POLICY

The University of Pennsylvania Health System (UPHS) may authorize and grant Leaves of Absence for specified reasons as outlined below including reasonable accommodations under the Americans with Disabilities Act (see Employees with Disabilities Policy).

PURPOSE

The purpose of this policy is to define the terms and conditions, as well as the process and procedure, related to the following types of leaves of absence:

1. Family & Medical Leave (FMLA)
2. Other Medical Leave
3. Personal Leave
4. Educational Leave
5. Bone Marrow, Stem Cell or Organ Donation Leave

This policy is not intended to address Military Leave or Leave of Absence for Sexual or Domestic Violence, each of which is addressed in a separate policy.

This policy is intended to be read in conjunction with the Employees with Disabilities policy, so as that policy relates to leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) and similar applicable state or local law, including laws governing leave related to pregnancy, childbirth and related medical conditions. Where appropriate, leave as a reasonable accommodation will run concurrently with Other Medical Leave.

SCOPE

This policy applies to all regular employees (excluding House Staff) who meet the specified eligibility requirements for the various types of leave. House Staff employees should see their Program Director or the Graduate Medical Education Office. Where any part of this policy is inconsistent with the provisions of an applicable collective bargaining agreement, the latter shall prevail.

UPHS complies with all applicable federal, state and local laws pertaining to leave, disability and reinstatement rights and benefits, including those under the Family and Medical Leave Act (FMLA), the Americans with Disabilities Act (ADA) and similar applicable state and local laws, including laws governing leave related to pregnancy, childbirth and related medical conditions. In the event of a conflict between this policy and any of those laws, UPHS will comply with such laws.

IMPLEMENTATION

Implementation and control of this policy are the responsibilities of the Department Directors/Business Administrators, Entity Senior Leadership, and Human Resources.

SERVICE REQUIREMENTS

A. FAMILY & MEDICAL LEAVE (FMLA)
   An employee is eligible for Family & Medical leave who has worked 1250 hours in the 12 month period immediately preceding the date the requested leave of absence is to begin and who has completed a combined total of at least one year (365-days) of prior service at any time in the past (including temporary assignments at UPHS). Any periods of approved Military Leave should be counted when calculating these hours of service requirements for FMLA leave.

B. OTHER MEDICAL LEAVE (when the employee has exhausted or is not eligible for FMLA)
   All employees who have completed 180 days of service are eligible to apply for Other Medical Leave.

C. PERSONAL LEAVE
   All employees who have completed 180 days of service are eligible to apply for a Personal Leave.
### LEAVE OF ABSENCE

D. **EDUCATIONAL LEAVE**

All employees who have completed 180 days of service are eligible to apply for an Educational Leave.

E. **BONE MARROW, STEM CELL or ORGAN DONATION LEAVE**

All active regular full-time and regular part-time employees who have completed 90 days of service are eligible to apply for an Organ Donation leave.

## COVERED USES

### A. FAMILY & MEDICAL LEAVE (FMLA)

An eligible employee may request FMLA leave:

1. For the birth of a child of the employee and in order to care for such child.
2. For the placement of a child with the employee for adoption or foster care.
3. In order to care for the spouse/same sex domestic partner, child or parent of the employee, if such spouse, child or parent has a serious health condition.
4. For a serious health condition that makes the employee unable to perform the functions of the position of such employee.
5. For any qualifying exigency arising out of the fact that the spouse/same sex domestic partner, child or parent of the employee is on covered active duty or call to covered active duty status.
6. For the care required by a covered servicemember with a serious illness or injury if the employee is the spouse/same sex domestic partner, child, parent or next of kin of the covered servicemember.

### B. OTHER MEDICAL LEAVE

An eligible employee may request Other Medical Leave when the employee requires continuous leave for his or her own serious health condition and the employee:

1. Is a new employee who has worked for at least 180 days and has worked at least 625 hours during the immediately preceding 180 days but is not eligible for FMLA leave because he or she has not satisfied the length of service requirement for FMLA leave (i.e., has not worked for UPHS for 12 months); or
2. Has exhausted his/her FMLA leave entitlement by taking continuous/consecutive FMLA leave but cannot return to work at the end of this leave and requires additional leave due to the same medical condition.

Other Medical Leave must be taken continuously/consecutively, and it may not be taken more than once during a rolling 12 month period.

Employees who are not eligible for Other Medical Leave but who wish to request leave as a reasonable accommodation under the Americans with Disabilities Act, or similar applicable state or local law, should refer to the Employees with Disabilities policy, which includes information regarding the process for requesting an accommodation. Accommodation requests will be received and evaluated pursuant to the procedure described in the Employees with Disabilities policy.

Employees who are not eligible for Other Medical Leave or Family & Medical Leave but who wish to request leave as a reasonable accommodation due to pregnancy, childbirth or a related medical condition should following the accommodation request process described in the Employees with Disabilities policy.

### C. PERSONAL LEAVE

An eligible employee may request a Personal Leave for a reason that is not covered under another leave category. For example only, a Personal Leave may be appropriate if (1) an employee requires leave to care for a family member who is not covered under Family & Medical Leave (FMLA) (e.g., a grandparent), or (2) requires additional time beyond an approved FMLA leave to care for a family member. Personal Leave is not intended to be used for situations where an employee seeks leave for his or her own medical condition. The Department Director or Business Administrator and the Senior VP will determine the approval of the leave based on the operational needs of the department. Personal Leave will not be approved if there is another type of leave that is more appropriate.

### D. EDUCATIONAL LEAVE

An eligible employee may request an Educational Leave to continue his or her own education. The Department Director or Business Administrator and the entity Senior Leadership will determine the approval of the leave based on the operational needs of the department.
E. BONE MARROW, STEM CELL or ORGAN DONATION LEAVE
An eligible employee may request a Bone Marrow/Stem Cell/Organ Donation leave when the employee intends to donate bone marrow, stem cells or a major organ to another person. The employee must be the donor and must need time off to recover following the donation of bone marrow, stem cells or a major organ (lung, liver or kidney) to another person.

DEFINITIONS (APPLICABLE TO FMLA LEAVE AND OTHER MEDICAL LEAVE ONLY)

A. ARMED FORCES includes the United States Army, Navy, Air Force, Marine Corps, and Coast Guard, including the National Guard and Reserves.

B. A CHILD is defined as a biological, adopted or foster child; stepchild; legal ward; or child for whom an employee acted as a parent who is under 18 years of age or, if older than 18 years of age, is incapable of self-care because of a mental or physical disability. Please note that this age restriction does not apply when FMLA leave is taken for a qualifying exigency or to care for a covered servicemember.

C. COVERED ACTIVE DUTY OR CALL TO COVERED ACTIVE DUTY STATUS – This term includes the following:
1. In the case of a member of the regular Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; or
2. In the case of a member of the Reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to Section 101(a)(13)(B) of Title 10, United States Code.

D. COVERED SERVICEMEMBER - The term “covered service member” means:
1. A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious illness or injury; or
2. A covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. For purposes of this definition, a covered veteran means an individual who was a member of the Armed Forces (including a member of the National Guard or Reserves), and was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. Note, however, that the period between October 28, 2009 and March 9, 2013 shall not count towards the determination of the five-year period for covered veteran status.

E. NEXT OF KIN means the nearest blood relative of the employee.

F. QUALIFYING EXIGENCY means the following events, which are further defined by applicable FMLA regulations: (1) short-notice deployment; (2) military events and related activities; (3) childcare and school activities; (4) financial and legal arrangements; (5) counseling; (6) rest and recuperation (i.e., to spend time — up to 15 calendar days — with the military member who is on short-term temporary Rest and Recuperation leave during the period of deployment); (7) post-deployment activities; (8) parental care (i.e., where the military member’s parent is incapable of self-care); and (9) additional activities not encompassed in the other categories, but agreed to by UPHS and the employee.

G. SERIOUS HEALTH CONDITION
An illness, injury, impairment, or physical or mental condition that involves one or more of the following:

a. Hospital Care - Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

b. Absence Plus Treatment - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
   (1) Treatment two or more times within 30-days of the first day of incapacity, unless extenuating circumstances exist.

1 Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.
by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider: or

(2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

c. **Pregnancy.** Any period of incapacity due to pregnancy, or for prenatal care.

d. **Chronic Conditions Requiring Treatments.** A chronic condition that:
   a. Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
   b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
   c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

e. **Permanent/Long-term Conditions Requiring Supervision.** A period of incapacity, which is permanent or long-term, due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

f. **Multiple Treatments (Non-Chronic Conditions).** Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

H. **SERIOUS INJURY OR ILLNESS** — This term includes the following:
   a. For a current member of the Armed Forces, including a member of the National Guard or Reserves, an injury or illness incurred by the covered servicemember in the line of active military duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

   b. For a covered veteran, an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran and provided one of the additional criteria as described in 29 C.F.R. § 251.27(c)(2)(i)-(iv) is satisfied.

**DURATION**

**A. FAMILY & MEDICAL LEAVE (FMLA)**

An eligible employee may receive up to 12 weeks of FMLA leave per rolling 12-month period. The rolling 12-month period is measured backward from the date the leave commenced or will commence. The 12 weeks of FMLA leave may be taken consecutively/continuously or on an intermittent or reduced schedule basis, except as indicated below. Approved FMLA taken intermittently or on a reduced schedule shall be calculated based on an employee’s scheduled or regularly budgeted hours.

An eligible employee who is the spouse/same sex domestic partner, son, daughter, parent, or next of kin of a covered service member shall be entitled to a total of 26 workweeks of FMLA leave during a 12-month period to care for the service member. The 26 workweeks for this type of leave is measured forward from the date an employee first begins leave for this purpose.

FMLA leave for the birth, placement for adoption or foster care of a child must be taken and conclude within the first year.

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2 A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.
of the birth or the placement for adoption or foster care. Requested time must be taken in one continuous period of up to a maximum of 12-weeks. Unless medically necessary, intermittent leave will not be granted for the birth, placement for adoption or placement for foster care of a child. However, leave for the placement for adoption or foster care of a child may be taken intermittently before the child has been placed if absence from work is required for the adoption or foster care process to proceed.

If both parents are employed by UPHS and are eligible for FMLA under this policy for the birth of a child or the placement of a child with them for adoption or foster care, or to care for a parent with a serious health condition, total leave for both, for any one of these reasons, may be limited to 12 work weeks during any 12-month period. Any period of incapacity either before or after the birth of a child may be considered FMLA, where the employee meets the eligibility requirement, and would not be subject to the combined limit. The Department Director and/or Business Administrators may choose to make exceptions to this limitation.

B. OTHER MEDICAL LEAVE
An eligible employee may request up to a maximum of 12 weeks of Other Medical Leave per rolling 12 month period.

Employees who wish to request additional leave as a reasonable accommodation for their own medical condition under the Americans with Disabilities Act, or similar applicable state or local law, should refer to the Employees with Disabilities policy, which includes information regarding requesting an accommodation. Accommodation requests will be received and evaluated pursuant to the procedures described in the Employees with Disabilities policy. Employees who wish to request additional leave as a reasonable accommodation due to pregnancy, childbirth or a related medical condition should follow the accommodation request process described in the Employees with Disabilities policy.

C. PERSONAL
An eligible employee may request up to a maximum of 12 weeks of Personal Leave per rolling 12 month period.

D. EDUCATIONAL
An eligible employee may request up to a maximum of 12 weeks of Educational Leave per rolling 12 month period.

E. BONE MARROW, STEM CELL or ORGAN DONATION LEAVE
An eligible employee may request the following time off, depending on the type of donation:
- Bone Marrow – maximum of five (5) calendar days
- Stem Cell – time off equal to number of collections
- Kidney – maximum of thirty (30) calendar days
- Liver – maximum of forty-five (45) calendar days

F. COMBINED TOTAL LEAVE
Employees generally will not be granted more than 24 total weeks of leave in a rolling 12-month period when combining all available leave types, except where additional leave is required by law. For example only, additional leave may be required for an employee to care for a covered servicemember with a serious illness or injury or additional leave may be required as a reasonable accommodation under the ADA or similar applicable state or local law.

REQUESTING LEAVE

A. ALL LEAVE
All employees requesting a leave of absence for any reason (FMLA, Other Medical Leave, Personal Leave, Educational Leave, Bone Marrow/STEM Cell/Organ Donation Leave) must submit a Leave of Absence Request.

B. FMLA AND OTHER MEDICAL LEAVE
For FMLA Leave and Other Medical Leave, the employee must submit a leave request through e-STAR or by calling Disability Management at 215-615-2360. For planned absences, this request must be made no later than 30 days prior to the date the requested leave of absence is to begin. For unplanned absences, the employee must notify Disability Management at 215-615-2360 or his/her supervisor or as soon as possible after the employee determines that s/he needs to
request leave. Regardless of how this notice is provided, the employee is still required to comply with his/her department's call-out procedures. (Note: Advance notice is not required for leave due to a qualifying exigency, as described above.)

CERTIFICATION FORM REQUIREMENTS FOR FMLA AND OTHER MEDICAL LEAVE

A. INITIAL CERTIFICATION
In order to qualify for FMLA and/or Other Medical Leave, an employee must ensure that UPHS receives an accurate, complete and sufficient Certification supporting the employee's FMLA or Other Medical Leave request within 15 days from the date the employee receives the Certification form. There are several different types of Certification forms. The type of Certification form that must be completed and who must complete it depends on the purpose for which the leave is requested. For example, if an employee requests FMLA or Other Medical Leave for his or her own serious health condition, the employee must have his or her own health care provider complete the form. If the employee requests leave to care for a child, parent or spouse/domestic partner, then the family member's health care provider must complete the form. In the event the leave is being requested because of birth, adoption, or foster care placement, no Certification form is necessary; however, other appropriate proof may be required.

Employees will be advised in writing by Disability Management of the need to provide a completed Certification, and they will be provided a copy of the Certification form that must be completed. The completed Certification form must be returned to the Department of Disability Management within 15 days from the date the employee receives the form. FMLA leaves of absence and Other Medical Leave will not be approved until a completed Certification form is provided supporting the need for leave.

Employees who fail to return the Certification form within 15 days, absent extenuating circumstances, may have their leave delayed or denied, and any related absences will be considered an occurrence or occurrences, as appropriate, under the Performance Improvement and Progressive Steps policy. Employees who are unable to timely return the Certification are required to notify Disability Management prior to the due date, with an explanation of the extenuating circumstances causing the delay and a date by which the Certification form will be received. Disability Management will be responsible for reviewing extension requests and extenuating circumstances and determining if an extension is appropriate. An employee may be subject to disciplinary action for failure to timely return the Certification form, unless there are extenuating circumstances and/or the employee requested and was granted an extension of time from Disability Management in advance of the Certification's due date.

For Certification forms that must be completed by a health care provider, it is the employee's responsibility to coordinate with the health care provider's office to ensure that the completed Certification of Health Care Provider form is returned to the Department of Disability Management within 15 days from the date the employee receives the form.

B. SECOND AND THIRD OPINIONS
The employee, upon UPHS's request, may be required to undergo an examination by a health care provider designated by UPHS at the expense of the employee's home department. If the second opinion differs from the first, UPHS may require a third opinion at the expense of the employee's home department, by a health care provider jointly approved by UPHS and the employee, whose opinion shall be final and binding. Failure to attend any medical examinations requested under this policy may result in the delay or denial of the leave, as well as disciplinary action up to and including termination of employment.

C. RECERTIFICATION
UPHS may require that the employee obtain subsequent re-certification of a serious health condition at reasonable intervals during the leave. Certification for a serious health condition will be required for each subsequent request for a leave of absence due to an employee's own serious health condition or the serious health condition of a family member.

USING FMLA LEAVE ON AN INTERMITTENT BASIS

A. FREQUENCY AND DURATION OF ABSENCES
It is important to note that for any approved Intermittent leaves, an employee will only be approved for the frequency and duration that the health care provider indicated on the Certification of Health Care Provider Form. Any leave dates outside
the parameters of the approved frequency and/or duration may require an updated Certification of Health Care Provider Form in order to be protected under the FMLA. Should an employee's pattern of absences become inconsistent with what the health care provider has authorized, the employee will be required to provide Disability Management an updated Certification of Health Care Provider Form. An employee may be subject to disciplinary action for failure to timely return the Certification form, unless there are extenuating circumstances and/or the employee requested and was granted an extension from Disability Management in advance of the Certification's due date.

B. CALL OUT PROCEDURES
When an employee who has been approved for intermittent FMLA leave seeks to use that leave on a particular day, the employee must follow the regular call-out procedures for his/her department and make clear that the time off is for the approved FMLA reason.

C. SCHEDULING APPOINTMENTS
Employees taking intermittent FMLA must make a reasonable effort to schedule any appointments for treatment outside regular work hours.

D. INCREMENTS OF FMLA USE
Intermittent FMLA may be taken in fifteen (15) minute increments.

USING FMLA LEAVE ON A CONTINUOUS/CONSECUTIVE BASIS

A. EMPLOYEE UPDATES DURING LEAVE
The employee must keep his/her supervisor informed and up-to-date on his/her status throughout the leave periodically as agreed upon by the employee and the supervisor. In the event it is necessary for an employee to take more leave than originally anticipated or the employee discovers after beginning leave that the circumstances have changed and the amount of leave originally anticipated is no longer necessary, the employee must provide his/her supervisor with no less than two business days' notice of the changed circumstances, where foreseeable.

B. REQUESTING ADDITIONAL LEAVE
If an employee is unable to return to work at the conclusion of his or her consecutive/continuous FMLA leave, the employee must notify his or her supervisor and Disability Management of the need to request an extension. If the employee has not exhausted his or her FMLA leave entitlement, he or she may request additional FMLA leave. If his or her FMLA leave entitlement has been exhausted, the employee may request Other Medical Leave. The extension request will be treated as a new request for either FMLA leave or Other Medical Leave, as applicable, and the same Certification and other requirements will apply.

NOTICE OF INTENT TO RETURN TO WORK

Employees should notify their supervisor of their intent to return from an approved leave of absence at least two weeks in advance of the expected date of return. If the return to work date is unforeseeable, an employee must give at least two full business days' notice of intent to return to work. If the employee fails to notify the supervisor and does not return by the agreed date, the employee may be subjected to disciplinary action, up to and including termination.

FITNESS FOR DUTY CERTIFICATION REQUIREMENT FOR RETURN FROM FMLA AND/OR OTHER MEDICAL LEAVE

A. AT THE CONCLUSION OF CONSECUTIVE/CONTINUOUS FMLA LEAVE AND/OR OTHER MEDICAL LEAVE
If an employee is returning to work following consecutive/continuous FMLA Leave for his or her own medical condition or following Other Medical Leave, the employee must present documentation from his or her health care provider indicating his/her ability to resume work at the conclusion of his/her leave. Failure to timely provide this return-to-work release will result in a delay in the employee's return to work.
B. DURING INTERMITTENT FMLA LEAVE
A fitness-for-duty certification may be required for an employee on intermittent FMLA Leave if reasonable safety concerns exist regarding the employee's ability to perform his or her duties based on the medical condition for which the employee is taking intermittent leave.

OTHER EMPLOYMENT DURING LEAVE
An employee may not engage in outside employment while on FMLA Leave, Other Medical Leave, Personal Leave, Educational Leave or Bone Marrow/Stem Cell/Organ Donation Leave, without the express, prior written permission of his or her Department Director. This restriction also applies to employment within UPHS and the University of Pennsylvania.

PAY DURING LEAVE
A. FMLA and OTHER MEDICAL LEAVE
FMLA and Other Medical Leave are unpaid, except that employees are required to exhaust their accrued, applicable paid time off.

Employees must first exhaust all available sick time, if applicable, in instances where they have requested and been approved for a leave of absence for their own medical condition. Accrued sick time can only be used during leaves of absence when taken for the employee's own medical condition. Available vacation and personal hours, if applicable, can only be used after the exhaustion of the employee's available sick balance when leave is taken for an employee's own medical condition. An employee may reserve a maximum of 40 hours vacation and/or personal hours (or PTO, if applicable) while on an approved leave of absence. Otherwise, employees are required to exhaust all applicable, accrued sick, vacation and personal time (or PTO, if applicable) when taking FMLA.

An employee's usage and payment of any accrued paid time off benefits will be done in increments equal to the amount of time off.

No vacation, sick or holiday accruals are earned while on an unpaid leave of absence. Employees on an approved unpaid leave of absence will not be paid for any legal holidays that occur during their approved leave period.

If the reason for a Leave of Absence is for the birth of a child, sick time may be used for post-partum recovery and any other documented time off for medical reasons related to the pregnancy (i.e., complications before or after delivery).

B. PERSONAL LEAVE AND EDUCATIONAL LEAVE
Personal Leave and Educational Leave are unpaid, except that employees are required to exhaust their accrued, applicable paid time off. An employee may reserve a maximum of 40 hours vacation and/or personal hours while on an approved leave of absence.

An employee's usage and payment of any accrued paid time off benefits will be done in increments equal to the amount of time off.

No vacation, sick or holiday accruals are earned while on an unpaid leave of absence. Employees on an approved unpaid leave of absence will not be paid for any legal holidays that occur during their approved leave period.

C. BONE MARROW, STEM CELL or ORGAN DONATION LEAVE
In order to encourage donation and to ensure that the employee is not penalized and does not suffer any financial hardship to provide this "Gift of Life", the employee will be paid regular time. No vacation, personal or sick time (or PTO, if applicable) will be utilized. Time off will not be counted towards an employee's other leave entitlements.
HEALTH INSURANCE BENEFITS

A. FAMILY & MEDICAL LEAVE (FMLA)
While on an approved FMLA leave of absence an employee’s health benefits will be maintained during any period of paid or unpaid FMLA under the same conditions as if the employee continued to work. If the employee normally pays a portion of the premiums for his/her health insurance, these payments will continue to be made by the employee during any period of FMLA leave for which they use paid time off benefits. If no paid-time off benefits are used during the FMLA leave, the leave will be considered unpaid time off and benefit premiums normally made by the employee will be made on the employee’s behalf by the University of Pennsylvania Health System. Premium contributions will resume the first pay date following the employee’s return to work. Any employee contributions for premiums made on behalf of the employee by UPHS while on an approved unpaid FMLA leave of absence will be collected from the employee’s first regular paycheck upon their return from leave of absence to regular benefit eligible active status, unless the employee makes arrangements with the Corporate Benefits Office for a different repayment schedule. If the employee does not return to work following an approved FMLA for any reason other than (1) the continuation, recurrence, or onset of a serious health condition which entitled the employee to FMLA or (2) other circumstances beyond the control of the employee, the employee may be required to reimburse the University of Pennsylvania Health System for their share of the premiums paid on their behalf during FMLA leave.

In the event of the birth of a child or the placement of a child for adoption or foster care the employee must notify the Corporate Benefits Office within 30-days to have the child added to any applicable benefit.

B. OTHER MEDICAL, PERSONAL AND/OR EDUCATIONAL LEAVE
In instances of an approved Other Medical, Personal or Educational leave of absence, health insurance benefits may terminate at the end of the month following the exhaustion of the employee’s paid time off benefits, unless the employee chooses to pay for the costs of insurance continuation under COBRA provisions, if eligible.

If benefits terminate while an employee is on an unpaid Other Medical, Personal or Educational leave of absence, benefits will not be reactivated until the employee returns to a paid, benefit-eligible status. However, this is not an automatic process. The employee should contact the Corporate Benefits Office to make any eligible changes. In the event of the birth of a child or the placement of a child for adoption or foster care the employee must notify the Corporate Benefits Office within 30-days to have the child added to any applicable benefit.

If an employee does not return to work after an approved Other Medical, Personal or Educational leave and UPHS continued the employee’s benefits on the employee’s behalf during the leave, the employee may be required to reimburse UPHS for the costs it incurred in providing benefits for the employee and/or their family during the leave.

C. BONE MARROW, STEM CELL or ORGAN DONATION LEAVE
While on Bone Marrow, Stem Cell or Organ Donation Leave, an employee’s health benefits will be maintained under the same conditions as if the employee continued to work. If the employee normally pays a portion of the premiums for his/her health insurance, these payments will continue to be made by the employee.

TUITION ASSISTANCE

See Tuition Assistance Benefit for UPHS Employees Policy for information regarding the impact of leaves of absence on tuition assistance.

JOB RESTORATION

A. FAMILY & MEDICAL LEAVE (FMLA)
Following any approved FMLA leave of absence, an employee generally will be entitled to return to the same position of employment or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment. The employee returning from an approved FMLA leave of absence will not suffer any loss of employment benefits accrued prior to the date on which the leave commenced. Reinstatement may be denied in certain situations, consistent with applicable law.
B. OTHER MEDICAL LEAVE
An employee who is granted Other Medical Leave is not automatically entitled to return to his or her former position upon the conclusion of the Other Medical Leave. If UPHS determines that it is not able to hold the employee’s position, the employee will be notified of this and provided information regarding the date through which the position will be held and the process for requesting a reasonable accommodation under the Employees with Disabilities policy if the employee wishes to explore returning to work by this date with or without a reasonable accommodation. If the employee’s former position is filled before the employee is able to return to work, the employee shall remain on a leave status for the duration of his/her approved Other Medical Leave. If the employee has not obtained another position within this period, his/her employment with UPHS may be terminated at the end of the Other Medical Leave.

C. PERSONAL OR EDUCATIONAL LEAVE
UPHS cannot guarantee that the employee’s former position will be available upon the conclusion of an approved Personal or Educational Leave of Absence. If the employee’s former position is filled, the employee shall remain on a leave status, for the duration of his/her approved Personal or Educational leave. If the employee has not obtained another position within this period, his/her employment with UPHS may be terminated.

D. BONE MARROW, STEM CELL OR ORGAN DONATION LEAVE
An employee on leave for Bone Marrow, Stem Cell or Organ Donation will be returned to the same position of employment following the leave.

WORKERS COMPENSATION
In instances where an employee is taking FMLA or Other Medical leave due to an injury sustained while in the course and scope of his/her employment and has applied for Worker’s Compensation benefits, an approved FMLA or Other Medical leave will run concurrently with any approved Workers’ Compensation benefit(s). Please see Worker’s Compensation Policy.

EMPLOYEE PERFORMANCE ASSESSMENT
While an employee is in an approved consecutive leave of absence status, the time that the employee is away will be removed from the calculation for Performance Appraisal Compliance. The due date for the employee’s Performance Appraisal will be adjusted by the amount of time the employee was on a leave of absence.

Any questions regarding this policy may be referred to Human Resources, Disability Management Office.

SUPERSEDES: 07/01/03, 03/01/09, 12/01/12

ISSUED BY: Patricia J. Wren, Vice President, Human Resources
NEW JERSEY FAMILY LEAVE ACT ADDENDUM

This Addendum is intended to supplement the Leave of Absence policy. Except where noted in this Addendum, leave under the New Jersey Family Leave Act (NJFLA) will be subject to the same terms and conditions as leave under the federal Family and Medical Leave Act (FMLA), as described in the Leave of Absence policy.

SERVICE REQUIREMENT

An employee of the University of Pennsylvania Health System who is regularly employed in the State of New Jersey is eligible for leave under the NJFLA, provided the employee has worked 1,000 hours in the 12 month period immediately preceding the date the requested leave of absence is to begin and has completed a combined total of at least one year (365-days) of prior service at any time in the past (including temporary assignments). Any periods of approved Military Leave should be counted when calculating these hours of service requirements for NJFLA leave.

LEAVE ENTITLEMENT

Eligible New Jersey employees may take up to 12 weeks of NJFLA leave in a 24-month rolling period for (1) the birth or adoption of a child, or (2) the serious health condition of a family member. In instances where an employee is eligible for leave under both the federal Family and Medical Leave Act (FMLA) and the New Jersey Family Leave Act (NJFLA), leave under these laws will run concurrently.

1) Birth or Adoption

A New Jersey-employed employee may request leave under the NJFLA for the birth, placement for adoption or placement for foster care of a child.

Leave for the birth, placement for adoption or foster care of a child must be taken and conclude within the first year of the birth or the placement for adoption or foster care. Requested time must be taken in one continuous period of up to a maximum of 12-weeks. Unless medically necessary, under the NJFLA intermittent leave will not be granted for the birth, placement for adoption or placement for foster care of a child.

2) Serious Health Condition of a Family Member

A New Jersey-employed employee may also request leave under the NJFLA for the care of a family member who has a serious health condition.

Under the NJFLA, a family member is defined as a child (biological, adopted or foster child; stepchild; legal ward; or child for whom an employee acted as a parent) who is under 18 years of age or if older than 18 years of age is incapable of self-care because of a mental or physical disability, a parent (in-law, biological, adoptive, foster, or individual who acted in the place of a parent for the employee), or a spouse or civil union partner.