

APPLICATION INSTRUCTIONS

If you will be off work for five days or more, you must complete and send this application to the DMO. Indicate the type of leave you are requesting, dates of leave, and leave credits to be used.

You must call in daily in accordance with your department's absence notification procedures, notify your supervisor of your expected return to work date and use of leave credits until your leave of absence has been approved by the Disability Management Office.

If you exhaust your sick leave credits and are not using other leave credits:

- You will be taken off payroll
- If eligible, an Application to Continue Insurances (CS1820) will be mailed to you and must be returned to Employee Benefits Division
- You will be responsible for payment arrangement on any other payroll deductions that remain active while on paid leave (Friend of Court, 401K loans, garnishments, levies etc.)
- If enrolled in Long Term Disability (LTD), contact YORK at 800-324-9901 to initiate a claim within two weeks of exhausting your sick leave

For personal illness, a physician statement must be submitted to DMO permitting you to return to work with or without restrictions before the end of your leave.

- Restrictions must indicate the physical limitation and duration
- Restrictions must be approved prior to returning to work

FAMILY AND MEDICAL LEAVE ACT (FMLA)

Under the FMLA, eligible employees have up to 12 weeks of leave in a 12-month period for:

- A serious health condition that makes you unable to perform the essential functions of your job
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care
- The birth of a child or the placement of a child with you for adoption or foster care
- A qualifying exigency arising from your spouse, child or parent being on covered active duty or having been notified of an impending call or order to covered active duty in the Armed Forces.
- To care for a covered service member who is your spouse, child, parent or next of kin

You may also be eligible for up to 26 weeks of leave in a 12-month period for qualifying care for a covered service member, although any other FMLA leave during that period will count toward the 26-week entitlement. Your health benefits can be maintained during an FMLA leave as if you continued to work. You must be reinstated to the same or an equivalent job with the same pay, benefits, and conditions of employment on your timely return from leave.

Clarification and notice of your FMLA rights and responsibilities will be sent to you separately. If you are not eligible for FMLA, you may have other leave options available under civil service regulations or a collective bargaining agreement.

DISABILITY MANAGEMENT OFFICE CONTACT INFORMATION

Toll Free Number: 877-766-6447 Option #2

Fax Number: 517-241-9926

Mail Address: 400 S. Pine, P.O. Box 30002, Lansing, MI 48909