

Extended Leaves of Absence

- ▶ Various Extended Leaves
- ▶ Medical--FMLA--Intermittent FMLA
- ▶ Sick Leave Bank
- ▶ Workers' Compensation
- ▶ Assault Leave

▶ **Not all employees are eligible for all types of leave. Reference the following concerning each type of leave and whether it is available to the employee.**

- ▶ Negotiated Agreement
- ▶ Employee Handbook
- ▶ www.aps.edu, Extended Leaves Department
- ▶ Extended.Leaves@aps.edu
- ▶ (A-L) 505 889-4886
- ▶ (M-Z) 505-889-4865
- ▶ www.aps.edu, Sick Leave Bank Department
- ▶ Sick Leave Bank 505-889-4858
- ▶ www.aps.edu, Risk Management Department
 - ▶ Insurance Programs, Workers' Compensation Insurance
 - ▶ Occupational Health

To be eligible for an extended medical and/or parental leave of absence, an employee must have been actively employed with APS a minimum of **one (1) contract year** immediately prior to the leave start date.

How far in advance should an employee request an extended leave of absence?

- **Thirty (30) calendar days notification** to the Extended Leaves Office **prior** to the commencement of leave of absence.
- Thirty (30 day) notification may be waived in emergency or extenuating situations.
- It is the employee's responsibility to get the leave information to the Extended Leaves Office as soon as possible, no later than 18 days after notification of medical condition.
- **Leaves will not be processed retroactively which may affect an employee's performance evaluation.**

Form A--Application for Extended Leave

All extended leaves require additional documentation.

Form A—Required for all Extended Leaves (not SLB)

Supplementary Documentation

Form A--Application for Extended Leave

Extended leaves are those expected to last more than 3 consecutive working days. You must notify the APS Human Resources Extended Leaves Office at least thirty (30) days prior to the commencement of your extended leave or absence. Union contract and applicable Federal and State law govern these leaves. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave will not be processed until complete. You will be notified of your leave status by mail.

Leave Information -- Print Legibly

Name: _____ Employee #: _____
 Address: _____ Job Title: _____
 City, Zip: _____ Site Supervisor: _____
 Home #: _____ Cell #: _____ Site Payroll Person: _____
 Loc. #: _____ Location Name: _____

Do you qualify for Sick Leave Bank? Yes No Is this a continuation from Sick Leave Bank? Yes No
If you need to apply for Sick Leave Bank...STOP!
 If you intend to apply for Sick Leave Bank benefits, complete the SLB Application and SLB Physician's Statement

Designate the Period of Leave Requested

Requested Leave Start Date: _____ Expected Return to Work Date: _____

Select the Type of Leave You Are Requesting

Advance Study Leave (Unpaid) Form A and letter of acceptance, class schedule, and grades for prior semester (if applicable)
 Assault Leave Form A and police report, and health care provider certification
 Employees also complete First Report of Injury and contact Risk Management at 800-8466
 Domestic Violence Leave Form A and legal documentation
 Illness in the Immediate Family Form A and WH380F (can only use 3 days of sick leave)
 Injury or Illness of Military Member Form A and WH385
 Intermittent Leave Form A and WH300E or WH380F
 Medical Leave Form A and WH300E
 Military Service Leave Form A and military orders or commanders letter
 Parental Leave (birth of a child) Form A and WH300E
 Parental Leave (non-birth only) Form A and WH380F, child's birth certificate, or legal documentation of adoption or foster placement (documentation depends on situation)
 Part-time Leave Form A and Statement Page (A Schedule Only--no supervisor signature required)
 Personal Leave (Unpaid) Form A and Statement Page signed by supervisor
 (A, B, C/H Schedule employees do not need supervisor signature)
 Political Form A and confirmation of appointment
 Qualifying Emergency Form A and Form WH 384
 Union Leave Form A and name of Union you will represent

Medical Clearance will be required to reinstate from any type of medical leave.

Refer to the Negotiated Agreement and/or Leaves Specialist regarding the use of available paid leave. For Medical Leave (for your own illness or injury), the district will exhaust all your available leave balances. Your available leave will be used in this order: sick leave, personal days, and annual leave. In qualifying circumstances, employees requesting extended leave will be able to use their available balances that have accrued up until the start of the leave. Absences balances will cease to accrue once an employee is in an unpaid status.

For Illness in the Immediate Family Leave, the district will exhaust your Sick Leave accrual to the extent that is allowed under district leave policies (3 or 5 days only), personal leave, and annual (if available). After these accruals are exhausted, the remainder of your leave will be unpaid.

Sign this form. Attach appropriate documentation. Return this packet to Extended Leaves Office in person or by US Mail. PO Box 25704, Albuquerque, NM 87125-0704. If you have questions, please contact the Leave Specialist at 889-4888 (A-L) or 889-4865 (M-Z).

Signature _____ Date _____

- ▶ **Advanced Study Leave**
 - ▶ Letter of acceptance, class schedule, letter detail of how study will enhance ability to teach
- ▶ **FMLA Illness in the Immediate Family Leave**
 - ▶ Family-Certification of Health Care Provider
- ▶ **FMLA Intermittent Leave (self or family member)**
 - ▶ Certification of Health Care Provider
- ▶ **FMLA/APS Medical/Parental Leave**
 - ▶ Certification of Health Care Provider
- ▶ **Military Service Leave**
 - ▶ Military orders
- ▶ **FMLA Parental Leave (non-birth)**
 - ▶ Legal documentation of adoption, foster care placement
- ▶ **Personal Leave**
 - ▶ Statement page

Family and Medical Leave Act (FMLA)

- ▶ FMLA will be granted to employees who have worked for APS for at least 12 months AND who have worked at least 1250 hours.
- ▶ FMLA is limited to 12 weeks of unpaid leave per rolling calendar year.
 - ▶ Refer to website for Substitution of Paid Leave details
- ▶ Intermittent leave will be addressed according to FMLA Regulations.
- ▶ For more information, see www.dol.gov/whd.fmla
- ▶ Illnesses such as cold, flu, stomach virus, etc. are not covered under FMLA.
- ▶ Only the medical condition for which the employee applied for leave is job-protected under FMLA.
- ▶ FMLA eligible teachers who are absent under 11 days may submit a doctor's note to the Leaves Office . An "Under 11 Day Leave Letter" will be processed so the absences do not impact the PED evaluation.

Sick Leave Bank

ATF, AEAA, ASCA Negotiated Agreements Only

- ▶ Sick Leave Bank is similar to an employee-funded short-term disability policy.
 - ▶ Generally chronic conditions, pregnancies, and intermittent situations are not covered
 - ▶ The fees are irretrievable
- ▶ SLB is not merely an extension of the biweekly sick time accruals.
 - ▶ SLB is for participants
 - ▶ that are experiencing a catastrophic illness or injury
 - ▶ who will exhaust all accrued leave (personal, sick, annual)
 - ▶ Who will be absent greater than 10 consecutive dates
 - ▶ There is a 10 day deductible (waiting period) before SLB will pay benefits
- ▶ Application must be made in a timely manner prior to exhaustion of available leave in order to ensure no interruption of pay.

Sick Leave Bank

- ▶ To receive SLB benefits, an employee must be eligible for both an extended medical leave and SLB benefits.
- ▶ To be eligible for an APS extended medical leave of absence, an employee must have worked for APS a minimum of one contract year immediately prior to the Leave start date.
- ▶ For new enrollees to the SLB, eligibility to apply for SLB benefits will begin 90 days after the enrollment form is processed
- ▶ Employees that are not FMLA eligible are not eligible for intermittent leave.
- ▶ Generally SLB does not approve chronic conditions or intermittent leave as they are not considered a catastrophic illness or injury.
- ▶ SLB Review Committee Meetings are held the Wednesday prior to each pay date.
- ▶ Applications are due no later than 3 PM the Tuesday prior to each pay date.
- ▶ Sick Leave Bank Specialist
- ▶ 889-4858 Phone
- ▶ 884-0536 Fax

Supervisor Responsibilities

- ▶ Supervisor should contact the Leaves Office when:
 - ▶ The employee is absent 4 consecutive days
 - ▶ This does not refer to pre-approved annual or personal leave
 - ▶ The employee has a pattern of absences that is concerning the supervisor
 - ▶ The employee mentions a medical condition that may require more than 4 days of absences
- ▶ When an employee mentions a medical condition, the supervisor should advise the employee to contact the Leaves Office immediately.

Notifying the Supervisor is considered “putting APS on notice” that there may be a need for FMLA. FMLA Regulations require APS to respond within 5 days of notification.
- ▶ **If an employee of leave does not return at the designated time, contact the Leaves Office Immediately.**

Supervisors are prohibited from:

- ▶ Interfering with, restraining, or denying the exercise of, or the attempt to exercise, any FMLA right;
- ▶ Discriminating or retaliating against an employee or prospective employee for having exercised or attempted to exercise any FMLA right; or
- ▶ Discharging or in any other way discriminating against any person, whether or not an employee, for opposing or complaining about any unlawful practice under the FMLA.
- ▶ All persons, whether or not employers, are prohibited from discharging or in any other way discriminating against any person, whether or not an employee,
 - ▶ because that person has filed any charge,
 - ▶ has instituted, or caused to be instituted, any proceeding under or related to the FMLA;
 - ▶ given, or is about to give, any information in connection with an inquiry or proceeding relating to any right under the FMLA;
 - ▶ or testified, or is about to testify, in any inquiry or proceeding relating to a right under the FMLA.

Secretary Responsibilities

- ▶ Accurate record keeping in a timely manner ensures that employees are not overpaid or underpaid.
 - ▶ Payroll reporting Example
 - ▶ Follow the LOA Codes on the Leave of Absence Letter
 - ▶ L1 Code 21 Sick Leave balance from 8/7/17 to 8/18/17
 - ▶ L1 Code 54 Personal leave balance from 8/21/17 to 8/22/17
 - ▶ L1 Code 42 Annual Leave balance from 8/23/17 to 9/29/17
 - ▶ L3 Code 51 Unpaid Inactive Status from 10/2/17 to 10/27/17
- ▶ **The use of Sick Time is required for all absences related to a Workers' Compensation claim.**
 - ▶ **Initial Concentra appointment on date of injury, doctor's appointments, physical therapy, diagnostic testing**
 - ▶ **Encourage the employee to schedule the follow-up appointments after the work day to alleviate the use of Sick Time**
- ▶ Enter FMLA absences on the electronic FMLA Tracking Sheet
 - ▶ Return the completed FMLA Tracking Sheet at the end of the leave or when the employee exhausts FMLA hours
- ▶ Payroll will pay out all reserve balances (summer pay) or 22 days of annual when an employee is in an unpaid status for 10 or more days.
- ▶ Accruals on Check Stubs
 - ▶ Absences are reflected 3 weeks in arrears
 - ▶ Pay is reflected 2 weeks in arrears
 - ▶ Sick and Annual accruals are allotted to an employee on pay dates
 - ▶ Because of the above, absence balances on check stubs are rarely accurate

Tracking Intermittent FMLA Usage

- ▶ Employee is to use ESS, call site, use SmartFindExpress (SFE), when absent and indicate if the absence is for the FMLA leave.
- ▶ Secretary is to enter the correct payroll codes for absence reporting on Lawson.
 - ▶ Use the HS19 screens to determine absence plan balances for the employee.
- ▶ At no time is an employee to exceed 12 weeks of intermittent FMLA leave.
 - ▶ Once 12 weeks is reached, the employee must return to work full-time, or if applicable, apply for a consecutive extended leave of absence.
- ▶ FMLA for Employee
 - ▶ APS requires employees to substitute or use all paid leave during the FMLA leave.
- ▶ FMLA for Family Member
 - ▶ Employees may use up to 3 (in qualifying cases-5 days) days of sick time towards the care of a family member. After the three sick days are exhausted, personal leave and annual (if applicable) leave will be used.

Once absence balances are exhausted, the remainder of the leave will be unpaid. An employee is allowed the time to be absent, but the absences may be in an unpaid status.

Electronic Tracking Sheet

- Return the completed tracking form to the Leaves Office at the end of the leave period or when employee reaches maximum FMLA hours allowed.
- The secretary will note the date and hours of FMLA on the tracking sheet and enter the correct payroll code onto Lawson.
- The employee will also track the used FMLA hours to compare with the secretary's records.
- Year 1—employee gets full 12 weeks of FMLA hours up front
- Year 2 & 3—Employee gets remaining balance from previous years FMLA plus earns time back on anniversary date of usage (rolling calendar year)
- It is possible for an employee to float in and out of job-protected status in subsequent years.

FMLA TIME TRACKING FOR QUALIFYING EMPLOYEES														
Name		Employee												
Number		123456												
Hours per Week		40												
FMLA Hours Available		480												
Start Date		06/13/2017												
Year 1	Year 1	Year 1	Year 1	Year 2	Year 2	Year 2	Year 2	Year 2	Year 2	Year 3	Year 3	Year 3	Year 3	Year 3
Day of Week	Date	# FMLA Hours Taken	FMLA Time Available	Day of Week	FMLA Ann Date	FMLA Roll Back Hours	FMLA Hours Taken	FMLA Time Available	Day of Week	FMLA Ann Date	FMLA Roll Back Hours	FMLA Hours Taken	FMLA Time Available	
Tue	6/13/2017		480.00	Wed	6/13/2018	0.00		0.00	Thu	6/13/2019	80.00		80.00	
Wed	6/14/2017		480.00	Thu	6/14/2018	0.00		0.00	Fri	6/14/2019	80.00		80.00	
Thu	6/15/2017		480.00	Fri	6/15/2018	0.00		0.00	Sat	6/15/2019	80.00		80.00	
Fri	6/16/2017		480.00	Sat	6/16/2018	0.00		0.00	Sun	6/16/2019	80.00		80.00	
Sat	6/17/2017		480.00	Sun	6/17/2018	0.00		0.00	Mon	6/17/2019	80.00		80.00	
Sun	6/18/2017		480.00	Mon	6/18/2018	0.00		0.00	Tue	6/18/2019	80.00		80.00	
Mon	6/19/2017	8.00	472.00	Tue	6/19/2018	8.00	8.00	0.00	Wed	6/19/2019	88.00		88.00	
Tue	6/20/2017	8.00	464.00	Wed	6/20/2018	16.00	8.00	0.00	Thu	6/20/2019	96.00		96.00	
Wed	6/21/2017	8.00	456.00	Thu	6/21/2018	24.00	8.00	0.00	Fri	6/21/2019	104.00		104.00	
Thu	6/22/2017	8.00	448.00	Fri	6/22/2018	32.00	8.00	0.00	Sat	6/22/2019	112.00		112.00	
Fri	6/23/2017	8.00	440.00	Sat	6/23/2018	40.00	8.00	0.00	Sun	6/23/2019	120.00		120.00	
Sat	6/24/2017		440.00	Sun	6/24/2018	40.00		0.00	Mon	6/24/2019	120.00	8.00	112.00	
Sun	6/25/2017		440.00	Mon	6/25/2018	40.00		0.00	Tue	6/25/2019	120.00	8.00	104.00	
Mon	6/26/2017	8.00	432.00	Tue	6/26/2018	48.00		8.00	Wed	6/26/2019	120.00	8.00	96.00	
Tue	6/27/2017	8.00	424.00	Wed	6/27/2018	56.00		16.00	Thu	6/27/2019	120.00	8.00	88.00	
Wed	6/28/2017	8.00	416.00	Thu	6/28/2018	64.00		24.00	Fri	6/28/2019	120.00	8.00	80.00	
Thu	6/29/2017	8.00	408.00	Fri	6/29/2018	72.00		32.00	Sat	6/29/2019	120.00		80.00	
Fri	6/30/2017	8.00	400.00	Sat	6/30/2018	80.00		40.00	Sun	6/30/2019	120.00		80.00	
Sat	7/1/2017		400.00	Sun	7/1/2018	80.00		40.00	Mon	7/1/2019	120.00		80.00	
Sun	7/2/2017		400.00	Mon	7/2/2018	80.00		40.00	Tue	7/2/2019	120.00		80.00	
Mon	7/3/2017		400.00	Tue	7/3/2018	80.00		40.00	Wed	7/3/2019	120.00		80.00	
Tue	7/4/2017		400.00	Wed	7/4/2018	80.00		40.00	Thu	7/4/2019	120.00		80.00	
Wed	7/5/2017		400.00	Thu	7/5/2018	80.00		40.00	Fri	7/5/2019	120.00		80.00	
Thu	7/6/2017		400.00	Fri	7/6/2018	80.00		40.00	Sat	7/6/2019	120.00		80.00	
Fri	7/7/2017		400.00	Sat	7/7/2018	80.00		40.00	Sun	7/7/2019	120.00		80.00	
Sat	7/8/2017		400.00	Sun	7/8/2018	80.00		40.00	Mon	7/8/2019	120.00	8.00	72.00	
Sun	7/9/2017		400.00	Mon	7/9/2018	80.00		40.00	Tue	7/9/2019	120.00	8.00	64.00	
Mon	7/10/2017	8.00	392.00	Tue	7/10/2018	88.00		48.00	Wed	7/10/2019	120.00	8.00	56.00	
Tue	7/11/2017	8.00	384.00	Wed	7/11/2018	96.00		56.00	Thu	7/11/2019	120.00	8.00	48.00	
Wed	7/12/2017	8.00	376.00	Thu	7/12/2018	104.00		64.00	Fri	7/12/2019	120.00	8.00	40.00	
Thu	7/13/2017	8.00	368.00	Fri	7/13/2018	112.00		72.00	Sat	7/13/2019	120.00		40.00	
Fri	7/14/2017	8.00	360.00	Sat	7/14/2018	120.00		80.00	Sun	7/14/2019	120.00		40.00	
Sat	7/15/2017		360.00	Sun	7/15/2018	120.00		80.00	Mon	7/15/2019	120.00		40.00	
Sun	7/16/2017		360.00	Mon	7/16/2018	120.00		80.00	Tue	7/16/2019	120.00		40.00	

When an employee comes back....



▶ An employee **MAY NOT** return to work until:

- ▶ 1. A reinstatement letter from the Leaves Office has been processed
- ▶ 2. Provided the worksite with the Reinstatement Letter from the Leaves Office
- ▶ 3. Employees with permanent work restrictions will need to meet with the Office of Equal Opportunity to determine if the restrictions can be accommodated.
- ▶ No manual checks will be provided to reimburse pay for retroactive reinstatements. Payment will be pro-rated over several checks.

Workers' Compensation

To report a work-related injury:

- ▶ For life-threatening emergencies, call 911 or seek treatment at the nearest hospital/emergency facility
- ▶ For non-life-threatening injuries, notify your supervisor and call the:
- ▶ **Injury Hot-Line @ 830-8466**
- ▶ Submit a completed New Mexico Worker's Compensation Administration Notice of Accident form to your supervisor within fifteen (15) days of the accident or injury

Notice of Accident Form NOA-11W (4/12)

○

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____ was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____ on _____, 20____
por enfermedad de oficio aproximadamente (timela la(s) hora(s)) el (date/fecha) del 20____

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

To be completed by Employer: _____ Worker will choose health care provider. Yes No
Completado por el empleador: Trabajador elegirá proveedor de atención médica.

If Yes, Employer has right to change health care provider after 60 days. If No, Worker has right to change health care provider after 60 days.
En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER MUST INITIAL _____ INICIALES DEL TRABAJADOR

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker --
For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-8000 - 1 (800) 255-7365 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
Farmington: (505) 568-5746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-8043
Las Cruces: (575) 524-6246 - 1 (800) 870-6826 Roswell: (575) 623-3997 - 1(866) 311-8587 www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-1-W (4/12)

This is the form you complete



If you have been injured by a student,

- ▶ 1. The investigation occurs at the school by an APS Police Detective or,
- ▶ 2. After the investigation is completed if the employee wishes to prosecute, the case will be forwarded to the District Attorney's office. The employee is not required to prosecute.
- ▶ If the incident rises to the level of a felony for the student, the case automatically goes to the District Attorney's office for their review and possible prosecution.
 - ▶ However, if the student is under the age of 10 years old, by State Statute they cannot be prosecuted.

Forms to complete if you agree to prosecute a student

Waiver of Prosecution

Albuquerque Public Schools Police Department
6400 Uptown Blvd. NE
Albuquerque, New Mexico 87110



WAIVER OF PROSECUTION

I, _____, hereby declare that I do not wish to prosecute. I voluntarily and without threats or promises or any type of coercion, wish to state that I am the complainant and I do not wish to press charges against any individual or appear in court to testify in this matter. I will not hold the board of education, its agents, representatives, nor employees responsible for any court action which may be brought against me in the further as a result of this waiver.



SIGNED: _____

WITNESS: _____

Date: _____
Time: _____
Case #: _____

Agreement to Prosecute

Albuquerque Public Schools Police Department
6400 Uptown Blvd. NE
Albuquerque, New Mexico 87110



AGREEMENT TO PROSECUTE

I agree to prosecute and or testify should the offender in this case be arrested or identified.

___ Yes
___ No

I understand it is a criminal offense to file a false report to police

SIGNED: _____

WITNESS: _____

Date: _____
Time: _____
Case #: _____

Workers' Compensation Employee Responsibilities

- ▶ In a life-threatening emergency or serious injury, seek medical attention immediately
- ▶ Notify Principal/Supervisor of injury as soon as possible
 - ▶ Employee will be directed to go to Concentra for evaluation
- ▶ Complete Notice of Accident form
- ▶ Call **Risk Management Claims (505) 830-8466**
 - ▶ To report the accident to a Risk Management staff member during the hours of 8 AM to 4:30 PM
 - ▶ If you reach the recorder, leave a message with your name, employee ID number, phone number, date of injury and a Risk Management staff member will call you back
 - ▶ Report the incident within 15 days of accident/injury or claim may be denied
 - ▶ An adjuster from CCMSI will call you back with instructions if you have been taken off work or if you have restrictions diagnosed by the treating physician
 - ▶ The medical provider for workers' compensation is Concentra
- ▶ Provide Leaves Office with medical documentation to support the need for leave of absence. Usually this is a document from Concentra.

Risk Management Responsibilities

- ▶ Risk Management notifies CCMSI of your claim
- ▶ CCMSI adjuster contacts employee
 - ▶ Medical Only Claims
 - ▶ Temporary Total Disability (TTD)
 - ▶ Employees placed on a workers' compensation leave of absence for greater than 7 days
 - ▶ Paid 66.67% of salary while on leave
 - ▶ Paid 33.33% from available Sick Time (Employee must apply for Leave of Absence.)
 - ▶ If no Sick Time, balance is unpaid
- ▶ CCMSI continues to monitor treatment and pay medical bills

Leaves Office Responsibilities

- ▶ Reviews Form A and medical documentation from employee
- ▶ Determines if employee is eligible for a leave of absence
 - ▶ Has employee worked one (1) contract year with APS?
 - ▶ Yes. Leave letter processed based on medical documentation
 - ▶ Leave letter is mailed to employee; emailed to employee, supervisor, site secretary, and payroll
 - ▶ Site applies correct Leave Codes for payroll reporting
 - ▶ Site/Employee tracks FMLA usage (if applicable)
 - ▶ Extensions will be processed on an as needed basis as indicated by medical documentation provided by employee
 - ▶ No. Deny leave. Employee may remain on workers' compensation receiving medical treatment
 - ▶ To continue medical, dental, vision insurance through COBRA or Affordable Care Act, the employee must be removed from the APS system.

Returning to work with short-term restrictions

- ▶ Risk Management, CCMSI, the staffing specialist, and supervisor will work closely together to find a temporary transitional duty assignment for the employee
 - ▶ This temporary assignment will not last greater than 90/180 days
 - ▶ Employee returns to work at full pay
 - ▶ Employee continues to receive medical treatment

Returning to work without restrictions

- ▶ Employee provides Leaves Office with medical release
- ▶ Employee meets with Leave Specialist in person to reinstate to active duty
 - ▶ Employee may not return to work until reinstatement process is completed
 - ▶ Retroactive pay may not be processed by the next pay date if the reinstatement process is not followed
- ▶ Employee returns to work on the date indicated on the reinstatement letter

Returning to work with permanent restrictions

- ▶ Employees with permanent work restrictions will meet with the Office of Equal Opportunity Services (OEOS) to determine if position can be accommodated.
- ▶ If accommodations can be made, employee is returned to work
- ▶ If accommodations cannot be made
 - ▶ Employees are eligible to apply for other positions that may be suitable
 - ▶ Employees are advised of other leave, benefit, retirement options
 - ▶ If no options are available, employment may be terminated

Assault Leave for ATF, AEAA, ASCA Employees

- ▶ An employee shall not be charged for time lost up to 20 days resulting from physical, mental, or emotional injuries caused by a physical assault while carrying on the duties and responsibilities as an employee.
 - ▶ Complete a Notice of Accident form
 - ▶ Contact Risk Management at 830-8466
 - ▶ Contact APS Police to file a report
 - ▶ Provide the Leaves Office
 - ▶ Form A—Application for Leave of Absence
 - ▶ Copy of Police Report
 - ▶ Copy of medical documentation of injury
 - ▶ Medical release when ready to return to work
- ▶ AEAA only: If, as a result of the assault, therapy during the duty-day is prescribed by the physician, it shall be deducted from the 20 assault leave days.

Questions? Please feel free to ask any questions now or contact a Leaves Specialist

- ▶ Krissy Hansen, Extended Leaves
- ▶ (A-L) 889-4886
- ▶ Kristine.Hansen@aps.edu

- ▶ Veronica Johnson, Extended Leaves
- ▶ (M-Z) 889-4865
- ▶ Veronica.johnson2@aps.edu

- ▶ Loretta Olson, Sick Leave Bank
- ▶ 889-4858