

Bluefield State College

Medical Leave Request Reference Guide

Bluefield State College offers many medical leave-related benefits for eligible employees. This quick reference guide is intended to help employees understand medical leave benefit options that may be available. This information is a general guide. Most benefit provisions apply to employees who earn accrued annual and sick leave. Benefit options may vary depending upon the individual circumstances. Resources regarding additional information may be found throughout this guide.

RESOURCE DOCUMENTS AND FORMS:

- ✓ Bluefield State College Policy HR-704: *Employee Leave* and Bluefield State College Policy HR-709: *Catastrophic Leave* (<https://bluefieldstate.edu/resources/board-governors/policies>).
- ✓ WV Higher Education Policy Commission Title 133 Procedural Rule Series 38 *Employee Leave* (<http://www.wvhepc.edu/resources/rules-and-policies/>).
- ✓ BSC medical leave forms referenced in this guide may be found on the Human Resources Forms & Documents webpage, Medical Management section (<https://bluefieldstate.edu/resources/human-resources/forms>).

FOR GENERAL MEDICAL LEAVE REQUESTS OF UP TO 5 CONSECUTIVE WORK DAYS (DAYS 1-5)

For absences of **5 consecutive days or less** due to medical reasons, the employee must notify their immediate supervisor of the absence as soon as possible.

FOR GENERAL MEDICAL LEAVE REQUESTS EXCEEDING 5 CONSECUTIVE WORK DAYS (DAY 6 and more– and, RETURN TO WORK)

For absences **exceeding 5 consecutive work days** due to medical reasons for the Employee’s own medical condition, the employee must notify their immediate supervisor of the dates of their anticipated absence as soon as possible. In addition:

1. Employees must provide proof of illness or injury as evidenced by a statement of the licensed treating physician, per Bluefield State College Policy HR-704: *Employee Leave*. The doctor’s excuse is to be requested by the employee and sent to the Office of Human Resources as soon as possible. Employees may also use the BSC “Medical Leave Verification Form For Employee’s Medical Condition” for this purpose.
2. Supervisors must notify the Office of Human Resources as soon as they become aware that an employee may be absent for more than 5 consecutive days due to medical reasons.
3. The Office of Human Resources will send medical leave information to the employee.
4. Employees and immediate supervisors are accountable for monitoring employee annual and sick leave balances.
5. When the Office of Human Resources receives the medical verification (doctor’s excuse verifying the absence due to medical reasons and the duration [begin and end date of the absence], and any other relevant information), the Office of Human Resources will notify the supervisor of the medically verified dates of the employee’s absence and the employee’s

anticipated return to work date. If there are any questions regarding the return to work date or if work limitations are recommended by the treating physician, the Office of Human Resources will contact the employee, or the supervisor, or both, depending upon the circumstances. Per BSC policy, an employee having an extended illness or injury must obtain satisfactory written medical clearance **before returning to work** and is to send this information to the Office of Human Resources. A BSC “Medical Return to Work” form is available and may be used by the treating physician for this purpose.

APPLYING FOR CATASTROPHIC LEAVE (WHEN RUNNING OUT OF SICK AND PERSONAL LEAVE DAYS DUE TO A PERSONAL OR FAMILY MEDICAL ISSUE)

1. Pursuant to WV HEPC Series 38 Section 8 and BSC BOG Policy HR-704 and Policy HR-709, Catastrophic Leave may be requested by employees who have a medically verified illness or injury which is expected to incapacitate the employee and which creates a financial hardship because the employee has exhausted all leave and other paid time off. Catastrophic illness or injury also includes an incapacitated immediate family member if this results in the employee being required to take time off from work to care for the family member and the employee has exhausted all leave and other paid time off.
2. Employees requesting catastrophic leave must complete the following BSC forms relevant to the circumstances:
 - a. Catastrophic Leave Request Form, *and*
 - b. Medical Leave Verification Form For Employee’s Medical Condition; *or*
 - c. Medical Leave Verification Form For Immediate Family Member

Use of catastrophic leave may not exceed twelve continuous calendar months for any one catastrophic illness or injury. Further, a recipient’s approved catastrophic leave shall run concurrently with all other leaves of absence as appropriate (such as leave taken under the provisions of the Family Medical Leave Act (FMLA)).

3. Once the catastrophic leave request has been approved, an email will be sent to the campus informing employees of the catastrophic leave request. Employees interested in voluntarily donating leave may complete a Catastrophic Leave Donor Form. Only employees who maintain a total of 22 days in their sick and annual leave banks combined can donate. Donations can only be made in whole day increments and can be made in an unlimited number of days, provided the donor-eligible 22 banked days is maintained. Sick leave donations may only be used through the donor’s last day of active employment.
4. Any donated days not used will be awarded back to employees in the order in which they are donated.
5. Use of donated credits may not exceed a maximum of twelve continuous calendar months.
6. Employees are encouraged to communicate with their supervisors, the Payroll/Leave Office and the Office of Human Resources if any questions or concerns arise.

THE FAMILY AND MEDICAL LEAVE ACT - OVERVIEW

The Family and Medical Leave Act (FMLA) is a federal program that was signed into law on February 5, 1993 and has since been amended. The FMLA entitles eligible employees of covered employers to take *unpaid*, job-protected leave for specified family and medical reasons. Eligible employees are entitled to:

- Twelve workweeks of unpaid leave in a 12-month period for:
 - the birth of a child and to care for the newborn child within one year of birth;
 - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - to care for the employee's spouse, child, or parent who has a qualifying serious health condition;
 - the employee's own qualifying serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of **unpaid** leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).

Bluefield State College employees are eligible for FMLA if they have been employed by Bluefield State College for at least 12 months, and worked for at least 1,250 hours in the previous 12-month period at BSC, and work at a site with at least 50 employees within 75 miles. Employees have the option of using paid leave, as appropriate under each particular leave policy, for absences covered under FMLA. Bluefield State College Office of Human Resources, upon receipt of a completed medical verification form from an employee's treating physician, will evaluate the leave request as to whether it qualifies as Family Medical Leave per the FMLA. Employees requesting leave due to a medical condition will be informed in writing if their medical leave will be designated as FMLA leave. More detailed information regarding the FMLA can be found at the U.S. Dept. of Labor Wage and Hour Division Family and Medical Leave Act web page: <http://www.dol.gov/whd/fmla/>.

ADA REASONABLE ACCOMMODATION - OVERVIEW

The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 were established in order to provide a clear comprehensive national mandate for the elimination of discrimination against individuals with disabilities. According to the Equal Employment Opportunity Commission, "Title I of the Americans with Disabilities Act of 1990 (ADA) requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship. In general, an accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities.

To be eligible for a reasonable accommodation under the ADA, an employee must have an impairment that substantially limits one or more major life activities, or a record of such an impairment. Employees must be referred to the ADA Coordinator in the Office of Human Resources to engage in the interactive process of accommodations in various manners: usually by self-referral or from their supervisor.

There are three categories of reasonable accommodations:

1. Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or

2. Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or
3. Modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

Additional information and procedures regarding requesting accommodation under the ADA may be found at <https://bluefieldstate.edu/resources/human-resources/forms> and includes:

- ADA Reasonable Accommodation Guide and Procedures
- ADA Reasonable Accommodation – Acknowledgement of Interactive Process of Accommodation
- ADA Reasonable Accommodation – Request and Medical Verification Form

QUESTIONS

Questions regarding medical leave benefits or requesting accommodation may be directed to one or more of the following:

1. The employee's immediate supervisor;
2. The Payroll/Leave Office (304-327-4046); and/or
3. The Office of Human Resources (304-327-4013).

DISCLAIMER

This guide is intended to be used as a reference and procedural guide. The general information contained in this guide should not be construed to supersede any law, rule, or policy. In the case of any inconsistencies, the statutory and regulatory provisions shall prevail.