



Leave of Absence (LOA) Guidelines

Supervisors should not email any specific medical information and it is not appropriate to copy multiple individuals on emails containing details about employee medical matters.

Medical information is private and should not be shared with others.

Applies to: Leave of absence for NYS Employees.

Purpose: To provide guidance for staff, supervisors, and SUNY Oswego leadership.

Procedure: Appropriate form(s) and/or supporting documents must be completed and submitted to the Human Resources Office in a timely manner before a leave of absence will be considered for approval. All documentation will be maintained in a confidential and private manner and will be shared with only personnel who have a need to know (includes legal obligation).

Leave of absences for NYS employees are based on medical certifications that are reviewed and approved/denied pursuant to applicable contractual requirements, New York State Department of Civil Service Time and Attendance Rules, SUNY Policies of the Board of Trustees, policies, New York State and Federal laws and regulations.

Leave Types, Forms Required, and Notice Requirement

Type of Leave	Form(s) Required	Leave Notice Requirement
<p><u>Pregnancy, childbirth & childcare leave (includes adoption and foster care placement)</u></p> <p>FMLA: Family members for purposes of FMLA include parent, spouse, or child.</p> <p>PFL (ONLY UUP represented and MC NYS employees): To bond with a newborn, adopted, or foster child in the first 12 months after birth or placement.</p>	<p>Federal DOH Certification of Health Care Provider (CHCP): for employee or qualifying family member.</p> <p>NYS PFL Claim forms (PFL 1 & 2) for UUP and MC employees ONLY.</p>	<p>30 calendar days’ notice is required for foreseeable leave. For unforeseeable leave, absent unusual circumstances, the employee must give notice as soon as practicable (the same day or following business day) to the HR Office and the employee must comply with their department’s usual and customary call-in process (i.e., 2 hours in advance of scheduled shift for foreseeable instances or absent unusual circumstance).</p>

<p><u>Paid Parental Leave (PPL)-</u> (ONLY available for CSEA represented and MC NYS employees): Provides eligible staff with up to 12 weeks of continuous paid leave (without charge of accruals) for bonding with a newborn, adoption, or foster care placement of a child within seven (7) months of qualifying event.</p> <p><i>*Note:</i> All NYS Employees, regardless of sex (or length of service), are entitled to leave without pay for childcare for up to seven months following the date of delivery or adoption placement. For purposes of computing the seven-month period of mandatory leave, periods during which the employee was absent for “disability” or use of leave credits are included; the mandatory seven-month period is not extended by the granting of disability leave or the use of accrued leave. During a period of leave for childcare, employees shall be permitted, upon request, to use annual leave, personal leave, and overtime credits before being granted leave without pay.</p>	<p>Federal DOL Certification of Health Care Provider (CHCP)</p>	<p><u>Under PFL:</u> Eligible employees are allowed to take a continuous or intermittent leave in full day increments to bond with the child ONLY after birth or placement of a child. An employee requesting intermittent leave must submit a schedule for the leave to their manager.</p> <p><u>Under Family and Medical Leave Act (FMLA):</u> Eligible employees can use 12 weeks of FMLA leave for the care of and bonding with a newborn, adopted or foster child for up to one year after birth or placement. There does not need to be a serious health condition or medical necessity for the absence; therefore, childcare during this time would be an allowable reason to take FMLA leave. However, the FMLA stipulates that intermittent leave is only available for the care of a healthy new child with the employer's agreement.</p> <p><u>Under PPL:</u> Employees should inform their manager of their intent to take PPL and coordinate with the HR Office to use/scheduling of their applicable leave entitlements <i>prior</i> to their leave beginning.</p>
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<p><u>Work-related & Non-work-related personal injury/illness leave</u></p>	<p>Federal DOL Certification of Health Care Provider (CHCP). Will require additional completion of SUNY Oswego Employee Work Related Injury & Illness Report.</p>	<p>30 calendar days’ notice is required for foreseeable leave. For unforeseeable leave, absent unusual circumstances, the employee must give notice as soon as practicable (same day or following business day) to the HR Office and the employee must comply with their department’s usual and customary call-in process (i.e., 2 hours in advance of scheduled shift for foreseeable instances or absent unusual circumstances).</p>
<p><u>Absences to care for an eligible seriously injured/ill family member</u></p> <p>FMLA: Family members for purposes of FMLA include parent, spouse, or child.</p> <p>PFL: Family members for purposes of PFL include parent/parent-in-law, spouse, domestic partner, child, grandparent/child, stepparent/child, and as of 2023 includes siblings with a serious health condition.</p>	<p>Federal DOL Certification of Health Care Provider (CHCP)</p> <p>NYS PFL Claim forms (PFL-1, 3 & 4) for UUP represented and MC (unclassified service) employees ONLY.</p>	<p>30 calendar days’ notice is required for foreseeable leave. For unforeseeable leave, absent unusual circumstances, the employee must give notice as soon as practicable (same day or following business day) to the HR Office and comply with their department’s usual and customary absences notification/call-in process (i.e., 2 hours in advance of scheduled shift for foreseeable instances or absent unusual circumstances).</p>
<p><u>New York State Paid Sick Leave (PSL) Law, effective January 1, 2021- Applies only to non-benefits eligible (less than 50% FTE- PT staff)</u></p> <p>Family members for the purpose of PSL include employee’s child, spouse, domestic partner, parent,</p>	<p>An employer may request documentation from an employee confirming their eligibility to take sick leave when the employee uses leave for three or more consecutive and previously scheduled workdays or shifts.</p>	<p>There is no specified notice or time period requirement under the law.</p>

<p>sibling, grandchild or grandparent, the child or parent of an employee’s spouse or domestic partner and any person with whom the employee makes his/her home.</p>		
<p><u>Family military leave of absence for a relative deployed to a foreign country</u></p> <p>FMLA: Family members for purposes of FMLA include parent, spouse, or child. PFL: Family members for purposes of PFL include parent/parent-in-law, spouse, domestic partner, child, grandparent/child, stepparent/child, and as of 2023 includes siblings with a serious health condition.</p>	<p>Military member’s active-duty orders issued by applicable State or Federal Authority, plus WH-384 if requesting “qualifying exigency” leave.</p> <p>NYS PFL Claim forms (PFL-1 & 5) for <i>UUP represented and MC (unclassified service) employees ONLY.</i></p>	<p>Foreseeable leave needs to be communicated as soon as practicable (usually within 30 calendar days). For unforeseeable leave, absent unusual circumstances, the employee must give notice as soon as practicable (same day or following business day) to the HR Office and comply with their department’s usual and customary call-in process.</p>
<p><u>Sabbatical (NYS faculty) or Title F leave (MC and UUP represented employees)</u></p>	<p>Written request, which includes the purpose of the leave, its anticipated duration, & the value to the applicant and the University.</p> <p>Title F Leave Form- President’s signature of approval. Sabbatical- Leave Request form for Sabbaticals.</p> <p>Work product required for both types of leaves either during or immediately following end of leave.</p>	<p>Request needs to be submitted as soon as practicable prior to the requested commencement date of the leave as follows:</p> <ol style="list-style-type: none"> 1. Title F Leaves-to the HR Office (generally no longer than 6-12 months). 2. Sabbatical Leaves- approval by the campus Provost (generally 6 months in advance of leave).
<p><u>Personal Leave of Absence</u></p>	<p>Request for Leave of Absence forms requires written justification and expected duration of leave.</p>	<p>Request needs to be submitted as soon as practicable prior to the requested commencement date of the leave to the</p>

		employee’s manager with follow up to the HR Office. Approval at the discretion of management.
<u>Military Leave (United States related only)</u>	Copy of employee’s active-duty orders.	Military leave orders should be provided to employee’s manager and submitted to HR Office in a timely manner prior to active duty.

Medical Certification (CHCP for FMLA) and Recertification Requirements

The Human Resources Office may request a new CHCP form, or “recertification,” every six months when the duration of an ongoing serious medical condition (e.g., chronic, permanent, long-term condition) is described as "lifetime," “indefinite,” "permanent," etc. Generally, an employee may not be required to provide recertification more often than every 30 days and only in connection with an absence when no minimum duration for the condition is specified.

The HR Office may request a recertification when the original circumstances under which leave was granted have changed or the employer has reason to doubt that the absence is Family Medical Leave Act (FMLA) qualifying. Additionally, recertification is required if the duration of the approved absence due to an employee’s medical leave goes beyond or ends prior to the specific or designated end date as per the previous medical certification.

When returning from a LOA for a personal medical condition (including on-the-job injury/illness), an employee may be required to submit a CHCP form completed by his/her health care provider that certifies his/her ability to safely return to work or fitness for duty. If limitations are required by an employee’s health care provider, they must be reviewed by department management and the HR Office prior to the employee’s return to work to determine if reasonable accommodations can be provided on a temporary or long-term basis and/or if a return-to-work medical exam is required.

Employee Notice Requirements

When an employee has a foreseeable or unforeseeable absence due to an FMLA and/or PFL related reason, the employee must specifically reference the following and comply with normal and customary departmental time off request:

- the qualifying reason for leave (i.e., illness due to personal or family medical condition/serious illness);
- if FMLA leave for themselves or a qualifying family member (and/or PFL) (and if so, who the family member is-i.e., spouse);
- the expected duration of leave (i.e., approx. 2 weeks).

An employee needing FMLA and/or PFL leave (continuous or intermittent) must follow the employer's usual and customary call-in procedures for reporting an absence and absent unusual circumstances justifying the failure to comply; FMLA and/or PFL-protected leave may be delayed or denied, and the employee's leave may be deemed unauthorized (unpaid) due to non-compliance.

Reasons for Requiring Medical Certification

Medical certification or documentation completed by a recognized health care provider may be required for the following reasons:

- Due to a continuous (i.e., more than 3 consecutive calendar days, combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment) OR intermittent leave for a personal serious health condition (i.e., an overnight stay in a medical care facility) OR to care for a seriously ill eligible family member per the FMLA and/or PFL;
- Due to incapacity related to pregnancy;
- Due to an absence of more than four (4) consecutive workdays due to a personal employee disability (per CSEA Labor Agreements).
- When returning from a leave of absence for a personal medical condition (including hospitalization);
- Other absences which require an employee's leave to be substantiated in consultation with the Human Resources Office.

Education/Related Resources

- All applicable [collective bargaining agreements](#) between the public unions who represent SUNY Oswego employees and New York State.
- [NYS Time & Attendance Leave Manual](#)
- [SUNY Policies of the Board of Trustees](#)
- [Family Medical Leave Act \(FMLA\) of 1993 including all amendments](#)
- [New State Paid Family Leave \(PFL\)](#) (Chapter 54, Laws of 2016) amended Workers' Compensation Law Article 9 Regulations and [SUNY policy on PFL](#)
- September 13, 2018, the SUNY Board of Trustees (BOT) approved a [resolution](#) for PFL to be available to unclassified Management/Confidential (MC13) employees

Forms

Please visit the [HR Leaves Programs](#) for additional information/forms.

Accident Reporting/Workers' Compensation

If you have suffered a workplace injury or illness, you may be eligible for workers' compensation benefits. Workers' compensation benefits provide protection for employees relative to medical expenses and loss of salary resulting from an occupational injury or illness. Basic protection is provided under the Workers' Compensation Law. If you have any questions, please contact Human Resources at 315-312-2230.

What to do if you sustained a work-related injury or illness?

For New York State government employees of the State University of New York at Oswego:

1. You must complete an Employee Work Related Injury & Illness Report online at: <https://forms.gle/zccvPTSJHrDr2kus6>.
2. You will receive a copy of the report in your email, *please forward this to your supervisor*.
3. Call the ARS (Accident Reporting System) toll-free number, 1-888-800-0029, within 24 hours of incident or as soon as possible thereafter. ARS will record your injury or illness quickly and confidentially. Write down the incident number the ARS Call Center gives you. *Your call to ARS helps ensure all workers' compensation benefits are available to you as soon as possible. Depending on the nature of your injury or illness, benefits may include medical treatment, wage replacements, leave usage and other benefits. You will not have to pay out-of-pocket costs for medication.
4. Get medical treatment if you need it. Tell your doctor that your injury or illness is work-related.
5. If you begin to lose time from work or have sought treatment, notify HR at hr@oswego.edu immediately. You will need to provide documentation stating the days you missed work and the physician's name, address, phone number.
6. If you are on a workers' compensation leave of absence, please review the below:
 - i. Employee must submit a return-to-work slip from their attending physician to Human Resources prior to returning to work. (*Do not give any medical documentation to your supervisor.*)
 - ii. Human Resource will review the return-to-work slip and provide the employee with a return to work memorandum notifying the employee's supervisor of the employee's ability to return to work. Supervisors may not allow an employee to return to work unless he/she possesses the return-to-work memorandum from Human Resource.
 - iii. If the return to work slip from the employee's attending physician states there are limitations/restrictions on the employee's ability to return to full duty, the attending physician must specify the limitations/restrictions and the duration for each (e.g., standing, bending, lifting, pulling, pushing, repetitive motion, frequency). If the documentation from the attending physician is not clear, Human Resource will ask the employee to obtain clarification from their attending physician.

- iv. Human Resources will review the limitations/restrictions with the employee's supervisor to determine whether it is possible to temporarily modify job duties to comply with the limitations/restrictions. Approval for return with limitations/restrictions will be made on a case-by-case basis, and determination will be communicated to the employee by letter.
- v. If the employee returned to work with limitations/restrictions, the employee must provide follow up medical documentation from their attending physician once the limitation/restriction duration period has ended, stating the employee is now able to perform the full duties of their position.

Frequently Asked Questions

- Q. After I call the ARS toll-free number to report my work-related injury or illness, do I need to do anything else?
- A. *Yes, you must also report your injury or illness to your supervisor and complete the Employee Work Related Injury & Illness Report (<https://forms.gle/zccvPTSJHrDr2kus6>) if you have not already done so.*

- Q. What if I am seriously injured and can't call the ARS toll-free number to report the injury?
- A. *The call to the ARS Call Center can be made by a supervisor, co-worker, or family member.*

- Q. Will the ARS Call Center be able to answer questions about workers' compensation benefits?
- A. *No, the ARS Call Center is only for reporting work-related injuries or illnesses. Workers Compensation Board at 1-877-632-4996 or visit the Workers' Compensation Board website at (<https://www.wcb.ny.gov/content/main/Workers/Workers.jsp>).*

- Q. Who is our workers' compensation insurance carrier?
- A. *NY State Insurance Fund (NYSIF), PO Box 66699 Albany, NY 12206. 315-453-6500*

- Q. What should I do with medical bills received related to my injury?
- A. *Do not pay your doctor or hospital; instruct them to forward the bills to NY State Insurance Fund. Those bills are paid by NY State Insurance Fund unless the Board disallows your case.*

- Q. What if I am absent for one cumulative year?
- A. *Employees absent for one cumulative year due to occupational injury or illness may be terminated from State service under Section 71 of the Civil Service Law, which also provides certain re-employment rights if the employee subsequently recovers.*

Fraud Statement of Workers' Compensation

Any person who knowingly with intent to defraud makes a materially false statement, or conceals a material fact to obtain a benefit, shall be guilty of a crime and subject to fines and imprisonment. Report suspected Workers' Compensation fraud to:

Workers' Compensation Fraud, Inspector General's Office, (518) 473-4839, or Workers' Compensation Fraud, Inspector General, New York State Workers' Compensation Board, 100 Broadway-Menands, Albany, New York 12241.

The above information is published by the Employee Benefits Division of the State of New York, Department of Civil Service, the NY State Insurance Fund, and the Workers' Compensation Board.