



University Human Resources
 Absence Management Specialist
 201 General Academic Building
 Stillwater, OK 74078
 Phone: 405-744-7401 Fax: 405-744-7872
absence@okstate.edu

APPLICATION FOR UNIVERSITY PAID MEDICAL LEAVE POOL

INSTRUCTIONS: **Section I** of this Application is to be completed by the employee requesting leave or someone acting on the employee's behalf. **Section II** is to be completed by the applicant's treating physician. The supervisor/manager's contact information will be completed in **Section III**. Please submit the completed application to University Human Resources, Absence Management Specialist, 201 GAB. The employee and supervisor/manager will be notified by email whether the employee qualifies for the Paid Medical Leave Pool.

TO QUALIFY:

- Benefits-eligible (0.75 FTE) faculty or staff with two or more years of continuous service with OSU.
- Employee must be in good standing with no documented unsatisfactory work performance or corrective actions in the last twelve months.
- May not be on approved status for long-term disability or have a current or pending worker's compensation claim for the same medical condition.
- Must exhaust all available accrued leave (sick, annual, comp time) or short and long-term disability before requesting Paid Medical Leave Pool benefits. FMLA will be auto-designated and run concurrently with this leave if the employee is eligible. Sick and annual leave will not accrue when an employee uses this benefit.
- This leave may not be awarded twice for the same condition.
- **The leave may be used for the employee or caring for a qualifying dependent for extreme, life-threatening illness, impairments, or physical or mental conditions.**

SECTION I - REQUEST FOR LEAVE – To Be Completed by Employee

<i>Name of Employee:</i>		<i>CWID/Banner ID:</i>	
<i>Department:</i>		<i>Job Title:</i>	
<i>Employee's Statement of Medical Condition /Comments:</i>			
<i>Last Day Worked:</i>		<i>Projected Date for Return to Work:</i>	
<i>Employee Signature</i>		<i>Date:</i>	

SECTION II – MEDICAL INFORMATION – Attach Letter from Physician

Please attach a letter from the treating physician that provides the following:

- Name and address of physician***
- Physician's telephone number***
- Summary of medical condition(s) indicating severity***
- Dates of medical absence from work***
- Projected return to work date***
- Projected return to work full-time or part-time and how many hours per week***

PLEASE DO NOT PROVIDE MEDICAL INFORMATION TO ANYONE OTHER THAN THE ABSENCE MANAGEMENT SPECIALIST IN UNIVERSITY HUMAN RESOURCES.

SECTION III – SUPERVISOR/MANAGER INFORMATION	
Name of Supervisor/Manager: (Print or Typed)	Title of Supervisor/Manager:
	Date Forwarded to University Human Resources:
SECTION IV – FOR UNIVERSITY HUMAN RESOURCES USE ONLY	
Date Request Received:	Determination: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify
OSU Hire Date of Requestor:	Start and End Date of Request:
Date Reviewed by AMS:	Date Approved or Denied by Director of HR Consulting:
AMS Signature:	Director Signature:
NOTES: <input type="checkbox"/> Sick, annual, and comp exhausted <input type="checkbox"/> Not on workers' compensation <input type="checkbox"/> Exhausted short and long-term disability <input type="checkbox"/> No CAs or PIPs in last 12 months	

Benefits of University-Paid Medical Leave

- The Paid Medical Leave Pool will provide up to twelve weeks of continuous paid leave, contingent upon available funding (currently set at \$50,000 per fiscal year) and receipt of health care provider documentation.
- Employees on less than twelve-month appointments may not request or receive benefits from the Paid Medical Leave Pool for periods when not in a pay status.
- Receiving this type of paid medical leave does not provide job protection but serves to keep eligible employees in paid status.

Qualifying Dependents (Paid Medical Leave Pool vs. Sick Leave)

PAID MEDICAL LEAVE POOL	SICK LEAVE
Spouse (as recognized under state law for purposes of marriage)	Spouse
Child (birth or placement, biological, adopted, foster, stepchild, legal ward, an adult child with a disability, or a child in loco parentis)	Child
Parent (biological, adopted, step, foster, or in loco parentis) *Does not include in-laws.	Parent (includes in-laws)
	Siblings (includes in-laws)
	Grandparents (includes in-laws)
	Grandchildren