

PURPOSE

Parental leave provides eligible employees with up to 12 weeks of unpaid parental leave during a 12-month period following the exhaustion of all annual leave in compliance with West Virginia Code (21-5D) and Shepherd University Board of Governors Policy 10. Parental leave is not the same thing as the Federal Family & Medical Leave Act (FMLA) leave.

ELIGIBILITY

In order to meet eligibility requirements, an employee must hold a full-time position at Shepherd University and must have worked for at least twelve (12) consecutive weeks.

PROCEDURE

Employees must submit a completed Request for a Parental Leave of Absence form to the Human Resources Office. Employees must also submit a Medical Leave Verification form completed by an appropriately licensed treating health care provider. The physician's signature is required, as opposed to the signature of a member of the physician's staff.

PROCESS

Parental leave request may be used for the birth or adoption of a child by the employee or because of a planned medical treatment or care for the employee's spouse, son, daughter, parent, or dependent who has a serious health condition.

The employee must provide his/her supervisor with written notice two (2) weeks prior to the expected birth or adoption; or for the medical treatment; or for the supervision of a dependent. Failure to submit a written request may be cause for denial. (BOG Policy 10, Section 7.3)

DURATION

Eligible employees may request no more than twelve (12) weeks of parental leave in any twelve (12) consecutive month period following the exhaustion of all annual leave.

Parental leave will begin after all annual leave has been exhausted by the employee. FMLA will run concurrently with qualifying absences due to parental leave, catastrophic leave, workers' compensation leave, or other applicable personal or medical leaves of absence.

INSURANCE

Eligible employees may continue their group health insurance provided the employee pays the employer the full premium cost of such group health insurance (both the employee and employer share). Arrangements must be made with the Payroll Office for such payments.

LEAVE

All accrued annual leave must be exhausted prior to the beginning of Parental Leave. An employee will be on unpaid leave of absence once their annual leave is exhausted. The employee may be placed on the hourly payroll when they have depleted their leave, at least until they have accrued five days of annual leave. The decision as to whether an employee is paid through the hourly payroll or the salaried payroll is at the discretion of the supervisor.

Spouses and partners of women giving birth generally may take up to two weeks of sick leave in order to provide care to the mother and/or baby. Following that two-week period annual leave would have to be applied by the spouse or partner if s/he wishes to extend his/her absence unless extenuating medical circumstances exist.

RETURN TO WORK

Before employees return to work, they must present to the Human Resources Office or to their supervisor a Medical Release to Return to Work form signed by the treating physician. If the form is presented to the supervisor, then the supervisor must forward the release to the Human Resources Office.

Employees are expected to return to work at the end of Parental Leave. Failure to report promptly at the expiration of an approved leave, except for satisfactory reasons submitted and approved in advance, shall be cause for termination of employment by the institution.

**SHEPHERD UNIVERSITY
REQUEST FOR A PARENTAL LEAVE OF ABSENCE**

Employee's Name: _____

Home Address: _____

Home Phone Number: _____

It is the responsibility of the employee to provide appropriate medical verification (<http://www.shepherd.edu/hrweb/forms.html>) so that a request for leave can be evaluated. The medical leave verification must be completed by an appropriately licensed treating health care provider verifying that the employee request. (The physician's signature is required, as opposed to the signature of a member of the physician's staff.) This completed form must accompany the employee's request for parental leave.

Leave requests must be submitted to the Human Resources Office.

PARENTAL LEAVE REQUEST:

I hereby request a Parental Leave of Absence from Shepherd University for the following date(s):

Start Date: _____ End Date: _____

Reason for Request: _____

I understand that my request may be denied. I understand that I must exhaust all my annual leave prior to beginning the Parental Leave of Absence and that I will not receive pay for hours on parental leave of absence once my leave is exhausted. I further understand that I will be billed for payment to continue any insurance benefits through Shepherd University. Failure to provide payment will result in the cancellation of benefits.

I certify that the above statements are true. I authorize Shepherd University to obtain information necessary to evaluate this request.

Employee's Signature

Date

Shepherd University Medical Leave Verification

Employee's Name: _____

Home Address: _____

Home Phone Number: _____

Physician's Statement (if leave is being requested for Employee):

Medical Condition of Employee: _____

Diagnosis: _____

Prognosis: _____

Duration and Treatment Plan: _____

Employee needs to be off work from _____ through and including _____

Physician's Statement (if leave is being requested for a family member):

Medical Condition of Patient (Family Member): _____

Diagnosis: _____

Prognosis: _____

Duration and Treatment Plan: _____

Relationship of Patient to Employee: _____

Employee needs to be off work consecutively from _____ through and including _____

AND/OR

Employee needs to be off work intermittently from _____ through and including _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Physician's Signature (Must be signed by physician, not staff)

Date

Name of Physician (please print)

Physician's Phone Number

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, PO Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

Employee's Signature

Date

Shepherd University Medical Release to Return to Work

Patient's Name: _____ is released to return to work on _____ with the following restrictions:

_____ No restrictions required

_____ Restricted hours per day: This specified limit _____

_____ Restricted days per week: This specified limit _____

_____ Restricted weight lifting: No greater than: 50 lbs. 20 lbs. 10 lbs. 5 lbs. Other _____

Restrictions during a work shift

Bending/Stooping 0 hours 1-3 hours 4-5 hours 6-8+ hours No restriction

Pulling/Pushing 0 hours 1-3 hours 4-5 hours 6-8+ hours No restriction

Overhead Reaching 0 hours 1-3 hours 4-5 hours 6-8+ hours No restriction

Sitting 0 hours 1-3 hours 4-5 hours 6-8+ hours No restriction

Standing 0 hours 1-3 hours 4-5 hours 6-8+ hours No restriction

If other limitations please specify: _____

These restrictions are to be in effect starting _____ through and including _____

These limitations are: **Permanent** **Temporary**

May resume regular duties on _____ **OR** will be re-evaluated on _____

Physician's Signature (Must be signed by physician, not staff)

Date

Name of Physician (please print)

Physician's Phone Number

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, PO Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

Employee's Signature

Date

It is the employee's responsibility to submit this form to the Department of Human Resources prior to returning to work. Shepherd University will take the suggestions that medical providers make into consideration, but it is the employer's decision as to whether requested accommodations can be met in a reasonable fashion. Employees will be notified by their supervisors if their duties can be modified to meet the restrictions described, or if such modifications cannot be made and they will need to remain off work on medical leave.