

Employee Leave of Absence Checklist

What do you need to do if are going out on leave?

Consider the following steps:

- **Notify**

- Speak to your Manager regarding leave request.
- Contact Care Works for medical leave for yourself or family member if you will be out longer than 3 days. (1-888-436-9530)

- **Consider**

- Determine how long you will be away from work.
- Do you have enough leave time to cover the absence?
- Do you want to apply for Shared Leave? (Must meet 20 consecutive work day waiting period) [VoluntarySharedLeave](#)
- Do you want to contact the Employee Assistance Program for additional resources? (1-855-394-5547).

- **Benefits**

- Speak to your Benefits Consultant.
HR Main Line: 984-974-1100
- Determine whether you will continue or cancel benefits during your Leave Of Absence.
- If cancelling you must re-enroll in your benefits within 30 days of returning to work [BenefitEnrollment](#)
- If continuing benefits, payments must be mailed in. Dependents (new baby) must be added within 30 days of your Qualifying Life Event.

- **Returning to Work**

- Upon returning to work ensure that you clock-in and access system. If you can't, please speak with your manager immediately.
- Check your first pay-stub upon returning to work to ensure benefits are correct. If not contact your Benefits Consultant.



Family and Medical Leave Absence Program

Follow these three easy steps when filing a
Family Medical Leave Act (FMLA) claim:

1

Call your supervisor to report your absence.

Failure to do so may result in a policy violation.

2

Contact CareWorks USA, toll free, at
1-888-436-9530 immediately following step 1.

*Failure to contact CareWorks USA
may result in a delay or denial of your claim.*

3

Complete and return information provided
to you as soon as possible.

**Please note, FMLA will run concurrent with
workers' compensation, short term disability,
paid time off and illness bank per policy.**

CareWorksUSA

1-888-436-9530

FMLA Services Administered by CareWorks USA.

VOLUNTARY SHARED LEAVE POLICY SUMMARY OF MAJOR PROVISIONS

The intent of the Voluntary Shared Leave Policy is to allow one employee to assist another in case of a prolonged medical condition that results in exhaustion of all earned leave.

Participant Eligibility	The employee applying for shared leave must be full-time or part-time (assigned to 20 hours or more per work week) with a regular, probationary, trainee or time-limited appointment.
Definition of Prolonged Illness	A prolonged illness continues for at least 20 consecutive workdays and is documented by a medical professional.
Application Process	The employee may apply to participate in the shared leave program or be nominated for participation by a fellow employee.
Required Applicant/Nominee Documentation	<ul style="list-style-type: none"> • Applicant/Nominee Request for Vacation/PTO and/or Sick/Long Term Sick Leave • Authorization for Release of Medical and Other Information
Required Donor Documentation	<ul style="list-style-type: none"> • Donor of Vacation/PTO or Sick/Long Term Sick Leave Form
Donor Provisions	<ul style="list-style-type: none"> • Minimum donation is 4 hours. • Maximum donation amount of vacation/PTO leave by one individual cannot exceed the donor's total annual accrual. • The amount donated cannot reduce the donor's vacation/PTO leave balance below 1/2 of the annual accrual amount or Sick/Long Term Sick Leave Bank balance below 40 hours. • A minimum of 1 (one) employee must donate time in order for the recipient to be eligible to participate in the program. • Applicant is responsible for obtaining his/her own donors. • An immediate family member of any agency may donate Vacation, Sick, PTO or Long Term Sick Leave Bank time to another immediate family member in any agency (refer to Human Resources Policy Manual for definition of Immediate Family Member). • An employee may donate Vacation, Sick, PTO or Long Term Sick Leave Bank time (see Human Resources Policy Manual). • Holiday leave cannot be donated. • All donor forms must be received by Human Resources within 30 days of the employee's last work day.
Impact on Retirement Service Credit	For every hour of sick/Long Term Sick leave donated to Voluntary Shared Leave, there is a reduction in your retirement service credit. For additional information on the policy go to http://intranet.unchealthcare.org/intranet/policies/human_resources/hr0618 .
Confidentiality	The Privacy Act makes medical information confidential. When disclosing information on an approved recipient, only a statement that the recipient (or family member) has a prolonged medical condition needs to be made.



APPLICANT/NOMINEE REQUEST FOR VACATION/PTO AND/OR SICK/LONG TERM SICK LEAVE
 Application for Voluntary Shared Leave Program

INSTRUCTIONS: This form should be completed within 30 days of the employee last work day by the employee requesting shared leave or by the nominating employee requesting leave on behalf of a colleague. Submit the completed form with the Authorization for Release of Medical and Other Information form and at least one donor form to:

UNC Health Care Employee Benefits
 James T. Hedrick Bldg.
 211 Friday Center Drive, Suite 1069
 Chapel Hill, NC 27517

Shared Leave Recipient Name (Applicant or Nominee)		Name			
Applicant/Nominee's Employing Agency		UNC Health Care		Other	Agency
Applicant EID and Home Telephone Number		EID		Home Telephone Number	
Nominator's Name and Relationship (if applicable)		Name		Relationship	
Shared Leave Requested For		Applicant's Medical Condition			
		Immediate Family Member's Medical Condition			
Applicant's Dept. Name and Number		Name		Number	
TACS Coordinator Name and Phone Number		Name		Phone Number	
Applicant/Nominee's Last Work Day		Date	Amount of Time Requested		Hours
Applicant/ Nominee or Nominator Signature		Signature			Date
FOR HUMAN RESOURCES USE ONLY					
Appt. Type	Type	Hours/Week		Hours	
Waiting Period Begins		Date	Waiting Period Ends		Date
Date Leave Balances Checked		Date	Sick/Long Term Sick Leave Bank	Hours	Vacation PTO
Leave Balance Accrual Rates Per Pay Period		Vacation/PTO		Sick/Long Term Sick Leave Bank	
Medical Release Physician Statement Received		Yes/No	Approved	Check	Denied
Human Resources Authorization					Date

AUTHORIZATION FOR RELEASE OF MEDICAL AND OTHER INFORMATION
Application for Voluntary Shared Leave Program

I hereby authorize the physician, hospital, employer, agency or other organization to disclose to my employer any medical records or other information about my illness or illness of an immediate family member for which Voluntary Shared Leave has been applied. I understand that a copy of this authorization is considered to be as valid as the original. Questions may be e-mailed to Employee Benefits at benefits@unch.unc.edu.

Name of Shared Leave Program Applicant or Nominee		Name	
Applicant/Nominee EID		EID	
Name of Immediate Family Member (if applicable)		Name	
Immediate Family Member EID (if applicable)		EID	
Applicant, Nominee or Nominator Signature	Signature		Date
Applicant Address	Street Address		
	City, State, ZIP		

PHYSICIAN'S USE ONLY

The above named individual has applied/been nominated for UNC Health Care Shared Leave program. A physician's statement must accompany the Shared Leave Application. UNC Health Care will not assume responsibility for payment of fees associated with providing the requested information.

NOTE: This form must contain the physician's original signature. A stamp will not be accepted and may delay the Shared Leave application process. After completion of the form, please sign, date and return the form to the following address:

UNC Health Care Employee Benefits
James T. Hedrick Bldg.
211 Friday Center Drive, Suite 1069
Chapel Hill, NC 27517

PHYSICIAN'S DIAGNOSIS			
ESTIMATED DURATION OF ILLNESS OR CONDITION	From	To	Current Date
PHYSICIAN CERTIFICATION	Signature		Printed Name
ADDRESS AND PHONE	Street Address		
	City, State, Zip		Phone



DONOR OF TRADITIONAL / PTO LEAVE
Application for Voluntary Shared Leave Program

INSTRUCTIONS: This form should be completed by the employee donating leave time to an applicant or nominee for the Shared Leave Program. All donations must be submitted within 30 days of the employee last work day. Donations are considered confidential unless the donor gives permission for this information to be released. Members participating in the Teachers' and State Employees' Retirement System will NOT receive credit at retirement for donated sick leave hours. Supervisors/Managers should collect donor forms and mail them to the following address:

UNC Health Care Employee Benefits
James T. Hedrick Bldg.
211 Friday Center Drive, Suite 1069
Chapel Hill, NC 27517

NOTE: Your donation cannot drop your leave balance below half of what you accrue per year. If your balance is already lower than that, you are not eligible to donate.

Shared Leave Recipient's Name	Recipient's Name		
Donor's Name and EID	Donor's Name	Donor's EID	
Donor's Relationship to Recipient	Relationship		
Donor's Dept. Name & Number	Dept. Name	Dept. Number	
Donor's Telephone Numbers	Home Telephone	Work Telephone	
Total Hours Donated	Vacation/PTO Leave	Sick/Long Term Sick Leave Bank	
Is applicant aware of your donation?	YES		NO
Shared Leave Recipient Employer	UNC Health Care		OTHER
If Other, State Agency Name, Address, Phone Number and Contact Person for Shared Leave	Agency Name		
Street Address	City, State, Zip		
Contact Name	Phone Number		
Donor's Signature and Date	Signature		Date
FOR HUMAN RESOURCES USE ONLY			
Appointment Type	Type	Hours Per Week	Hours
Date Leave Balances Checked	Date	Sick/Long Term Sick Leave Bank	Hours
		Hours	Vacation PTO
Leave Balance Accrual Rates Per Pay Period	Vacation/PTO	Sick/Long Term Sick Leave Bank	
Human Resources Authorization	Date		

Step 1 Adding a Qualifying Life Event for Health Benefits and NC Flex Benefits

- Go to <https://shp-login.hrintouch.com>
- Log in to the system using your existing credentials
 - o Your Login ID is your employee ID number
 - o Your password is whatever you have personalized it to
 - o There is a reset your account link if you need to reset your password
- Once logged into the system select "E Enroll, Click Here to Enroll"
- Select "Benefits"
- Select "View/Edit Information" next to the benefit you are trying to change
- Click on "Edit to change benefit" on the right hand side of your screen
- Select life or family event and hit next
- Select the qualifying life event that pertains to your specific situation "_____" "Birth" for example.
- The screen will tell you what you can and cannot change and it will make you acknowledge that you understand by putting a check mark next to yes and hitting next
- Once it takes you to the section with several edit buttons select the edit button that pertains to the change you are trying to make
- Review that the changes you made are the correct changes and then select save

*Please note that if you are trying to change more than 1 benefit due to this qualifying life event you will have to select "view/edit" next to each benefit, enter the qualifying life event and make the appropriate change.

**If you run into any problems with the E Enroll website or you would like to enroll by phone, you may call 1-855-859-0966 for assistance.

Step 2 Dependent Verification

The State of North Carolina requires that UNC Health Care collect proof of dependent eligibility before we are allowed to approve coverage for your benefits. You have 30 days from the date of hire or life event to provide documentation. Please provide this documentation as soon as possible.

This proof can take the form of:

- Birth Certificate
- Adoption Papers
- Marriage License
- Marriage Certificate
- Last year's tax forms showing these individuals listed as dependents

This proof must be scanned (or legibly photographed by your phone if you don't have access to a scanner) and uploaded to the benefits enrollment database at your earliest convenience.

1. Log in at <https://shp-login.hrintouch.com>
2. Click the blue "enroll now" button at the top right of the page
3. Select the icon titled "My Document Center"
4. Click the "+Add Document" button
5. Complete all required fields and select "save"

*If you cannot upload the dependent document please fax a copy to 984-974-1306 and we will upload it for you.



Call your UNC Health Care Employee Assistance Program anytime for confidential assistance.

Call: **855.394.5547**

Go online: guidanceresources.com

TDD: **800.697.0353**

Your company Web ID: **UNCHC**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your UNC Health Care Employee Assistance Program provides support, resources and information for personal and work-life issues. Your UNC Health Care Employee Assistance Program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how your UNC Health Care Employee Assistance Program can help you and your family deal with everyday challenges.

Confidential Counseling

Someone to talk to.

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling, up to five sessions per issue per year, and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

GuidanceResources[®] Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Just call or click to access your services.



UNC
HEALTH CARE

Your UNC Health Care Employee Assistance Program

CALL ANYTIME

Call: **855.394.5547**

TDD: **800.697.0353**

Online: guidanceresources.com

Your company Web ID: **UNCHC**