

Family/Medical Leave Checklist

From Human Resources

Minnesota State University, Mankato

Going on a Medical or Maternity/Parental Leave of Absence

- _____ Submit a written, signed, and dated 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.

You may use a “Request for Temporary Absence” form or other written format that is acceptable to your supervisor/chair/dean. 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.

- _____ Contact the FMLA Coordinator to determine:
- 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 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 HR 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 the Dept. of Employee Relations (DOER).

- _____ 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 HR 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 HR 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 HR 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 the 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.

MSU Human Resources:

FMLA/ADA/Workers Compensation Coord.
Diane Roggow, Personnel Assistant
Phone: 507/389-2016
E-mail: diane.roggow@mnsu.edu

Benefits Specialist
Therese Mullins, Benefits Specialist
Phone: 507/389-6942
E-mail: therese.mullins@mnsu.edu

Human Resources
Minnesota State University, Mankato
336 Wigley Administration Center
Mankato, MN 56001
Fax: 507/389-2960

Disability Insurance Claims:

Hartford Life
Disability Service Center
P.O. Box 14305
Lexington, KY 40512

Phone: 1-800-752-9713
Fax: 1-877-454-7217