

Rock Valley College

FMLA Leave Recording of Time Off

RVC Administrative Procedure (3:30.090)

All Family Medical Leave Act (FMLA) time shall be submitted to Human Resources, attention Benefits & Wellness Coordinator. The process is as follows:

1. Once determined that your leave has been approved as qualifying FMLA, correspondence related to your scheduled time off will be forwarded to you from the Benefits & Wellness Coordinator in Human Resources.

Your supervisors(s), along with applicable Human Resources and Payroll personnel will be notified of the approved dates and, if applicable, hours of your approved time off from work.

2. It is your responsibility to submit **weekly by 12:00 PM every Friday**, a Leave Request Card (Example 1) noting any time off for FMLA to the attention of the Benefits & Wellness Coordinator, either through interoffice mail and/or email. If the Leave Request Card is being sent via email, an original will need to follow via interoffice mail.
3. Even if you are on intermittent FMLA and have not taken any FMLA time off, an email needs to be sent from you to the Benefits & Wellness Coordinator informing that no FMLA time off has been taken.
4. If you are an hourly employee and complete a timecard, you will still need to submit a Leave Request Card and also track the FMLA time taken on your timecard (Example 2). This process of completing a weekly Leave Request Card must be completed for the duration of dates of your FMLA approved time off even if you are an exempt employee.
5. Once the information is received in Human Resources, the Benefits & Wellness Coordinator will record your time in Colleague/Ellucian.
6. Reminder, that if you are taking FMLA time for your own condition, you will not be able to return to work unless you have provided Human Resources with a completed Return to Work Form (Form #4) (Example 3).

Reference: N/A

Implemented: February 3, 2020

Rock Valley College

Example 1: Leave Request Card

When filling out your Leave Request Card:

1. Determine if you would like Payroll to take the time/pay from sick, vacation, personal, or compensatory pay.
2. Please put FMLA in the appropriate box and the dates to take the time.
3. Please explain how many hours per day.
4. This needs to be done every week and turned in to Human Resources – Benefits and Wellness Coordinator every week after your supervisor signs off on your time.

Screenshot of an example Leave Request Card:

LEAVE REQUEST CARD RVC Policy governs all leaves

Name _____ ID# _____ Today's Date _____

SIGNATURES

Applicant _____

Supervisor _____

Part-time faculty only _____ CH \$ _____
CH (Contact hours) missed @ \$20 per hour Amount

Budget Number (sub pay) _____ - 51330

Budget Number (reduction in pay) _____

SUBSTITUTES (when applicable)

Name _____ ID# _____ Contact Hr _____

Name _____ ID# _____ Contact Hr _____

Name _____ ID# _____ Contact Hr _____

REASON	DATES	HOURS
SICK	FMLA/10-14-19 - 10-17-19	8
VACATION	(2 hours per day)	
PERSONAL		
TIME W/O PAY		
COMPENSATORY		
COLLEGE BUSINESS		
JURY DUTY/ OTHER		

1. Fill out card by pay period (1–15, 16–end of month) 2. Supervisor approve & sign 3. EXEMPT EMPLOYEES: Submit WHITE copy to Payroll
 (NON-EXEMPT EMPLOYEES: Retain WHITE copy in your department & DO NOT forward any copies to Payroll—Write your leave time on your timecard)

* If applicant has not earned sufficient leave time (vacation, sick, personal, or compensatory), pay will be deducted.

White— Payroll Yellow—Department Pink— Employee

Example 2: Timecard

Screenshot of an example Timecard:

Rock Valley College

Supervisor Signature _____

Day of Month		1/16	2/17	3/18	4/19	5/20	6/21	7/22	8/23	9/24	10/25	11/26	12/27	13/28	14/29	15/30	31
TOTAL HOURS WORKED	1st shift	6			F	M	L	A									
	2nd shift																
	3rd shift																
Overtime Hours (Included above)																	
Comp. Hours Used																	
Sick Hours Used		FMLA															
Personal Leave Hours Used		2															
Vacation Hours Used																	
Deduct Hours					8	8	8	8									

Request Overtime Pay or Compensatory Time Off Use permanent blue/black ink only.

Rock Valley College

Example 3: Return to Work Form (Form #4)

Screenshot of example Return to Work Form:

Rock Valley College RETURN TO WORK FORM #4

Please return/fax this form to Human Resource Services 2 days prior to your return to work. The fax number is 815-921-4769. Please call Human Resources (815) 921-4750 with questions.

Employee Name: _____ SSN: _____

Dear DOCTOR: This form must be completed prior to your patient's return to work at Rock Valley College. If medical restrictions are indicated, we ask that you provide us with a detailed description of any physical limitations and the length of time the patient will be restricted.

Associate/Employee's Work Status: (Please Check One)

_____ Released to full time duty WITHOUT restrictions on _____

_____ Released to RESTRICTED duty from _____ through _____

If hours are reduced, MAY WORK _____ HOURS/DAY & _____ DAYS/WEEK

RESTRICTED DUTY as follows: May lift _____ lbs. May push/pull _____ lbs.

COMMENTS: _____

Associate/Employee MAY:	(67-100%) Continuous	(34-66%) Frequent	(4-33%) Occasional	(1-3%) Seldom	(0%) Never
Simple Grasping					
Gripping with Force					
Fine Manipulation					
Pushing					
Pulling					
Bending					
Kneeling					
Twisting/Turning					
Climbing					
Carrying					
Sitting					
Walking					
Standing					
Working above shoulder level					

Overtime allowance (Circle One): Yes No

FOLLOW-UP CARE

Expected length of treatment (indicate number of days, weeks or months)	Days	Weeks	Months
Next Appointment/Referral	Date: _____		

HAS ASSOCIATE/EMPLOYEE REACHED MAXIMUM MEDICAL IMPROVEMENT? Yes No

Physician Signature: _____ Date: _____

Physician Name: _____ Specialty: _____

Address: _____

Office Number: _____ Fax Number: _____