

PROCEDURE

Effective Date: July 1, 2010
 Approved By: Director, Human Resources

Authority: [POL-U5410.03](#)
 Taking Family or Medical Leave

Cancels:

See Also: PRO-U5410.03B FRM-U5410.03A FRM-U5410.03B FRM-U5410.03C FRM-U5410.06C POL-U5410.06 FAQs FAQs	Reporting Intermittent FMLA Leave Pregnancy Medical Certification Form Medical Certification for Employee's Own Condition Medical Certification for Employee's Family Member Condition Domestic Violence Leave Application Requesting and Donating Shared Leave Taking Family Or Medical Leave Domestic Violence Leave for Victims and Family Members
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PRO-U5410.03A

REQUESTING FAMILY OR MEDICAL LEAVE

Action:

Action by:

Employee with need for medical leave

1. **Notifies** supervisor and [Human Resources](#) of need for leave within 30 days of start of leave or as soon as is practicable. (Employees are not required to disclose diagnosis; see #6 in policy regarding confidentiality).
 - 1a. If taking leave under the state military family leave provision (RCW 49.77), **notifies** supervisor and HR within five business days of receiving official notice of an impending call or order to active duty or of a leave from deployment.
2. **Contacts** HR to determine appropriate forms.
3. **Completes** [Special Leave Request Form](#) when dates of leave are known and submits to supervisor. (Do not include medical information in this form.)

Supervisor

4. **Notifies** Human Resources after an employee has:
 - a) Provided notice about a foreseeable need for leave under U5410.03, or
 - b) Had an unforeseeable absence that is expected to continue for more than three days due to a serious illness or serious illness of a family member, or

PROCEDURE

Action by:

Action:

Supervisor (cont.)

c) Taken intermittent leave on a frequent basis due to a serious medical condition or to care of a seriously ill family member.

Human Resources

5. **Maintains** strict confidentiality, only involving those on a need to know basis (see #6 in policy).

Employee with need for medical leave

6. **Provides** employee with required eligibility notification

7. **Requests** required documentation, if needed.

8. **Provides** requested documentation within timeframe given by Human Resources.

Human Resources

9. **Reviews** medical documentation for completeness.

9a. If not complete, **contacts** employee.

10. **Evaluates** request.

11. **Makes** determinations allowed under policy, and applicable contract/handbook provisions and state and federal laws.

12. **Updates** Special Leave Request form as needed and reroutes if necessary.

13. **Provides** employee with designation notice, if applicable.

14. **Locks** Special Leave Request form once all approvers have viewed.

Employee

15. **Reviews** payroll instructions for entering leave in advance or make arrangements with department for time entry proxy during absence.

16. **Contacts** [Benefits office](#) for questions related to benefits while on leave.

Supervisor

17. **Ensures** there is a plan in place for time entry during medical leave.