

Benefits Summary

New York Medical College

A Member of the Touro College and University System

Human Resources ♦ 2nd Floor - Administration Bldg. ♦ Valhalla, NY 10595 ♦ 914-594-4560



FAMILY AND MEDICAL LEAVE OF ABSENCE (FMLA) **APPLICATION, POLICY & PHYSICIAN CERTIFICATION**

DATE: _____ **EMP. ID#** _____

NAME: _____

DEPARTMENT: _____ **SUPERVISOR:** _____

FMLA START DATE: _____ **FMLA END DATE:** _____

QUALIFICATIONS:

_____ Minimum of one year of service

_____ Worked at least 1,250 hours in the last 12 months prior to requesting leave

_____ Maximum of 12 weeks of unpaid leave within any 12-month period

_____ Maximum of combined total of 26 weeks for Military Leave in a calendar year

PROCEDURE:

_____ Employee must notify immediate supervisor, in writing, 30 days in advance of taking Family Medical Leave (unless emergency situation)

_____ Human Resources sends Application, FMLA Policy and Certification package to employee

_____ Employee completes FMLA Application and Physician completes Certification Statement and returns it to Human Resources for processing (to be filed in employee STD file)

_____ Department supervisor/administrator generates a Personnel Action Form (PAF) to place employee on Family/Medical Leave

_____ Family/Medical Leave is recorded on the timesheets as FMLA, code "A", which charges the employee's vacation balance first until the vacation time is exhausted and then the employee is on unpaid leave status, and the time is still recorded as "A" on the timesheet.

_____ While on unpaid leave, the employee must submit a check payable to New York Medical College for payment of the employee contribution to health benefits and sends the check to Human Resources to continue benefits.

_____ 1199 CBU employees must continue to pay their Union Dues.

Please contact your union benefits office to notify them of your FMLA leave status.

PLEASE RETURN THIS APPLICATION & THE CERTIFICATION OF PHYSICIAN STATEMENT TO HUMAN RESOURCES, ADM. BLDG, VALHALLA, NY 10595

Atts. Family/Medical Leave Policy
Certification of Physician or Practitioner Form

FAMILY AND MEDICAL LEAVE OF ABSENCE POLICY (FMLA)

New York Medical College has established the following guidelines in response to the Family and Medical Leave Act of 1993:

If you have worked for the College a minimum of one year and have worked 24 or more hours weekly during the 12 months prior to requesting leave, you are eligible for family and medical leave.

If you qualify, you will be allowed to a maximum of 12 weeks of unpaid leave within any 12 month period for the birth or adoption of a child, to provide either physical or psychological care for a child, spouse (husband or wife), or parent with a serious health condition, or to care for your own serious health condition. The employee must conclude leave for the birth or placement of a child for adoption of foster care within 12 months after the event. Leave may begin prior to birth or placement, as circumstances dictate.

SERIOUS HEALTH CONDITION

FMLA sick leave is unpaid. If an employee has a serious health condition, she/he may be eligible for paid sick leave through the College's Short Term Disability Plan. CBU employees may be eligible for paid sick leave through their Collective Bargaining Agreement. Paid sick leave does not count toward the maximum of 12 weeks of unpaid FMLA leave.

MILITARY FAMILY LEAVE

Eligible employees are entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a "contingency operation."

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty while on active duty is entitled to up to a combined total of 26 weeks of FMLA leave in a single 12-month period to care for the servicemember.

INTERMITTENT OR REDUCED LEAVE

In the case of your own serious health condition or that of a family member, you may take leave intermittently or on a reduced work schedule, if medically necessary. When the leave is for adoption or birth of a child, you may take leave intermittently or on a reduced work schedule, that is acceptable to you or your supervisor.

If you request intermittent or reduced leave status, the College may temporarily transfer you to another position of equivalent pay and benefits in order to better accommodate your leave. Intermittent Family Medical Leave is for the same 12-week period.

USE OF PAID-TIME OFF BENEFITS

On Family/Medical Leave, the timesheet should indicate FMLA with the “A” code on the timesheet and this will automatically deduct the leave time from your accrued vacation balance and with the “S” code will charge qualifying sick time for your leave.

Once your vacation balance has been exhausted and there is no paid sick time to charge, your pay will be reduced for all full days of unpaid leave taken or for all hours of unpaid leave taken within a single day. If you are an exempt employee, reducing your pay for partial days off will not impact your exempt status under the Fair Labor Standards Act. While on unpaid leave, the employee is responsible to pay the employee contribution to their health benefits.

LEAVE PROVISIONS FOR SPOUSES BOTH WORKING FOR THE COLLEGE

If leave is taken for the adoption or birth of a child or to care for a sick parent, the maximum combined leave for both spouses is 12 weeks. If leave is taken to care for a sick child or spouse, each spouse is entitled to 12 weeks of leave.

JOB RESTORATION

Most employees granted leave will be returned to the same position held prior to the leave or one that is equivalent in pay, benefits, and other terms and conditions of employment.

Certain highly compensated, salaried employees are eligible for leave, but not guaranteed restoration to their position if they choose to take leave.

EMPLOYEE BENEFITS

Your health care benefits will continue during your leave. Both you and the college will continue to pay your customary contributions of the monthly premium. When on unpaid leave, the Human Resources Department will advise you of the amount due and the payment due dates.

NOTIFICATION

You must provide the college 30 days written notice of your need for leave, or, if emergency conditions prevent such notice, you must notify the college as soon as possible.

You should report periodically on your status during the leave period and notify your supervisor of your return date prior to returning.

CERTIFICATION

Certification of the need for leave to care for your illness or injury or that of a family member is required. You must obtain the following information from a responsible health care provider and make it available to the college:

- ❖ The date the serious health condition began
- ❖ The duration of the condition
- ❖ An explanation of the condition and related facts
- ❖ A statement that you need to care for the ill person and the estimated length of the leave or a statement that you cannot perform the functions of your job
- ❖ If applicable, the medical reasons verifying the need for intermittent leave or a reduced schedule, such as scheduled dates for treatment(s)

DISPUTE RESOLUTION

If there is a dispute about the medical opinion provided by your physician, the College may require a second opinion by a physician of its choice, at its expense. If a third opinion is necessary, a third doctor may be selected, also at the College's expense. The doctor must be agreed upon by both you and the College. The third opinion is binding.

RELEASE TO RETURN TO WORK

A doctor's release is required and brought to Health Services for Clearance to Return to Work, if you are returning from a medical leave of three days or longer.

PROBLEM RESOLUTION

It is the policy of New York Medical College not to interfere with or discriminate against any employee exercising his or her rights under the Federal Family and Medical Leave Act. If you think you have been treated unfairly, please contact the Human Resources Department. If for any reason the problem can not be resolved at that level, please contact the Associate Vice President of Human Resources. The decision of the Associate Vice President will be final and binding.

OTHER BENEFITS

In the event of birth or adoption, you have 31 days from the date of birth/adoption to do the following:

1. Enroll your eligible dependent(s) in your medical/dental plan(s)
2. Initiate or change your deduction in a Health Care or Dependent Care Flexible Spending Account

Also, complete beneficiary forms and federal/state/city tax forms, as appropriate.

FOR MORE INFORMATION

For more information about Family and Medical Leave of Absence, please contact the Associate Director responsible for Family Medical Leave in the Human Resources Department, or refer to the Policies and Procedures Manual (HR.605).

CERTIFICATION OF PHYSICIAN OR PRACTITIONER
(Family and Medical Leave)

1. Employee's Name: _____ Social Security #: _____
2. Patient's Name (If other than employee): _____
3. Diagnosis: _____
4. Date condition commenced: _____
5. Probable duration of condition: _____
6. Regimen of treatment to be prescribed. (Indicate number of visits, general nature and duration of treatment, including to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week).

-
- a. By Physician or Practitioner: _____
 - b. By another provider of health services, if referred by Physician or Practitioner: _____

IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, SKIP ITEMS 7, 8, & 9 AND PROCEED TO ITEMS 10 THRU 14 BELOW. OTHERWISE, CONTINUE BELOW.

Check Yes or No in the Boxes Below, as appropriate.

- | | Yes | No | |
|----|-----|-----|---|
| 7. | [] | [] | Is inpatient hospitalization of the employee required? |
| 8. | [] | [] | Is employee able to perform work of any kind? (if "no", skip Item 9). |
| 9. | [] | [] | Is the employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee). |

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, COMPLETE ITEMS 10 TO 14 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 15.

- | | Yes | No | |
|-----|-----|-----|---|
| 10. | [] | [] | Is inpatient hospitalization of the family member (patient) required? |
| 11. | [] | [] | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? |
| 12. | [] | [] | After reviewing the employee's signed statement (See Item 14 below), is the employee's Presence necessary or would it be beneficial for the care of the patient?
(This may include psychological comfort). |
13. Estimate the period of time care is needed or the employee's presence would be beneficial: _____

ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

14. Family leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule. Please attach.

Employee Signature: _____
Date: _____

Signature of Physician or Practitioner: _____
Date: _____
Type of Practice (Field of Specialization, if any): _____