



## SF State EMPLOYEES' ROLE IN REQUESTING CSU FAMILY MEDICAL LEAVE (FML)

**Summary:** Learn about your role as an employee in requesting a leave of absence under CSU Family Medical Leave (FML).

**How do I request for a CSU FML leave?** The following provides guidance on the process as well as your responsibilities:

### **Request CSU FML.**

**Inform** your supervisor and Leaves Department of the need for CSU FML. Employees must provide 30 days' advance notice for foreseeable leave, or as much advance notice as is practicable. When 30 days' notice is not possible based upon, for example, an expected birth, placement of a child for adoption or foster care or planned medical treatment for the employee or a family member's serious health condition, the employee must give notice to the employer on the same day that s/he learns of the need for leave, or the next business day, after the need arises for unforeseeable leave, unless impracticable to do so. An employee who takes a foreseeable leave based on planned medical treatment must make a reasonable effort to schedule planned medical treatment or necessary medical supervision so as to minimize any disruption to campus operations. The employee should provide the anticipated date upon which the leave will commence and the projected duration of the leave to the extent known at the time of providing notice.

**Obtain and complete** the necessary request and certification forms (CSU FML Packet) provided by the Leaves Department.

**Review** the CSU FML packet provided by the Leaves Department upon your request for leave:

- **Notice of Eligibility** - Informs employees of their eligibility/lack of eligibility under CSU FML. The notice also provides information on employee rights and responsibilities for taking leave.
- **Employee Rights and Responsibilities under the Family and Medical Leave Act** – Provides information about employee Rights and Responsibilities associated with leaves under the Family Medical Leave Act.
- **Certification of Health Care Provider (CHCP)** – This form must be completed by your/your family member's health care provider to certify that your /your family member's illness is considered a "serious health condition" covered under CSU FML when leave is for a serious health condition. In the case of pregnancy, a physician's note stating the expected leave dates and expected delivery date is required. Certified placement documents will be required for placement of a child.
- **Leave of Absence Request Form**  
Contact the Leaves Department to schedule an appointment if advising and planning are required.



**Consult your health care provider:**

- A. **Request** that your/your family member's health care provider complete the CHCP.
- The campus requires that the CHCP include the date on which the condition commenced and the probable duration of the condition. The campus also requires a statement from the health care provider that the employee is needed to care for the family member, or, if leave is for the serious health condition of the employee, a statement that the employee is unable to perform one or more of the essential functions of his/her job.
  - If the employee requests an intermittent leave or a reduced work schedule, the campus requires that the CHCP include a statement of the medical necessity for the intermittent or reduced work schedule and estimate of the frequency and duration of the episodes of incapacity.
  - The campus also requires an estimate of the employee's modified work schedule and the expected dates and duration of treatment.
- B. **Complete** the Medical Leave of Absence Request form and submit to your department for signatures.
- C. **Return** the completed CHCP and Medical Leave of Absence Request form to the Leaves Department prior to the **15-calendar day** deadline indicated on your notice of eligibility.
- **DO NOT** submit the completed CHCP to your department. This form should be submitted directly to the Leaves Department.

**NOTE: It is important that your/your family member's health care provider answer fully and completely all applicable parts of the CHCP. Responses should be the provider's best estimate based upon the provider's medical knowledge, experience, and examination. Terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine eligibility for CSU FML. CHCP's that are incomplete or insufficient will be returned to the employee and the employee will be directed to obtain the missing information from their health care provider. Failure to timely provide the required information may result in a delay or non-approval of leave.**

**If Leave is approved.**

- A. **Review** the Designation Notice provided to you by the Leaves Department upon receipt of all required documentation.
- B. **Begin** taking your leave (or continue your leave if you are already out of the office).
- C. **Keep in contact** with the Leaves Department if the dates of your leave change. You should not discuss any medical information with your department. If you are placed on a medical leave, you should not perform any work, including responding to e-mails and/or work related phone calls.
- D. **Report** to your department/supervisor any time taken under Intermittent CSU FML. You are responsible for timely notification to your supervisor regarding time missed under CSU FML, and also identifying that the time missed is being taken under CSU FML

**Return to Work**



**Employees on leave due to their own serious health condition and returning to work without any restrictions:**

- A. **Request** your health care provider to complete the Release to Return to Work form (alternately, a doctor note which states the employee may return to work without restrictions is acceptable).
- B. **Submit** the completed Release to Return to Work form directly to the Leaves Department prior to your return to work date.
- C. **Return** to work on the assigned date by your health care provider.

**Employees' on leave due to their own serious health condition and returning to work with restrictions:**

- A. **Any restrictions** will be evaluated as a request for reasonable accommodation by our Disability Program Resource Center (DPRC).
- B. **Request that** your health care provider complete the Request for Certification under FEHA and ADA form.
- C. **Submit** the completed Request for Certification under FEHA and ADA form to the Leaves Department for review **prior to your return to work date. We recommend to provide as much advance notice as possible with regards to a request for accommodation in order to avoid a delay in your return date.**
- D. **Participate** in the Interactive Process – The Office for the Disability Program resource center contact you to discuss your request for an accommodation.

**Do not** submit Return to Work documents to your department. Forms should be submitted directly to the Leaves Department.

- Leaves Department at [leaves@sfsu.edu](mailto:leaves@sfsu.edu)
- Martha Paul, Leaves Manager [mcpaul@sfsu.edu](mailto:mcpaul@sfsu.edu)
- Gauri Durgani, Leaves Specialist [gdurgani@sfsu.edu](mailto:gdurgani@sfsu.edu)