for an employee's own medical examinations and treatment, physical inability to work due to pregnancy, illness or injury. Employees may use sick leave to care for a family member (refer to definition of "family member" for classified employees and university staff - <http://www.colorado.edu/hr/employees/leave/annual-sick-vacation-leave>).

STD (Short-Term Disability) Leave – For eligible employees, unpaid leave while either state or PERA STD benefit payments are being paid. Employees must complete a waiting period or exhaust all accrued sick leave, whichever is longer. Non-classified employees must elect STD coverage and meet eligibility requirements.

Unpaid Leave - The appointing authority may approve unpaid leave. This may result in an adjustment to the probationary or trial service period and/or to the service date.

Administrative Leave - Paid leave used for investigation into an employee's conduct, incentive awards, coursework at a higher education institution directly related to the work, to participate in tests and interviews for state positions, to participate in school or community volunteer activities, or other reasons the appointing authority deems for the good of the state.

Bereavement Leave - Up to 40 hours (5 working days) as determined by the appointing authority for the death of a family member or other person.

Jury Leave - Used when an employee is called to serve jury duty. A copy of the summons for jury duty may be required.

Family/Medical Leave (FML) – For classified employees, after one year of service, up to 520 hours per a 12-month rolling period (prorated for part-time employees). For non-classified employees, after one year of University service so long as the employee has worked at least 1250 hours during the most recent 12 month period, up to 480 hours per a 12-month rolling period (prorated for part-time employees).

May be used for (1) birth and care of a child, (2) placement and care of an adopted or foster child, (3) a serious health condition of a child, parent, spouse, civil union partner, domestic partner, (4) the employee's own serious health condition, (5) for an employee to care for a parent, spouse, civil union partner, domestic partner, child or next of kin who is an injured service member, OR (6) a qualifying exigency when a parent, child, spouse, civil union partner, or domestic partner is called up for active military duty. Use and type of concurrent paid leaves depends on individual circumstances. For additional information, contact the FMLA Coordinator. An appropriate State of Colorado Medical Certification form, as described above under sick leave, is often required.

FML - annual: use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child.

FML - sick: use of paid accrued sick leave for an employee's serious health condition, including childbirth and recovery or for a serious health condition of an employee's parent, spouse, or child.

FML - STD: use of STD leave for a serious health condition when an employee is eligible for STD benefits.

FML - unpaid: use of unpaid leave during family/medical leave when all other applicable paid leaves are exhausted.

FML - holiday: when a holiday occurs during family/medical leave it counts toward the family/medical leave entitlement.

FML – compensatory time: use of compensatory time during family/medical leave.

Compensatory Time - hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave. Required to use concurrently when family/medical leave applies.