

Family/Medical Leave Checklist

From the Office of Human Resources

Minnesota State University, Mankato

Going on a Medical or Maternity/Parental Leave of Absence

- _____ Submit a written request for leave to your supervisor (faculty should submit to their department chair and dean) indicating:
- 1) the reason you are requesting leave of absence,
 - 2) the dates you plan to be absent and the date you plan to return to work, and
 - 3) the amount of each type of leave (e.g., sick leave, unpaid leave, etc.) you plan to use.

Faculty requesting paid sick leave must submit a “Request for Temporary Absence” form which is available on the Human Resources website, www.mnsu.edu/hr. Others may also use that form or may use another written format that is acceptable to the supervisor.

Your request must be in compliance with bargaining agreement/personnel plan provisions.

- _____ Notify the FMLA Coordinator in Human Resources of your leave of absence and provide a copy of your written request so the following can be determined:
- 1) if your leave qualifies under the Family/Medical Leave Act (FMLA), and
 - 2) if you have disability benefits for which you may file a claim, OR
 - 3) if you need to file a Workers Compensation claim.

- _____ Upon request from the FMLA Coordinator, have your health care provider complete the “Certification of Health Care Provider” form for the FMLA and return it to Human Resources by the due date:
_____.

Please Note: Your supervisor or dean may also request that you obtain a statement from your health care provider according to the provisions of your bargaining agreement/ personnel plan and the Statewide Policy on Sick Leave.

- _____ Have your health care provider supply medical updates to the FMLA Coordinator and to your supervisor or dean if required. You will be notified in writing if medical updates are required and how often they must be provided.

- _____ If you have short-term disability insurance, obtain the benefits claim form from Human Resources. Complete sections 2, 3, and 4. Have your health care provider complete section 5. Have the HR Benefits Specialist complete section 1. Send the completed claim form to the disability insurance company. The insurance company will send payments directly to your home address if they determine that you qualify for benefits. The insurance company may require periodic medical updates.

- _____ If you are on **unpaid** leave for part of all of your leave of absence, you will receive information and instructions for continuation of insurance coverage from Minnesota Management & Budget (MMB).

- _____ For **birth or adoption**, if you want to add the child to your insurance, obtain the necessary form(s) from the HR Benefits Specialist.

Extending Your Leave of Absence

_____ If you need an extension of your medical leave, submit a written request to your supervisor or chair/dean. Provide verbal notification if necessary, but be sure to follow up in writing. Your request should include:

- 1) the reason you need to extend your leave of absence,
- 2) the additional dates you plan to be absent and the date you plan to return to work, and
- 3) the amount of each type of leave (e.g., sick leave, unpaid leave, etc.) you plan to use.

_____ Notify the FMLA Coordinator of your need to extend the leave and send a copy of the written request.

_____ If you have filed a claim for disability benefits, notify the disability insurance company that your leave will be extended (phone# 1-800-752-9713).

_____ Provide medical certification from your health care provider to the FMLA Coordinator and, if applicable, to the disability insurance company for the requested extension.

Returning to Work

_____ Contact your supervisor or chair/dean in advance to confirm the date you will return to work.

_____ Prior to returning to work, have your health care provider complete a Fitness for Duty Certification (obtain from the FMLA Coordinator). Send the certification to Human Resources in advance or bring it in on the date you return to work. Your return to work may be delayed if you do not provide a Fitness for Duty Certification.

_____ Work with your supervisor/chair/dean, Human Resources, and/or the university Environmental Health & Safety Office to accommodate work restrictions if necessary.

Contact the HR Benefits Specialist and/or FMLA Coordinator if you will not be able to return to work. There may be additional benefits or other resources available in cases of long-term or permanent disability.

Please refer to your collective bargaining agreement or personnel plan and the Family and Medical Leave Act for additional information about your rights and responsibilities.

Contacts

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