

The Department's Manual for Family Medical Leave Process and Procedures



FML Manual

Instructors
Christine Andersen and Rachel Grafton
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Training Notes:



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Family Medical Leave Process and Procedures



This course is designed to provide CDOT FML Liaisons with the knowledge and skills required to apply the processes used by CDOT's FML Program.

When using this Manual it is best to use this in conjunction with the FML SharePoint site where the latest version of all FML documentation is found.

The link to the FML SharePoint site is:

<http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

Training Notes:



Introduction

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation Notice and the responsibility of the FML Liaison in the designation process

The description of sections 7 through 12 are continued on the next page

Course Agenda



- Section 7 – FML Workbench
- Section 8 – Leave and Timesheet
- Section 9 – FML and Workers’ Comp
- Section 10 – Monitoring FML
- Section 11 – Completing the Process
- Section 12 – Case Study
- Conclusion

Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how to create and maintain a workbench
- **Section Eight** - Discusses how to maintain the timesheet for FML qualifying Employees, resolving errors, and entering holidays
- **Section Nine** - Explains the connection between FML and Workers’ Comp
- **Section Ten** – Provides an explanation of how FML is monitored through Leave approval, entitlement remaining, re-certification and low and exhausted balances
- **Section Eleven** – Covers the actions of the FML Liaison once the Employee no longer is taking FML leave
- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

There is an open work session at the end of this course where you can practice and ask additional questions.

Course Prerequisites

Prior to taking this course, you should have completed the following courses:

- SAP Navigation
- SAP Timekeeping



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Training Notes:

If you have not taken the courses above and are concerned about your ability to effectively participate in this class, let the instructor know at the first available break. The instructor will work with you to get additional training on the above courses, or will reschedule the course for another time, after you have completed the above courses.

Course Learning Objectives

At the end of this course, you should be able to:

- Identify the roles and responsibilities of the FML Liaison, employees, supervisors and the appointing authorities (or designee) based on Procedural Directive 1206.1
- Determine qualifying conditions for FML Eligibility
- Certify individuals for FML
- Evaluate FML forms such as the Medical Certification for completeness and accuracy
- Perform transactions in SAP to support CDOT's FML Program

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Training Notes:

TAB 01 – CDOT Procedural Directive 1206.1

- The slide above contains the high-level learning objectives from the course. At the end of this course you should be able to complete and/or describe each of the items bulleted above. At the end of this course the instructors will review the list and confirm your understanding.
- The procedural directive describes the FML Program and process that is taught in this course.

Participant Introductions

Please take a moment to share:

- Your name
- Your role within CDOT
- Your FML and SAP experience
- Your expectations of this course



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Training Notes:

- Introduce yourself, and briefly tell us why you are taking this course, your experience with CDOT, your expertise with the subject matter and SAP.
- The expectations you state about the course will be used by the instructors to stress the content you want to get from the course.

Learning Logistics

- Regular breaks built into the class schedule
- Classroom participation encouraged; ask, answer, and participate in the discussion
- Parking lot used to capture questions for in-class follow-up

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- The above are the expectations for all of the participants in the course.
- Actively participating in the course and sharing your experience is greatly encouraged as the whole class benefits.
- Any parking lot questions not directly answered during the course will be answered via email to the participants within two weeks of completing the course.

Training Notes:

Your Contributions to a Positive Learning Environment

- Please respect the other participants by silencing your cell phones
- Focus on the course, please only use the Internet and email over lunch and break times
- Please delay your side conversations until break times
- Attend the entire course to obtain credit for successful course completion
- Return from breaks by the specified time

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Training Notes:

- Please turn off or silence any electronic devices.
- Refrain from browsing the Internet, sending/reading text messages, or sending/reading e-mails during the course.
- Multiple conversations going on concurrently do not contribute to a good learning environment.
- You must attend the entire class to get credit for the course; if more than 30 minutes missed you will not get credit for attending the course
- Ask questions and actively participate in the course.

Did you know...

In February 2013, the Department of Labor estimated:

- One-sixth of the FMLA-covered workforce takes leave for FMLA reasons each year
- 90 million are covered and eligible for FMLA leave
- Forty percent of workers who took FMLA leave were away from work for 10 days or less

For FY 2014-15, CDOT had 559 employees with an FML event or about 15 percent of CDOT

Training Notes:

Source: A Look at the U.S. Departments of Labor's 2012 Family and Medical Leave Act Employee and Worksite Survey:

- <http://www.nationalpartnership.org/research-library/work-family/fmla/dol-fmla-survey-key-findings-2012.pdf>

What is FMLA?

- FMLA started in 1993 as a Federal law that permits employees to take up to 12 weeks of unpaid leave with job protection
- The State of Colorado provides 13 weeks of unpaid leave with job protection
- Federal Law requires employers to post the Employee Rights and Responsibility poster



Training Notes:

TAB 01 - CDOT Procedural Directive 1206.1

TAB 02 – State Personnel Board Rules Chapter 5

What is FMLA?

The Family and Medical Leave Act (FMLA) 1993 is a federal law that permits employees to take up to 12 weeks of *unpaid leave with job protection*. Colorado has an additional week. Previously there was no federal job protection for personal illness, pregnancy or family medical conditions. As the name suggests, the reason for the leave must be related to family and medical issues.

Job Protection

One of the primary benefits of FMLA is job protection it offers to an employee who uses the leave. Upon returning to work, the employee must be restored to their original job or an equivalent position. This prevents employers from demoting someone as “punishment” for using the leave.

State Personnel Director’s Administrative Procedures Chapter 5 determine the usage of Family Medical Leave in the State Personnel System.

CDOT Procedural Directive 1206.1 details the implementation of the Family and Medical Leave Program for this Department.

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TAB 03 - Employee Rights and Responsibilities Under the Family and Medical Leave Act (The Poster)

Employee Rights and Responsibilities

The “Employee Rights And Responsibilities Under The Family And Medical Leave Act” [English and Spanish versions] “The **Poster**” is located on the state web site:

- <https://www.colorado.gov/pacific/dhr/dhrforms>
- By law the Employee Rights and Responsibilities poster must be displayed in conspicuous places accessible to both applicants and employees
- Was emailed to all current CDOT employees in January 2009
- Copy must be provided to all new hires
- Provided to employee at start of FML paperwork process

Training Notes:

Section 1



Roles and Responsibilities

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation form and the responsibility of the FML Liaison in the designation process

Section 1 - Learning Objectives

1

At the end of this section, you should be able to:

- Describe the high-level Responsibilities of:
 - The FML Liaison
 - Employee
 - Supervisor
- Identify who to contact if you need help or have questions about FML

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML Liaison Responsibilities



The FML Liaison is responsible for:

- Maintaining Confidentiality concerning the Employee's Condition
- Informing the Appointing Authority (or designee) and Supervisor
 - Employee has provided documentation certifying a qualifying condition
 - Duration of absence
- Completing/providing documents and forms
- Monitoring FML absences through SAP



Training Notes:

TAB 04 - Confidentiality Agreement Form

TAB 01 – CDOT Procedural Directive 1206.1

FML Liaison Responsibilities

One of the most critical components of this role is to maintain confidentiality concerning an employee's condition. To ensure confidentiality, only the FML Liaison will have knowledge of the medical condition involved. The FML Liaison will inform the Appointing Authority (or designee) and supervisory chain only that an employee has provided documentation certifying a qualifying condition under FMLA. Additionally, the FML Liaison will share information concerning the anticipated duration of absence and/or need for intermittent leave usage, reduced work schedule and/or work restrictions.

Responsibilities include:

- Sign a confidentiality agreement which becomes a part of the FML Liaison's official personnel file
- Act as the contact point to initiate the FML intake and paperwork process
- Initiate the FML paperwork process when notified of a Workers' Comp case
- Issue the Short Term Disability (STD) information letter
- Receive and evaluate medical certification forms
- Facilitate completion of the FML Designation form by the Appointing Authority (or designee)
- Establish and maintain accuracy of PTFMLA workbench in SAP

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- Assist employee with completing his/her time sheet
- Notify Payroll by the 15th of any month when there is Leave Without Pay (LWOP)
- Monitor usage of the FML year entitlement and keep employee as well as supervisory chain apprised regarding the employee's FML status
- Request recertification of FML documents as appropriate/necessary from employee
- Reconcile timesheets of employees on FML, including concurrent usage of Injury Leave/Make Whole for employees on Workers' Compensation
- Provide an employee's FML files to the ADA Coordinator in the event of a potential evaluation under the ADA

Training Notes:

Supervisor Responsibilities



The Supervisor is responsible for:

- Maintaining confidentiality
- Communicating to the FML Liaison:
 - FML needs of Employee
 - If the Employee has used more than three consecutive days of sick leave
 - Injuries on the Job
- Approving the Employee's timesheet and accommodating work schedule
- Provide duty statements from Employee's PDQ



Training Notes:

TAB 01 – CDOT Procedural Directive 1206.1

Supervisor Responsibilities

If an employee notifies the supervisor of the incident, the supervisor is to notify the FML Liaison immediately.

Supervisor Responsibilities include:

- Protect the confidentiality of the employee and reason for using FMLA
- Communicate with the FML Liaison regarding employee FML needs
- Refer the employee to the FML Liaison to initiate the FML process and to ensure the employee is notified of their rights under the FMLA
- Interact with their employees to accommodate work schedule needs and leave related to FML
- Notify the FML Liaison if an employee has used sick leave for more than 3 consecutive days
- Approve time sheet, including FML absences weekly to ensure accurate calculation of FML balances
- Notify the FML Liaison when an injury on the job occurs
- Make available to the FML Liaison, an electronic copy of the duty statements from the employee's PDQ
- Communicate with the FML Liaison regarding employee FML needs
- Refer the employee to the FML Liaison to initiate the FML process and to ensure the employee is notified of their rights under the FMLA

Employee Responsibilities



The Employee is responsible for:

- Understanding their FML rights
- Notifying the supervisor and/or FML Liaison of the possible FML condition
- Accurately completing required forms
- Provide supporting documentation per timeline established in rule and law
- Entering time in their time sheet



Training Notes:

TAB 03 - Employees Rights and Responsibilities Under the Family and Medical Leave Act (The Poster)

Employees Responsibilities include:

- Knowing their FML rights
- Notify the supervisor and/or FML Liaison of the possible FML condition
- Accurately complete required forms (Including the medical certification and fitness to return when requested)
- Provide supporting documentation per timeline established in the rule and law
- Enter time in their time sheet
- Communicate with the Liaison regarding FML status according to the agreed upon schedule

Guidance and Assistance



The Employee Relations Office is responsible for:

- Providing guidance and assistance to FML Liaisons and employees
- Contacting medical providers for clarification
- Only Employee Relations is authorized to contact medical providers for FML purposes



Training Notes:

Guidance and Assistance Information

The Employee Relations Office in HR is responsible for the FML Program at CDOT. This office is responsible for:

- Providing guidance and assistance to FML Liaisons and employees
- Contacting medical providers for authentication and clarification. Only ER is authorized to contact medical providers for FML purposes
- Forms on DPA <https://www.colorado.gov/pacific/dhr/dhrforms>
- Forms on FML Liaison SharePoint: <http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

For contact details of the Employee Relations office click on the following link.

- <http://intranet.dot.state.co.us/business/center-for-human-resources-management/humanresources-contacts>

Check Your Knowledge

Identify role responsible for the actions listed below:

Responsibility	Role
----------------	------

1. Act as the contact point to initiate the FML intake and paperwork process
2. Furnish completed certification forms to CDOT
3. Receive and evaluate medical certification forms
4. Approve timesheet, including FML absences, in a timely manner



Training Notes:

Question 1:

Act as the contact point to initiate the FML intake and paperwork process

Answer:

- FML Liaison

Question 2:

Furnish completed certification forms to CDOT

Answer:

- Employee

Question 3:

Receive and evaluate medical certification forms

Answer:

- FML Liaison

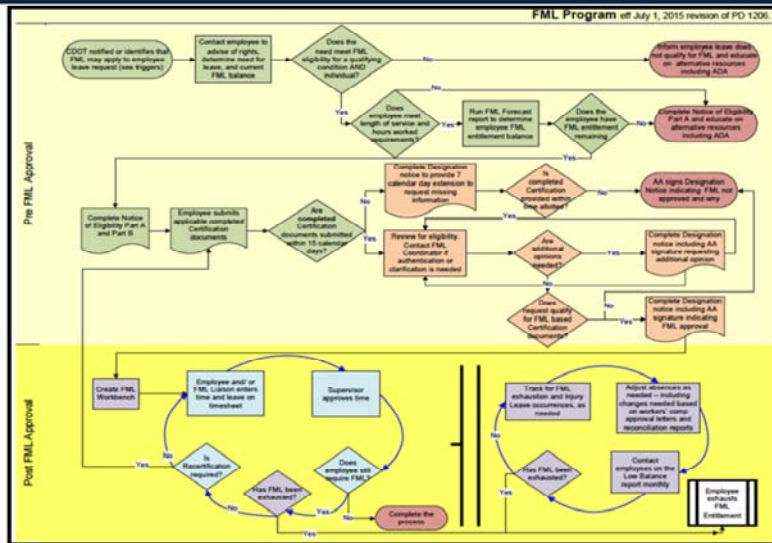
Question 4:

Approve timesheet, including FML absences in a timely manner

Answer:

- Supervisor

FML Process Overview



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Training Notes:

TAB 05 – FML Process Overview

TAB 06 – FML Checklist

High level Overview of FML Process

- The following is a high-level overview of the FML Process. This is a summary of the FML process and all of the steps of this process will be explained in more details later in the course
 - Light Yellow: Pre FML Approval Process
 - Green: Eligibility check
 - Orange: Designation process
 - Dark Yellow: Post FML Approval Process
 - Blue: Managing the FML event
 - Purple: Tracking FML usage and exhaustion
- Because there are many steps to the FML process, the FML Checklist has been created to help make sure all steps of the process are completed.

Section 2



FML Entitlement and Eligibility

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation form and the responsibility of the FML Liaison in the designation process

Section 2 - Learning Objectives

2

At the end of this section, you should be able to:

- Describe the FML leave entitlements for:
 - Use of leave
 - Pay and benefits
- Identify who is eligible for FML leave
- Check eligibility for FML in SAP

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML Entitlements



FML entitlements include:

- 520 hours (13 weeks) per rolling 12 month period
- 1040 hour (26 weeks) military caregiver entitlement
- Prorated amount for part-time employees

Training Notes:

Leave Entitlements and Use of Leave

The following are the FML leave entitlements and use of leave for FML qualified Employees:

- Regular FML allows 520 hours [13 weeks] per unique 12 month period
- PRORATED for Permanent Part Time-(PPT)
 - Based on planned work schedule
- Military Family Caregiver FML allows 1,040 hours [26 weeks] in a single twelve month period (PRORATED for PPT)
- Can be used on continuous, intermittent, or reduced schedule basis

FML Calculation



FML entitlement is calculated based on a “rolling” 12 month period measured backwards from the date an employee begins using FML Leave

Training Notes:

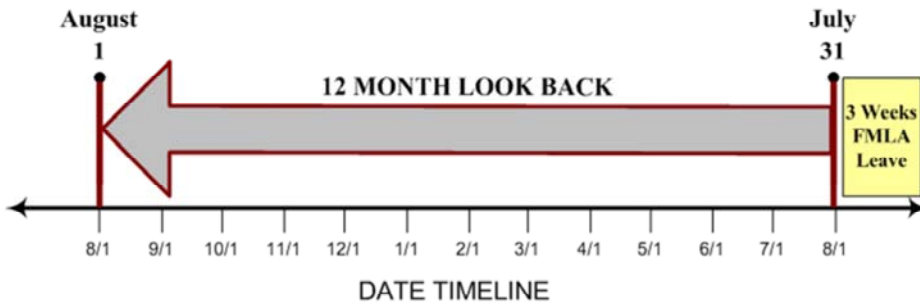
FML Calculation

- The time period when the FML entitlement is available for use is calculated based on a rolling 12 month calculation
- Under the “rolling” method, CDOT adds up all the FMLA time the employee has used during the previous 12 months and subtracts that total from the employee’s 13-week leave allotment
- Therefore, when calculating an employee’s available FML entitlement, the balance equals 13 weeks minus whatever portion of FML the employee used during the 12 months preceding that day
- This is covered in more detail as we go through the course and there are two examples which follow which help to explain how the “rolling” 12 month calculation is derived.

Example One "Rolling 12 Month"

Michael requests three weeks of FML leave to begin on July 31st

- No previous FML leave has been used



Training Notes:

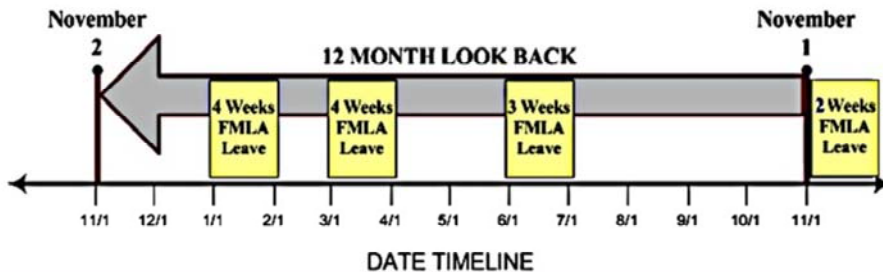
In this example, the FML Liaison looks back 12 months (from July 31st back to the previous August 1st) to see if any FML leave had been used.

Michael had not taken any previous FML leave, so he is entitled to the three weeks he requested and has ten more weeks available.

Example Two “Rolling 12 Month”

Patricia requests two weeks of FML leave to begin on November 1st and has taken the following FML leave:

- Four weeks beginning January 1st
- Four weeks beginning March 1st
- Three weeks beginning on June 1st



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In this example, the FML Liaison looks back 12 months (from November 1st back to the previous November 2) and sees that Patricia had taken four weeks of FMLA leave beginning January 1st, four weeks beginning March 1st, and three weeks beginning June 1st. Patricia has taken 11 weeks of FMLA leave in the 12 month period and only has two weeks of FMLA-protected leave available.

After Patricia takes the two weeks in November, she can next take FMLA leave beginning January 1st as the days of her previous January leave “roll off” the leave year.

Training Notes:

FML and Benefits



- Provides unpaid job protection
- Runs concurrently with paid leave, STD, Workers' Comp
- Continuation of health benefits
- Contact Benefits Coordinator for help

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Training Notes:

Pay and Benefits

The following are the pay and benefits extended to FML qualified Employees:

- FMLA guarantees UNPAID job protection
- FMLA is not a new type of additional paid leave
- State of Colorado requires that all paid leave, comp time, and make whole under worker's comp run concurrently with FMLA, and does not extend the time to which the employee is entitled.
- Employee must use all accrued paid leave before being placed on unpaid leave for the remainder of FML.
 - **EXCEPTION:** Exhaustion of annual leave is not required while receiving Short Term Disability (STD) salary benefits
- While an employee has paid leave running concurrently with FML, leave accrual continues. Leave accruals are prorated for partial months of LWOP.
- During paid FML, the employee's portion of health insurance premiums will continue to be covered by regular payroll deduction. During unpaid FML or unpaid STD leave, the State continues to pay its share of premiums, but the employee becomes responsible to pay their share by the first of the month of coverage. Once all FML and/or STD job protection is exhausted, the employee becomes responsible to pay BOTH portions of insurance premiums.
- STD job protection (up to 180 days in a twelve month period) runs concurrently with FML
- Contact CDOT Benefits Coordinator dot_benefits@state.co.us for more information regarding benefits and STD
- Employee Benefits Website:
<http://intranet.dot.state.co.us/employees/benefits>

Who is Eligible for FML Leave

- Permanent Employee with 12 months of state service
- Temporary Employees with 12 months of state service and 1250 hours of work within the last 12 months



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Training Notes:

Eligibility for FML Leave

- Permanent employees require a total of 12 months of state service (including temporary time) **AND** have entitlement remaining in the unique twelve month period during which FML leave is requested
- The 12 months do not need to be continuous
- Temporary employees require 12 months total of state service; PLUS must have worked 1,250 hours within the 12 months prior to the date leave will begin

NOTE:

Temporary employees can be eligible for the job protection provided by FMLA, but do not accrue any paid leave and do not track LWOP on the timesheet; therefore, FML hours cannot be tracked in SAP. For Permanent Part Time employees, the workbench can be used for FML while the employee is on paid leave; however, FML - LWOP cannot be tracked on the workbench because Permanent Part Time employees do not enter LWOP on their timesheet. In these instances contact the FML Program Manager for additional assistance.

Checking for Eligibility in SAP



PA20

- Determine total State service using date specification infotype

CADO

- If a Temporary Employee has worked 1250 hours in previous 12 months



Training Notes:

TAB 07 – PA20 – Display HR Mater Data

TAB 08 – CADO – Display Time Entry Status with a Variant

PA20 Display HR Master Data

Transaction PA20 is used to determine the total state service of the employee.

- See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: SAP Online Learning and Training → [Human Resources](#) → Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

This is performed by using:

1. Date Specification infotype (0041)
2. Z5 – Leave Accrual date

CADO Display Time Entry Status with a Variant

Transaction CADO is used to determine if a temporary employee has worked at least 1,250 hours in the previous 12 months

1. Select Attendances variant
2. Enter the PERNR
3. Select other period as Report Period and enter the last twelve months as the date range

Learning Activity: Demo 2.1



Transaction: PA20 – Date Specification (IT0041) and CADO

Scenario: Terry retired from CDOT on 6/30/2010 and was rehired on 8/1/2011 as a temporary employee. She has requested FML beginning September 1, 2011. We will use PA20 and CADO to determine if she is eligible.

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Training Notes:

TAB 07 – PA20 Display HR Mater Data

- See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: SAP Online Learning and Training → [Human Resources](#) → Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

Learning Activity: Exercise 2.2



Transaction: PA20 – Date Specification (IT0041)

Scenario: Robert Baby is expecting a child and has requested 6 weeks off for paternity leave beginning in May. Use SAP to determine if Robert is eligible for FML.

What is the leave accrual date? Does Robert have 12 months of state service?

Leave accrual date: _____

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TAB 07 – PA20 – Display HR Mater Data

Now it's your turn to practice using the transaction. Review the above scenario to execute the transaction in SAP.

- See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: SAP Online Learning and Training → [Human Resources](#) → Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

Training Notes:

Checking for FML Entitlement in SAP



- Employee FML Balance Report
 - Portal and ZH61
- Liaison FML Forecast Report
 - ZH62

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Training Notes:

TAB 09 – FML Balance Report (Portal View)

TAB 10 – ZH61 – FML Balance Report

Checking for FML Entitlement in SAP

The Family Medical Leave Balance Report is available to all employees from a work computer in the SAP Portal effective July 1, 2015.

The following are the directions to access the report for the Employee.

1. Open Internet Explorer from your work computer
2. Scroll to the bottom right of the home page
3. Click on: "SAP Portal"
4. Sign-in to the Portal as usual
5. On the page that displays , in the upper left, click on: Employee Self Service
6. On the page that displays, look to the middle under Working Time, and CLICK on: Family Medical Leave Balance
7. The Family Medical Leave Balance Report will open, showing the number of FML job protection hours available to you as of the current date, and also the dates in the future on which you will have additional FML hours restored

FML Balance Report

Employee FML Balance report:

- A report used by the Employee to obtain FML balances
- Based on approved FML absences
- Available in SAP portal and in SAP using t-code ZH61
- Displays FML balances as of the system date

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Training Notes:

TAB 10 – ZH61 FML Balance report

FML Balance Report

The FML Balance Report is a custom transaction created to display the FML balances of an Employee based upon the system date when the report runs. The following are details of the report:

- Calculated based on **approved** FML absences on the timesheet in the last 12 months
- **Does not** include **Future** approved FML absences
- Displays the date and number of FML hours that will be earned back in the upcoming 12 months
- Takes leap year into account
- Serves as notification to the employee when entitlement amounts change
- Only available to Permanent Full Time Employees
- PPT needs to be manually calculated

FML Balance Report

Report Date: 04/07/2015
Employee Name: Last1172, First1172 (00001172)

Today's balance of FML job protection is based on the amount of FML approved on your time sheet in the prior twelve months. Today's balance does not take into account any future FML absences.
This report satisfies §825.300(c)(1)(vi)(4) of the FMLA requiring notice to employees when entitlement amounts change during the applicable twelve month period.

Date	# of FML Hours Restored	FML Balance
04/07/2015	8.00	431.50
07/02/2015	1.00	432.50
07/09/2015	3.00	435.50
07/10/2015	2.00	437.50
07/24/2015	2.50	440.00
07/25/2015	2.00	442.00
09/30/2015	8.00	450.00
11/14/2015	8.00	458.00
11/15/2015	8.00	466.00
12/09/2015	8.00	474.00
12/13/2015	2.00	476.00
12/16/2015	4.00	480.00
01/27/2016	8.00	488.00
01/28/2016	8.00	496.00
01/29/2016	8.00	504.00
01/30/2016	8.00	512.00
01/31/2016	8.00	520.00

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Training Notes:

FML Balance Report

The FML Balance report is accessed by the Employee through the Portal. If there is a discrepancy between what the Employee believes to be the amount of entitlement available and the amount shown in the report, ensure the employee has read and understands that this report is based on **approved** FML absences within the past 12 months.

A separate report available to FML Liaisons accounts for future FML time on the timesheet. That report will be discussed on upcoming slides.

The columns of the report are described below:

- **Date** – This field displays the date that the FML Balance will be restored to the Employee. This is based on any FML leave taken over the past year.
- **# of FML Hours Restored** – The total of the number of hours restored to the employee based on the amount taken one year before the FML absence occurred.
- **FML Balance** – The total number of hours available to the employee based upon their balance and the number of hours restored.

Learning Activity: Demo 2.3



Transaction: FML Balance Report

Transaction: ZH61 – FML Leave Balance

Scenario: Robert Baby needs to check his own FML balance.

- What is Robert Baby's FML Balance?
- Does he have enough FML entitlement?

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TAB 09 – FML Balance Report (Portal View)

TAB 10 – ZH61 FML Balance Report

- The FML leave balance report is used by the Employee to view the amount of FML Leave available to them over the 12 month period
- Employees access the report through SAP portal and/or ZH61

Training Notes:

Learning Activity: Exercise 2.4



Transaction: FML Balance Report

Transaction:

- ZH61 – FML Balance Report
- SAP Portal

Scenario: You will be checking your own FML Balance Report using both ZH61 and the SAP Portal

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TAB 09 – FML Balance Report (Portal View)

TAB 10 – ZH61 FML Balance Report

Now it's your turn to display the FML Balance Report.

- The FML leave balance report is used by the Employee to view the amount of FML Leave available to them over the 12 month period
- Employees access the report through SAP portal and/or ZH61
- Portal - <http://saprdep.dot.state.co.us:50000/irj/portal/>

Training Notes:

FML Forecast Report

Family Medical Leave Forecast report:

- Provides FML Liaisons with an employee's current FML entitlement balance
- Provides future dates for when an employee will earn back FML entitlement
- The output of the report includes a future usage column in addition to the same columns as the FML Balance report
- Can only be run for Permanent Full-time Employees
 - Part-time Employees will receive a disclaimer on the Employee Leave Balance Report

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Training Notes:

FML Forecast Report

Available only in SAP using t-code ZH62

The FML Forecast report requires the personnel number of the employee and the date in which you are running the report. When you run the report be careful in your selection of the date.

FML Forecast Report

The screenshot shows the SAP 'Family Medical Leave Forecast' selection screen. It includes a 'Selection Criteria' section with two input fields: 'PERNR' containing the value '1172' and 'Run Date' containing the date '04/07/2015'. The date field has a calendar icon to its right. Above the input fields is a blue header bar with the text 'Family Medical Leave Forecast' and a search icon. At the top of the screen, there is a standard SAP toolbar with various icons for navigation and actions.

The FML Forecast Report requires:

- Employee PERNR
- Date used for the calculation
- Must be Permanent, full time employee

Training Notes:

- The screenshot above is the initial screen of transaction ZH62.
- **Note** the title of the report is in the report header

FML Forecast Report

Family Medical Leave Forecast

Report Date: 05/04/2015
Employee Name: Last:1276, First:1276 (00001276)
Timekeeper: Carmen Schrimpscher
Organizational Unit: Denver Metro Mtc-Bridge Crew A
Personnel Subarea: Mant. Support (1400)

The "# of FML hours restored" value is determined by the number of approved FML hours used in the prior twelve months. The report does not consider any past FML absences that are in an in process or released status on the timesheet.

The "# of FML hours used" column reports any future FML absences entered on the timesheet. All FML absences that are in an in process, released or approved status as of the selected start date are included.

Date	# of FML Hours Restored	# of FML Hours Used	FML Balance
05/15/2015	0.00	0.00	432.00
11/20/2015	8.00	0.00	440.00
11/21/2015	8.00	0.00	448.00

The FML Forecast report:

- Does not include any past FML absences that are in process or released in the **# of FML Hours Restored** column
- **# of FML Hours Used** column reports on any future FML absences including in process, released or approved status

Training Notes:

TAB 11 – ZH62 FML Forecast Report

FML Forecast Report Continued

The output is very similar to the Employee Leave Balance Report, but it allows the FML Liaison to forecast FML leave entitlement that will become available in the future

Comparison of FML Forecast and FML Balance Report

ZH61

ZH62

Family Medical Leave Balance

Report Date: 04/07/2015
Employee Name: Last1172, First1172 (00001172)

Today's balance of FML job protection is based on the amount of FML
This report satisfies §825.300(c)(1)(v)(4) of the FMLA requiring not

Date	# of FML Hours Restored	FML Balance
4/07/2015	0.00	431.50
7/02/2015	1.00	432.50
7/09/2015	3.00	435.50
7/10/2015	2.00	437.50
7/24/2015	2.50	440.00
7/25/2015	2.00	442.00
9/30/2015	8.00	450.00
1/1/2015	8.00	458.00
1/15/2015	8.00	466.00
2/09/2015	8.00	474.00
2/13/2015	2.00	476.00
2/16/2015	4.00	480.00
1/27/2016	8.00	488.00
1/28/2016	8.00	496.00
1/29/2016	8.00	504.00

Family Medical Leave Forecast

Report Date: 05/04/2015
Employee Name: Last1276, First1276 (00001276)
Timekeeper: Carmen Schrymscher
Organizational Unit: Driver Metro RTD-Bridge Crew A
Personnel Subarea: Maint. Support (1400)

The "# of FML hours restored" value is determined by the number of approved FML hours any past FML absences that are in an in process or released status on the timesheet.
The "# of FML hours used" column reports any future FML absences entered on the timesheet approved status as of the selected start date are included.

Date	# of FML Hours Restored	# of FML Hours Used	FML Balance
05/15/2015	8.00	0.00	432.00
11/20/2015	8.00	0.00	440.00
11/21/2015	8.00	0.00	448.00
11/24/2015	8.00	0.00	456.00
11/25/2015	8.00	0.00	464.00
11/26/2015	8.00	0.00	472.00
11/28/2015	8.00	0.00	480.00
12/01/2015	8.00	0.00	488.00
12/02/2015	8.00	0.00	496.00
12/03/2015	8.00	0.00	504.00
12/04/2015	8.00	0.00	512.00
12/05/2015	8.00	0.00	520.00

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Training Notes:

Comparison of the FML Forecast and FML Balance Report

FML Forecast report is like the Employee FML Balance Report tool except:

- Can enter alternative date as start date to calculate FML balance
- Able to look up FML balances for employees for whom you have access to create FML workbenches
- Includes "# of FML hours used" column which displays any future FML absences entered on the timesheet in an in process, released, or approved status
- Takes into account future FML time

Learning Activity: Exercise 2.5



Transaction: ZH62 – FML Forecast Report

Scenario: Robert's baby is due on **May 22nd**. You need to review the FML Forecast report to determine the total FML entitlement available for Robert Baby.

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Training Notes:

TAB 11 – ZH62 FML Forecast Report

Check Your Knowledge

1. What is the FML entitlement for a full-time Employee?
2. What transaction is used to display the total FML Leave available to the Employee?



Training Notes:

Question 1:

What is the FML entitlement for a full-time Employee?

Answer:

- 520 in a 12 month period

Question :

What transaction is used to display the total FML Leave available to the Employee?

Answer:

- ZH62 - FML Forecast report

Section 3



Qualifying Circumstances

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation form and the responsibility of the FML Liaison in the designation process

Section 3 - Learning Objectives

3

At the end of this section, you should be able to:

- Describe the qualifying circumstances that trigger the FML process
- Identify qualifying individuals
- Identify qualifying reasons for leave
- Describe the actions the FML Liaison needs to take when communicating with/interviewing the Employee

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML Initiation Triggers



- Requests for leave for a foreseeable personal health reason
- Requests extended leave to care for a qualifying family member with a serious health condition
- Sick more than 3 full consecutive work days
- Workers' Comp first report of injury or claim number memo
- Military Deployment
- Military family member illness /injury



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Training Notes:

TAB 12 – Claim Number Memo

Triggers that Initiate FML Program

- Employee requests leave regarding foreseeable personal health circumstance (planned surgery, pregnancy, etc.)
 - Must provide at least **30 DAY'S** notice before the leave is to begin
 - If 30 days is not practicable must be given as soon as possible
- In an emergency, employees should provide notice either the same day or the next business day
- In all cases must take into account all individual facts and circumstances
- Employees are required to comply with the usual and customary notice and procedural requirements for requesting leave
- Failure to comply could result in the delay or denial of leave
- *Employee reports in sick more than three full consecutive workdays*
- FML Liaison is notified with a letter from Risk Management that an employee has made a work comp claim. An example of the Claim Number Memo is listed in the tab above.
- Employee submits a Workers' Compensation Incident Report; is treated by a Workers' Compensation practitioner (Authorized Treating Provider); and the work status report from the ATP indicates at least one of the following:
 - An extended period of absence
 - Work restrictions that cannot presently be accommodated
 - A regimen of continuing treatment
- Employee requests leave for a qualifying FML event such as active duty family leave or military caregiver leave

Qualifying Individuals



The following is a list of qualifying individuals:

- Self
- Child
- Parent
- Legal Spouse
- Qualified Military Service Member for Military Caregiver
- Legal Guardian/Ward

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Training Notes:

TAB 02 – State Personnel Board Rules Chapter 5

Qualifying Individuals

Refer to the sections below for details of a qualifying individual under FML.

Child

- Defined as an employee's biological, adopted or foster child, stepchild, legal ward, or a child for whom the employee stood "in loco parentis" (taking on the responsibilities of a parent with someone else's child, as provider of daily care and financial support)
- Per the U.S. Department of Labor: "Under the FMLA, persons who are in loco parentis include those with day-to-day responsibilities to care for or financially support a child. The fact that a child has a biological parent in the home, or has both a mother and a father, does not prevent an employee from standing in loco parentis to that child. The FMLA does not restrict the number of parents a child may have. The employer's right to documentation of family relationship is the same for an individual who asserts an in loco parentis relationship as it is for a biological, adoptive, foster or step parent. Such documentation may take the form of a simple statement asserting the relationship."
- Does include children of same gender partner
- For health-related FML, child is under 18 or medically disabled at the time leave would commence [ADAAA]
- For Military Active Duty family Leave or Military Caregiver Leave, child is of any age

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Parent

- Defined as an employee’s biological, adoptive, step or foster father or mother
- An individual who stood “in loco parentis” to the employee
- Does NOT include “parents-in-law”

Spouse

- Legally married anywhere regardless of gender
- Common law marriage is a legal marriage in Colorado. It is the same as ceremonial or civil marriage and can only be ended by death or divorce.
- A simple statement that common law marriage exists is sufficient. Documentation is not necessary, just as it is not necessary for a traditional marriage.
- An unmarried father does not have FMLA protection during the prenatal period for his child, however he can use regular sick leave to care for the mother of his child.
- Any father is eligible for FML bonding leave with his child AFTER delivery
- Colorado’s Family Care Act extends job protected leave to employees to care for their civil union partner or registered domestic partner
- A simple statement that the relationship exists is sufficient
- Tracking Family Care Act Leave concurrently with FML is complex. Contact the FML Program Manager.
- Does NOT include unregistered domestic partners, fiancé/fiancée, and boyfriend/girlfriend

Qualified Military Service Member for Military Caregiver

- “Next of Kin” for Military Family Caregiver Leave: If military member has not already legally designated a next of kin, then the nearest blood relative (other than spouse, parent or child) in the following order:
- Court decreed blood relatives granted legal custody
- Siblings
- Grandparents
- Aunts & Uncles
- First Cousins

Legal Guardian/Ward

- No other family relationship is allowed unless under court ordered guardianship or conservatorship.
- Use of regular sick leave may be applicable to others under SPB Rule 5-5.

Training Notes:

Qualifying Conditions

The following are qualifying reasons for leave:

- Serious Health Condition
- Care of a Family Member
- Addition of a Child
- Active Duty Family Leave
- Family Military Caregiver Leave



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Training Notes:

Qualifying Conditions

Refer to the sections below for details of qualifying conditions under FML.

Serious Health Condition / Care of a Family Member

- Injury, illness, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider
- Incapacity-inability to perform ESSENTIAL JOB FUNCTIONS due to the serious illness or injury for more than 3 full consecutive workdays
- Serious health condition of the immediate family member can relate to either physical care or psychological comfort

Addition of a Child and Care for a Newborn

- Leave for addition of a child must be completed within 12 months of birth or placement or adoption
- Pregnancy coverage includes pre-natal care, severe morning sickness and delivery. A visit to the health care provider is not necessary for each absence.
- Paternity leave is available to the woman's spouse to assist in prenatal care
- FML Sick Leave is used by both parents during pre-natal care, childbirth, and recovery from childbirth
- After recovery, FML-Annual Leave must be used during the bonding period. FML-Sick Leave is not applicable

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Addition of a Child and Care for a Newborn (continued)

- BOTH eligible parents are entitled to take the full amount of leave as long as it is concluded within one year of the birth of the baby or placement/adoption of the child
- Pre-placement/adoption absences (site visits, legal meetings, travel to another country etc.) are also covered under FML
- Placement of a child for adoption or foster care
- An employee wanting to add the new dependent under State insurance benefits has only *31 days to add the child in Benefit Solver and provide the required documentation*

Active Duty Family Leave (Non-Medical)

FML qualifying event directly related to the military deployment of employee's parent, child, spouse, or legal guardian. Active Duty Family Leave combines with all other types of FML. The combined total cannot exceed 13 weeks (520 hours).

Employees may take leave while their spouse, child, parent or legal guardian is serving or called to serve in foreign country for one or more of the following *non-medical* reasons:

- Short-notice deployment
- Military events and related activities
- Rest and recuperation (up to 15 days based on R&R orders)
- Emergency childcare arrangements
- School activities
- Financial and legal arrangements
- Counseling
- Post-deployment
- Additional activities mutually agreed upon by the employee and the appointing authority
- Certain activities related to the care for a service member with a serious illness incurred or aggravated in the line of duty while deployed in a foreign country

Military Caregiver Leave (Medical)

To care for a service member with a serious illness or injury incurred or aggravated in the line of duty while deployed to a foreign country. *This is a special entitlement separate from the traditional FMLA entitlement*

- Allows 26 weeks (1040 hours) of unpaid, job protected leave during *a twelve month period measured forward* from the date the military caregiver leave begins
- Can overlap with traditional FMLA leave. If during that single twelve month block of time allowed for Military Caregiver Leave it is combined with traditional FMLA leave, the total cannot exceed 26 weeks
- If eligible employee does not take ALL of the 26 week Military Caregiver Leave entitlement during the single twelve month period, the remainder of the entitlement is forfeited
- Employees may take leave to care for a spouse, child, parent or "next of kin" who is a current member of the armed forces that sustained a serious injury or illness incurred in the line of duty in a foreign country and is undergoing medical treatment, recuperation, or in outpatient status
- Care for a veteran undergoing medical treatment, recuperation, or therapy for a serious injury or illness incurred while on active duty in a foreign country and who was a member of the armed forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date of treatment

Training Notes:

Group Exercise 3.1

Scenario: Determine which of the following events qualify for job protection under FML (True does qualify False does not qualify)



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Training Notes:

Use the Scenario to answer the following statements:

1. Care of an employee's sister during recovery from childbirth
2. Disc replacement surgery due to an employee's injury on the job
3. Illness of child from employee's first marriage who no longer lives with the employee
4. Adoption of a child by an employee and her same gender domestic partner
5. Inpatient rehabilitation for alcohol addiction
6. Employee's wife is called to National Guard training in Texas
7. Psychological comfort for employee's severely depressed father following the death of his wife
8. Time for employee to attend funeral and deal with the estate of his parent
9. Student-teacher conferences for employee's children under age eighteen
10. Employee with six months of full time state service and previously three months of temporary service

Communicating to the Employee

Communication with the employee is required by the FML Liaison:

- Within **5 WORKING DAYS** after initial notification
- To determine if a qualifying event meets the criteria of FML
- To ensure the FML is initiated based on information received from the employee or the representative
- To explain/send FML rights from the FML Poster
- To determine the details of the event



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Training Notes:

TAB 13 – Email Confidentiality Disclaimer

TAB 03 – Employee Rights and Responsibilities Under the Family Medical Leave Act (The Poster)

TAB 14 – Questions to Ask or Not to Ask

Communicating with the Employee

The FML Liaison is required to communicate with the employee within 5 WORKING DAYS after CDOT's initial notification of need for FML.

Additional information is needed from the employee to determine if a qualifying event meets the criteria of FML as outlined later in this course.

The FML process may ONLY be initiated based on information received from the employee or the employee's representative—NEVER on hearsay or assumption. FML requests initiated by the supervisor must be verified by the employee or the employee's representative.

Ways to Communicate with Employee

The following are effective ways to communicate with employees about FML questions:

- In person (recommended)
- Phone
- Email (requires confidentiality disclaimer) Example of a Confidentiality Disclaimer is located in **TAB 13**.
- If the employee is unavailable, a personal representative may represent the employee. Typically a spouse, parent, child, next of kin, or legal representative will act as a personal representative for the purposes of FML.

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- Postal mail (certified and regular)
 - To locate an employee address: See PA20 – Display HR Master Data Work Instruction on the internal website – Navigate to: *SAP Training Website* → [Human Resources](#) → *Personal Administration* → *Reporting* → [PA20 - Display HR Master Data](#)

It is essential to explain to the employee or employee’s personal representative the employee’s rights and to gather the following information during initial contact with the employee or their personal representative:

- The FML Liaison must provide the “Employee rights and responsibilities under the family and medical leave act” document. (aka “the poster”) located in **TAB 03**.
 - Review Federal rights including entitlements and duration
 - English and Spanish versions are located on the State of Colorado’s website: <https://www.colorado.gov/pacific/dhr/dhrforms>
- Duration of the leave being requested
- Reason for leave request (who, what when, where, why)
- Request begin date and end date of desired leave
- Identify first and second level supervisor contacts (Use SAP transaction ZH45 if employee is unable to provide this information)
- Exchange contact information between the FML Liaison and employee
- NOTE: A helpful resource to assist in interviewing the employee can be found in “Questions to Ask/Not to Ask” located in the FML Manual **TAB 14**.

Training Notes:

Learning Activity: Demo 3.2



Transaction: PA20 – Address Look-up

Scenario: Use PA20 to look-up both the permanent and mailing address for an employee.

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Training Notes:

TAB 07 – PA20 Display HR Mater Data (IT0006) Address

- See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: SAP Online Learning and Training → [Human Resources](#) → Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

Learning Activity: Demo 3.3



Transaction: PA20 – Verify Supervisor

Scenario: You need to determine who Robert's supervisor is. Use Two Levels Chief report (ZH45) to identify his supervisor.

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Training Notes:

TAB 07 – PA20 Display HR Mater Data

Starting from SAP perform the following:

1. Navigate to ZH45
2. Execute Report
3. Highlight PERNR column
4. Press Ctrl + F
5. Enter PERNR for employee
6. Click green check mark
7. Scroll across to view 1st and 2nd level supervisor

FML Forms



All FML forms can be found on the FML Liaison website at:

<http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

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Training Notes:

FML Forms Location

- All of the documentation including this manual are housed on the FML forms SharePoint site listed on the above slide
- It is always best to download all forms from the SharePoint site to ensure you have the most recent version of the form
- The SharePoint site will be explored in more detail later in the course

Notice of Eligibility Form

- Used to indicate if an Employee is eligible **OR** ineligible for FMLA within 5 business days of request
 - Ineligible Employees Part A only
 - Eligible both Part A and B
- The FML Liaison and Employee must sign
- Completed Notice is sent to Employee
- Liaison copy must be kept in a confidential file



TAB 15 - CDOT Notice of Eligibility and Rights and Responsibilities Form

TAB 13 – Email Confidentiality Disclaimer

TAB 16 - Short Term Disability Letter

CDOT Notice Of Eligibility And Rights And Responsibilities

- This document formally notifies the employee if they meet the preliminary criteria of FML job protection
- This form must be completed and provided to the employee within 5 BUSINESS DAYS of the initial trigger
- Part A of the form is used by CDOT to provide the employee written notice of eligibility or non-eligibility (e.g. lacks one year of employment) within 5 BUSINESS DAYS of learning of the need for leave which may qualify as FMLA leave
- Part B of the form addresses “Employee Rights and Responsibilities” under the FMLA and details requirements concerning medical certification, use of paid leave, and critical deadlines

Continued on next page

Training Notes:

Continued from previous page

- If any information concerning the FML situation (except leave balances) contained on the Notice of Eligibility/Rights and Responsibilities changes during leave, the employer must provide a new notice within 5 BUSINESS DAYS

Delivery Methods

- In-person: the poster and form should be presented and reviewed when meeting with the employee
- Mail: the poster and form sent both certified/return receipt and regular mail
- Email: Poster and form can be emailed as long as it includes a confidentiality disclaimer statement FML Manual **TAB 03**

If an employee is **ineligible** due to exhaustion of FMLA entitlement or the employee has not met the 12-month length of service requirement:

- Complete part A of the Notice of Eligibility form including the reason the employee is not eligible
- Be sure to include FML Liaison signature on page 1 and the employee signature on page 3

If an Employee is Eligible:

- Complete part A and B of the Notice of Eligibility form
- Review the employee responsibilities listed in part B
- Fill-in employee's current leave balances
- Establish check-in expectations for extended leave
- For employees own health condition attach percentage duty statements from PDQ. An electronic copy of the PDQ may be obtained from the supervisor
 - This must be the official signed version.
- Attach any appropriate certification documentation required
- Attach Fitness to Return for continuous leave requests for employee's own health condition
 - If the Fitness to Return is not included initially, then the employee must be allowed FIFTEEN CALENDAR DAYS to provide it when later requested
- Be sure to include FML Liaison signature on page 1 and the employee signature on page 3

Continued on next page

Training Notes:

Continued from previous page

Also issue the Short Term Disability (STD) information letter

- <http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

To be eligible for the job protection of STD leave, employees must have one year of state service and an application must be submitted within THIRTY DAYS of the beginning of the absence or at least THIRTY DAYS prior to the exhaustion of all accrued sick leave.

Once Notice of Eligibility is issued, establish CONFIDENTIAL FML employee file that contains copies of ALL documentation related to the FML request and leave.

- File should be kept separate from any other employee file
- File accessibility is limited to the FML Liaison, the employee, and the FML Program Manager
- Secured (locked filing cabinet)
- Files must be kept for three years after completion of leave for the condition or event. After three years, the files must be shredded and destroyed
- When an employee is in litigation with the CDOT, the file may never be destroyed

Training Notes:

Check Employee Leave Balances



PA20 is used to look up absence quotas:

- Absences (IT2001) - Displays the history of all approved absences
- Absence Quotas (IT2006) - Displays the amount of leave time and the amount of approved leave time deducted from the quota

Employee Leave Summary Report (ZH49T) is used to look up absences on multiple employees

Training Notes:

TAB 07 – PA20 Display HR Master Data

Check Employee Leave Balances

See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: [SAP Online Learning and Training Human Resources Personnel Administration Reporting PA20 - Display HR Master Data](#)

- Use PA20 to look up absences and absence quotas (Time Management tab)
- Absences (IT2001) - Overview displays the history of all approved absences for this employee in the time period shown, in descending order, and includes the absence (A/A) type
- Absence Quotas (IT2006) - Includes the amount of leave time for the employee and the number of approved leave time deducted from the quota

Learning Activity: Demo 3.4



Transaction: PA20 – Display Absences (IT2001) and Absence Quotas (IT2006)

Scenario: To complete the Notice of Eligibility, we need to determine Robert’s leave balances. We will use PA20 to research Robert’s absences and absence quotas.

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Training Notes:

TAB 07 – PA20 Display HR Master Data (IT2001)

- See PA20 – Display HR Master Data Work Instruction on the SAP training website – Navigate to: SAP Online Learning and Training → [Human Resources](#) → Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

Learning Activity: Demo 3.5



Transaction: ZH49T Employee Leave Summary Report

Scenario: You would like to look up the leave balances for multiple employees. Rather than looking each one up individually, we will use ZH49T to view the employee leave summary report for multiple employees.

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Training Notes:

TAB 17 – ZH49T Employee Leave Summary Report

- This report is run when you need to look up the leave balances for more than one employee.

Learning Activity: Exercise 3.6



Scenario: Robert has notified CDOT of the leave request on **April 25th**. The baby is due on **May 22nd** and Robert is requesting continuous leave for six weeks. You have a meeting on **April 28th** to review the Notice of Eligibility and Rights and Responsibilities with the employee.

1. Complete the Notice of Eligibility and Rights and Responsibilities form for Robert's FML request.

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Training Notes:

TAB 15 – CDOT Notice of Eligibility and Rights and Responsibilities Form

Based on the information found in the previous exercise, complete the Notice of Eligibility and Rights and Responsibilities form for Robert's FML request.

- There are two copies of the of the Notice of Eligibility and Rights and Responsibilities form. Use one for the exercise and retain one as a sample of the form.

Alternatives for Ineligibility

Alternatives to FML include:

- Regular sick leave
- Short term disability
- Long term disability
- ADA evaluation and possible accommodation
- Leave Grant

Training Notes:

TAB 16 - Short Term Disability Letter

Alternatives to Ineligibility

- Regular Sick Leave
- State Paid Short Term Disability information on this can be found at:
- <http://intranet.dot.state.co.us/employees/time-and-leave/short-term-disability?searchterm=short+term+disability>

See the Short Term Disability Information Letter and additional program information located in the FML Manual

- Additional information is also located on the DPA website on disability: <https://www.colorado.gov/pacific/dhr/search/site/disability>
- PERA Short Term Disability and Disability Retirement Information can be found at <https://www.copera.org/PDF/5/5-12.pdf>
- ADA Evaluation and Possible Accommodation Information can be obtained from the ADA Coordinator at HQ, or from the Regional Civil Rights Manager. CDOT Procedural Directive 602.1 “ADA Accommodation Procedures” contains additional information:
 - <http://intranet/resources/policy-procedure/documents/0602.1/view>
- Information on Leave Grant can be found in CDOT Procedural Directive 1204.1: <http://intranet/resources/policy-procedure/documents/1204-1>
- The form for requesting Leave Grant is “Leave Grant Request form (CDOT form #963)
 - <http://intranet/resources/CDOT-forms/documents/cdot-0963.pdf>
- For Leave Grant requests involving a medical condition, the FML Liaison will need to supply the employee a “statement of medical facts” to attach to the application.

Check Your Knowledge

1. What form is used to determine if an Employee is eligible or ineligible for FML leave?
2. Upon receiving notification an Employee may need FML leave, how many days do you have to respond?



Training Notes:

Question 1:

What form is used to determine if an Employee is eligible or ineligible for FML leave?

Answer:

- The Notice of Eligibility Form

Question 2:

Upon receiving notification an Employee may take FML leave, how many days do you have to respond?

Answer:

- You have five working days from the date CDOT received notification

Section 4



Certification

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation Notice and the responsibility of the FML Liaison in the designation process

Section 4 - Learning Objectives

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At the end of this section, you should be able to:

Describe the documents and forms needed for certification

Understand form requirements and timelines

Explain additional opinions

Describe the recertification process

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

Certification Forms



- Once it has been determined an event is an FML qualifying condition, Documentation is always required in order to authenticate the use of FML

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Training Notes:

TAB 18 – Certification of Health Care Providers for Employee's Serious Health Condition (FMLA)

TAB 19 – Certification of Health Care Provider for Family Member's Serious Health Condition (FMLA)

About Certification Forms

When issuing the previously discussed "Notice of Eligibility and Rights and Responsibilities," also issue the appropriate certification forms located on the Department of Personnel & Administration (DPA) website:

- <https://www.colorado.gov/pacific/dhr/dhrforms>

Liaisons can find all form on their Liaison SharePoint site:

- <http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

Per SPB Rule5-5B, a SOC Medical Certification Form Employee's Health Condition is required for any absence longer than three days.

Non-FML qualifying sick leave in excess of three consecutive work days (for either employee or family member) can now be authenticated by using the State of Colorado Medical Leave Form.

SOC Medical Certification Form Employee's Health Condition (includes request for Maternity leave)

- FML Liaison must complete Employee information on page 1 and attach job duties from the PDQ
- Employee ID is the 4-digit SAP Personnel Number (PERNR)
- FML Liaison should advise employee that all questions on the form must be completed by the health care provider.
- *N/A should be used by the provider for all questions that do not apply. Blank responses will not be accepted.*

Certification Forms

Once an event is qualifying, the following forms are used to authenticate FML use:

- SOC Medical Certification Form for Employee's Health Condition
- SOC Medical Certification Form for Family Member's Health Condition
- SOC Certification of Qualifying Exigency for Military Family Leave
- SOC Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Training Notes:

Tab 23 - SOC Medical Leave Form

Tab 19 - SOC Medical Certification Form Family Member's Health Condition
(Includes request for paternity leave)

Tab 20 - SOC Certification of Qualifying Exigency for Military Family Leave Form

Tab 22 - SOC Certification for Serious Injury or illness of a Veteran for Military Caregiver Leave

SOC Medical Leave Form for Employee's Health Condition

- FML Liaison must complete Employee information on (page 1) and attach job duties from the PDQ
- Employee ID is the 4-digit SAP Personnel Number (PERNR)
- FML Liaison should advise employee that all questions on the form must be completed by the health care provider
- N/A should be used for all questions that do not apply. Blank responses will not be accepted.
- Commonly missed items include:
 - Question 1 under "Serious Health Condition," to categorize the condition.
 - Question 1 and 2 under "Additional Medical Facts," to indicate condition begin and end date
 - Health Care Provider signature (page 5)
- Employee must sign form to release information (page 1)

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SOC Medical Certification Form Family Member’s Health Condition

- (Includes request for paternity leave)
- FML Liaison must complete Employee name and ID (page 1)
- Employee ID is the 4-digit SAP Personnel Number (PERNR)
- Employee provides information for family member and signs form (page 1)
- EMPLOYEE DESCRIBES CARE TO BE GIVEN TO FAMILY MEMBER
- FML Liaison should advise employee that the family member’s health care provider must complete all questions on the form.
- Commonly missed items include:
- Question 1 under “Serious Health Condition,” to categorize the condition.
- Question 1 and 2 under “Additional Medical Facts,” to indicate condition begin and end date
- Health Care Provider signature (page 5)

SOC Certification of Qualifying Exigency for Military Family Leave Form

- FML Liaison should advise the employee to complete the entire form
- Requires employee signature
- Requires a copy of military member’s active duty orders
 - If previously provided, FML Liaison is responsible for obtaining a copy for the FML file

SOC Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave Form

NOTE: The Form is not required if Invitational Travel Orders (ITO) or Invitational Travel Authorizations (ITA) provided

- FML Liaison should advise the employee to complete page 3 and Health Care provider completes pages 4 and 5
- May be accepted from any one of the following health care providers:
- Department of Defense health care provider
- United States Department of Veterans Affairs health care provider
- DOD TRICARE network
- DOD non-network TRICARE
- Any health care provider approved in Section 825.125

Training Notes:

Substitutions



- Work Status Report
- DOLE forms
- ITOs (Invitational Travel Orders)
- ITAs (Invitational Travel Authorizations)
- VA Family Caregiver Program

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Training Notes:

TAB 24 - WC164 Physicians Report of Injury Form (Work Status Report)

TAB 25 – WH-380-E Form

TAB 26 – WH-380-F Form

Work Status Reports

In Workers' Compensation cases, DPA allows substitution of the Work Status Report from the Authorized Treating Physician (ATP) instead of the medical certification as long as **it covers the questions asked on the certification form and provides all the restriction information.**

The Work Status Report must include:

- Diagnosis
- Employee ability to work
- Limitations/restrictions
- Follow-up care required
- Physician signature
- ****For RETURN to WORK in WC cases, the authorization must be given by the primary WC physician, not by a specialist or surgeon the employee has consulted.**

DOLE Forms

For employee and family member health conditions it is permissible to accept the US Dept. of Labor forms WH 380E and WH 380F in lieu of the State of Colorado forms.

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ITOs, ITAs and Caregivers

For Military Family Caregiver Leave, the following document **MUST** be accepted as sufficient in lieu of certification document

- ITOs (Invitational Travel Orders)
- ITAs (Invitational Travel Authorizations)
- As issued by the DOD to any family member to join an injured or ill service member at their bedside
- Employee’s proof of enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers

Items not to be Accepted as Substitutions

The following documents are **NOT ACCEPTABLE** as substitutions for the FML medical certificate due to insufficient information required by the U.S. Department of Labor and the State of Colorado:

- Notes on a prescription pad

Memos From The Provider or SOC Medical Leave Form

- May be used to authenticate non-FML qualifying medical absences up to forty scheduled work hours
- Usable for either employee or employee’s family member

Training Notes:

Form Requirements

- ✓ Timeline and extensions
- ✓ Checking for completeness
- ✓ Requesting additional information



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Training Notes:

TAB 27 – CDOT FML Designation Notice Form

Timelines and Extensions

- Allow 15 CALENDAR DAYS for employee to furnish complete and sufficient certification form
- If not received within the time limit, use “CDOT FML Designation Notice” to advise and allow an additional 7 CALENDAR DAYS for employee to furnish certification form.

Checking for Completeness

- Once the certification is submitted by the employee evaluate for completeness and eligibility within 5 WORKING DAYS:
- If certificate is complete, additional information cannot be requested
- If the Certificate is incomplete, an employee has 7 CALENDAR DAYS to provide the missing information once notified
- Use “CDOT FML Designation Notice” to state in writing what is deficient with the certification and what additional information is required

A Certificate is Incomplete if:

- One or more applicable entries is not completed
- Information provided is vague, ambiguous, or non-responsive

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- If medical certification is in a language other than English, the employee must provide a written translation of the certification upon request at their own cost
- If the employee never produces the certification, the leave will not be protected under FMLA
- Per Chapter 5 of State Personnel Rules: “Failure to provide the certificate shall result in denial of leave and possible corrective/disciplinary action.”
- Use “CDOT FML Designation Notice” to deny the leave request
- Whenever FML is to be denied, the FML Liaison must first consult with the FML Program Manager

Requesting Additional Information

For completed certifications, ONLY the HQ FML Program Manager has the authority to contact the health care provider for authentication and clarification of a certificate. FML Liaisons, supervisors and Appointing Authorities (or designee) CANNOT contact the health care provider. If authentication or clarification is needed, contact the FML Program Manager immediately.

- Authentication: providing the health care provider with a copy of the certification and requesting verification that the information contained on the certification form was completed by the authorized health care provider
- Clarification: contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of a response

Training Notes:

Additional Opinions



If the medical certification is in doubt CDOT is able to:

- Request additional opinions
- Second opinions
- Third opinions

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Training Notes:

Additional Opinions

- If there is reason to doubt the validity of the medical certification, CDOT is entitled to seek a second opinion at CDOT's expense.
- Diagnosis and/or treatment is questionable or seems unreasonable
- If any additional opinion is warranted, the FML Liaison should initiate further discussion with the Appointing Authority (or designee) and FML Program Manager before a decision is made
 - Designation Notice is required if seeking a second or third opinion

Second Opinion

- CDOT can choose the provider, but the provider cannot be employed by the State. CDOT will schedule the appointment
- Pending the second opinion, the employee has provisional FML job protection
- CDOT must provide the employee with a copy of the second opinion within 5 BUSINESS DAYS
 - If an employee or family member is receiving treatment from a Christian Science practitioner, the employee cannot object to examination (though may decline treatment) by a non-Christian Science practitioner in order to obtain a second or third opinion).

Third Opinion

- If the opinion of the employee's and CDOT's designated health care providers differ, CDOT may require a third opinion at CDOT's expense.
- The employee cannot refuse a third opinion, but the third health care provider must be approved jointly by CDOT and the employee
- The third opinion shall be final and binding
 - Pending the third opinion, the employee has provisional job protection
 - CDOT must provide the employee a copy of the third opinion within 5 BUSINESS DAYS

Medical Recertification

- When is a recertification required?
- When is a recertification allowed?



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Training Notes:

When Medical Recertification is Required:

- There are absences related to the FML condition that are unanticipated as outlined in the documentation provided
- The circumstances and/or condition changes
- The first absence related to the condition in a new twelve-month period
- CDOT is allowed to obtain recertification once the “probable duration of the condition” as indicated on the medical certification has been met or 30 DAYS—whichever is longer
- If the duration of the incapacity has not been specified in the medical certification, CDOT may request recertification every 30 DAYS

When is Recertification is Allowed:

CDOT may request recertification in less than 30 DAYS if

- Employee requests an extension of leave
- Circumstances described in the previous certification have changed significantly
 - Duration or frequency of absences
 - Severity of illness
 - Complications
 - Information that casts doubt on the stated reason for leave

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- In connection with an absence for an “ongoing chronic condition,” employer may request recertification every six months
- No second or third opinions permitted on recertification unless it is the first certification in a new twelve month period. Recertification in a new twelve month period is actually a reassessment of the qualifying condition and is considered an original certificate, so second and third opinions would be allowed.
- The Notice of Eligibility and Designation process must be completed again as part of the recertification process
- In a new twelve month period, recertification cannot be required simply because an employee MIGHT use leave because of a previous FMLA condition. The process is triggered when an employee is absent due to the previous condition in the new twelve month period.

Training Notes:

Check Your Knowledge

1. What can substitute for the SOC Medical Certification form in a Workers' Comp case?
2. What are the four forms used to authenticate FML use?



Training Notes:

Question 1:

What can substitute for the SOC Medical Certification form in a Workers' Comp case?

Answer:

- The Work Status Report

Question 2:

What are the four forms used to authenticate FML use?

Answer:

- SOC Medical Certification Form Employee's Health Condition
- SOC Medical Certification Form Family Member's Health Condition
- SOC Certification of Qualifying Exigency for Active Duty Family Leave [non-medical]
- SOC Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave (Military Caregiver leave)

Section 5



Certification Evaluation

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation Notice and the responsibility of the FML Liaison in the designation process

Section 5 - Learning Objectives

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At the end of this section, you should be able to:

Review the certification for commonly missed items

Determine authorized healthcare providers

Understand which treatments are allowable

Evaluate military certifications for completeness

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Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

Medical Certification Evaluation

When reviewing the medical certification

- Review for commonly missed items
- Confirm the health care provider is authorized
- The treatments are allowable



Training Notes:

Tab 18 – Certification of Health Care Providers for Employee’s Serious Health Condition

Reviewing the Certification for Common Mistakes

- Commonly missed items include:
 - Question 1 under “Serious Health Condition,” to categorize the condition
 - Question 1 and 2 under “Additional Medical Facts,” to indicate condition begin and end date
 - Health Care Provider signature (page 5)
 - Employee must sign form to release information (page 1)
- N/A should be used for all questions that do not apply. Blank responses should not be accepted

Authorized Health Care Providers

- Doctor of medicine (MD) or osteopathy (DO) who is authorized to practice medicine or surgery
- Podiatrists (DPM), dentists (DDS/DMD), clinical psychologists (Ph.D. or Psy.D.), optometrists (OD)
- Chiropractors (DC or DCM) - limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray
- Nurse practitioners (CNP), nurse-midwives (CNM), clinical social workers (CSW), physician assistants (PAC)

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- Christian Science Practitioners (CS) – listed with the First Church of Christ, Scientist in Boston, MA
- Any health care provider from the employers group health plan
- Health care provider who practices in a country other than the US, who is authorized to practice in accordance with law
- **Does NOT** include naturopathic practitioners (ND) They are not licensed or regulated

Allowable Treatments

- Inpatient care - an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care
- Incapacity - requires in person treatment by a health care provider once within first seven days of incapacity
- Continuing treatment - two or more times within a thirty day period by a health care provider treating the same condition
- Chronic health condition - requires periodic visits to health care provider at least twice a year. (e.g. migraines, asthma, diabetes, epilepsy)
- Permanent, long-term condition - when treatment may not be effective, but the patient is under the supervision of a health care provider for the condition (e.g. Alzheimer's, terminal illness)
- Multiple treatments and recovery for a condition that would likely result in an incapacity if not treated (e.g. radiation, physical therapy, dialysis, chemotherapy)

Training Notes:

Military Certification Evaluation

Active Duty Family Leave Certification

- Signed by Employee
- Copy of active duty orders

Kinds of Military Caregiver Providers

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Training Notes:

Active Duty Family Leave Certification

- Requires employee signature
- Requires a copy of military member's active duty orders
- If previously provided, FML Liaison is responsible for obtaining a copy for the FML file

Military Caregiver Leave Certification

- **NOTE:** *This Form is not required if Invitational Travel Orders (ITO) or Invitational Travel Authorizations (ITA) are provided*
- May be accepted from any one of the following health care providers:
- Department of Defense health care provider
- United States Department of Veterans Affairs health care provider
- DOD TRICARE network
- DOD non-network TRICARE
- Any health care provider approved in Section 825.125

Learning Activity: Exercise 5.1



Scenario: On **May 8th**, Robert has submitted the following medical certification for his wife, Cindy Baby.

1. Evaluate the certification and highlight any errors or missing information that exist.
2. Describe the steps necessary to correct any issues found.
3. What additional documentation needs to be completed?

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Training Notes:

HANDOUTS:

1. Medical Certification
2. Calendar
3. CDOT FMLA Designation Notice
4. Revised Medical Certification

Check Your Knowledge

1. What form is used to request more complete information when an employee presents an incomplete med cert?
2. What's the deadline for the Liaison to request it?
3. What's the deadline for the employee to submit it?



Training Notes:

Question 1:

What form is used to request more complete information when an employee presents an incomplete med cert?

Answer: CDOT FML Designation Notice

Question 2:

What's the deadline for the Liaison to request it?

Answer: Within five working days of receipt

Question 3:

What's the deadline for the employee to submit it?

Answer: Within seven calendar days.

Section 6



FML Designation

The Department's Manual for FML Process and Procedures

Course Agenda



Introduction

Section 1 – Roles and Responsibilities

Section 2 – FML Entitlement and Eligibility

Section 3 – Qualifying Circumstances

Section 4 – Certification

Section 5 – Certification Evaluation

Section 6 – FML Designation

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Training Notes:

This course is broken out into 12 sections. The introduction and the first six sections are described below:

- **Introduction** – The Introduction provides you with an overview of the course and the training logistics
- **Section One** – Describes the roles and responsibilities of all participants in the FML process
- **Section Two** – Outlines who is eligible for FML leave and how to use SAP to determine if an employee is eligible
- **Section Three** – Explains the circumstances under which an employee is able to qualify for FML leave.
- **Section Four** – Discusses the certification process including forms, substitutions, requirements and actions to take when you need additional opinions
- **Section Five** – Provides details of how to review the certifications for completeness and how to determine which providers and treatments are allowed
- **Section Six** – Identifies the requirements of the FML Designation form and the responsibility of the FML Liaison in the designation process

Section 6 - Learning Objectives

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At the end of this section, you should be able to:

- Understand the CDOT FML Designation Notice form and requirements
- Understand the FML Liaison responsibilities for CDOT FML Designation Notice form approval
- Communicate post FML Designation responsibilities

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Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

CDOT FML Designation Notice

The CDOT FML Designation Notice is used to:



- Indicate FML is not approved and why
- Indicate FML is approved and duration
- Request more information if required
- Extend the deadline for receipt of certification form
- Request a second or third opinion



Training Notes:

TAB 27 – CDOT FML Designation Notice Form

CDOT FML Designation Notice Overview

The final FML designation is signed by the Appointing Authority (or designee) using the form “CDOT FML Designation Notice” to record the outcome of the FML review process. This form is used to indicate the following:

- FML is NOT approved and why
- FML is approved including the duration of FML allowed and the Fitness to Return requirements
- More information is required to determine leave approval (i.e. insufficient medical certification)
- An extension of the deadline for the receipt of the certification (7 calendar days)
- A second or third opinion is required
- **NOTE:** A new form needs to be completed whenever any of the above applies

CDOT FML Designation Notice

The CDOT FML Designation Notice:

- Used to approve or deny use of FML
- Used to request additional information
- Must be submitted to the Appointing Authority with a recommendation for action



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Training Notes:

TAB 28 - Sample Designation Communication

Use of CDOT FML Designation Notice

- Designation is not an option and must be completed each time the employee is requested to provide certification for FML
- Leave request for a properly certified FML condition or event cannot be denied if FML hours remain
- After the Certification is completed and all the supporting documentation is received, the Designation Notice must be issued within 5 BUSINESS DAYS to authorize usage of FML
- No conditional designations are allowed
- Designation notice needed each time a condition is recertified
- If FML usage is denied, must state the reason why it is to be denied.
- Before denial, the FML Liaison must first consult with FML Program Manager in Employee Relations.
- Decision to designate must be based only on information received from the employee, employee's representative and information contained in the certification form
- Retroactive designation allowed, but may not cause harm or injury to employee
 - Must be mutually agreed to by the Employee and CDOT
- Employee cannot waive FMLA rights

CDOT FML Designation Notice Approval Actions



The FML Liaison is responsible for:

- Recommending a course of action
- Preparing the Designation Notice for Appointing Authority signature
- Issuing the Designation Notice to employee within 5 business days after receiving all required documentation
- Informing Appointing Authorities and Supervisors of FML qualifying events



Training Notes:

TAB 27 – CDOT FML Designation Notice Form

TAB 28 – Sample FML Designation Communication

CDOT FML Designation Notice Approval Actions

The FML Liaison is responsible for recommending the course of action and preparing Designation Notice for signature of Appointing Authority (or designee). The FML Liaison is also responsible for:

- Issuing the Designation Notice to employee – within 5 BUSINESS DAYS after receiving all required information and documentation
- Providing information to Appointing Authorities and supervisory chain only in regards to the FML qualifying event as disclosed by the employee
 - Supervisory chain must be informed of relevant information including anticipated duration of absence and/or need for intermittent leave usage, reduced work schedule and/or work restrictions to accommodate the approved FML usage
 - Information regarding diagnosis, treatment, medical history, and other details found on the medical certification shall not be disclosed.
- See sample CDOT FML Designation Communication

Learning Activity: Exercise 6.1



Scenario: In response to the request for additional information, Robert has now submitted a sufficient Medical Certification form on **May 11th**. The certification form indicates that Robert will be on paternity leave for 6 weeks once the baby is born. The due date is **May 22nd**.

1. Prepare the designation form based on the information provided in Medical Certification for the Appointing Authority (or designee) to review and sign.

E

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Training Notes:

Handout - Blank Copy of CDOT FML Designation Notice

Handout - Revised med cert

- Review the details of the slide above and use the blank copy of the CDOT FML Designation Notice to complete the exercise

Post CDOT FML Designation Notice Actions



After the FML Designation Notice has been submitted, monitor and manage:

- Employee's FML Usage
- Timesheet and Payroll deadlines
- Workers' Comp occurrences and approvals (as applicable)
- Low Balance and Exhaustion
- Recertification and Fitness to Return
- Communication



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Training Notes:

Post CDOT FML Designation Notice Actions

The following are the actions to take after the CDOT FML Designation Notice has been submitted.

- If FML designated, establish qualifying event in PTFMLA Workbench in SAP
- Establish new PTFMLA Workbench in new twelve month period
- If employee is on continuous leave or unavailable, enter FML usage on timesheet
- Monitor employee's timesheet for approval of FML absences to ensure accuracy of FML Balance reports
- Monitor appropriate usage of FML A/A types on the timesheet
 - Monitor for appropriate usage of regular FML vs. Military Family Caregiver Leave on the timesheet
- If the employee is using LWOP, notify Payroll by the 15th of the month so Payroll adjustments can be made
- Utilize approval letters from Risk Management to monitor concurrence of Injury Leave and FML and ensure all injury leave is accurately reflected on the timesheet. This includes revision of timesheet once Risk approves the first 24 hours of lost time as FML injury leave (See Section 9)
- Utilize STD approval emails from Benefits Administrator as authorization to code FML LWOP once FML sick leave is exhausted. *Once STD benefits begin, use of accrued annual leave is not required before coding LWOP.*

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- Receive Fitness to Return certification (or Work Status Report from ATP for a Workers' Comp case)
 - Evaluate
 - Notify all concerned parties
- Advise employee and supervisor of low FML balance
 - See Section 10 for discussion of monthly low balance reports
- Inform supervisory chain, appointing authority and Civil Rights Manager/ADA Coordinator of employee's FML status
 - Work restrictions
 - Exhaustion of leave protections
- Cooperate with Civil rights Manager/ ADA Coordinator to share pertinent medical information
- Consult with Employee Relations on status of STD protection and advise employee and Appointing Authority (or designee) of exhaustion

Training Notes:

Check Your Knowledge

1. Who signs the FML Designation Notice?



Training Notes:

Question 1:

Who signs the FML Designation Notice?

Answer:

- The Appointing Authority or Designee

Section 7



FML Workbench

The Department's Manual for FML Process and Procedures

Course Agenda



Section 7 – FML Workbench

Section 8 – Leave and Timesheet

Section 9 – FML and Workers' Comp

Section 10 – Monitoring FML

Section 11 – Completing the Process

Section 12 – Case Study

Conclusion

Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how to create and maintain a workbench
- **Section Eight** - Discusses how to maintain the timesheet for FML qualifying Employees, resolving errors, and entering holidays
- **Section Nine** - Explains the connection between FML and Workers' Comp
- **Section Ten** – Provides an explanation of how FML is monitored through Leave approval, entitlement remaining, re-certification and low and exhausted balances
- **Section Eleven** – Covers the actions of the FML Liaison once the Employee no longer is taking FML leave
- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Section 7 - Learning Objectives

7

At the end of this section, you should be able to:

- Describe the FML Workbench and its purpose and benefits
- Identify the connection between the FML Workbench and the Employee Timesheet
- Create and edit a FML Workbench

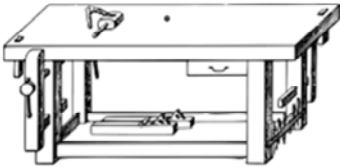
Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML Workbench

- What is the FML Workbench
- Purpose and benefits of the FML Workbench
- How CAT2 and the FML Workbench are integrated



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Training Notes:

What is the FML Workbench

- SAP functionality used to track employee FML events
- A workbench is created for each approved FML event
- An employee may have multiple active workbenches at the same time

Purpose and Benefits of the Workbench

- When workbench established, FML absence/attendance types can be coded on timesheet
- Specifies the start and end date when FML A/A types can be used
- Records FML history
- Data integrity. Employee Relations uses the workbench for Federal reporting of FML usage and investigating for legal purposes

CAT2 and the Workbench

- The employee timesheet (CAT2) tracks when the employee is absent due to an FML event
- The workbench is created using PTFMLA to track eligibility and FML events
- Designated absence types (A/A) types need to be used for leave related to an FML event
- *In order to use the FML A/A types, an approved workbench must be created for the employee*

Creating the FML Workbench

The FML Workbench is created:

- Once eligibility is approved and the Designation form is signed by the Appointing Authority
- At the start of each new event
- At the start of a new 12 month period
- When FML entitlement is restored and used for the same event more than one month later

Training Notes:

Creating the FML Workbench

- Once eligibility is approved and the designation form is signed by the Appointing Authority (or designee), the workbench should be created
- **Note:** The workbench will also check employee eligibility based on the CDOT begin date and the number of hours an employee has worked in the past year. This eligibility check may not be accurate if:
 - The employee is still probationary with CDOT, but has previous state service
- An ineligible determination in PTFMLA can be over-ridden to grant the employee FML eligibility, with approval from the FML Program Manager only.
- For PPT employees, the workbench will automatically prorate the FML hours the employee is entitled to according to the employee's planned working hours.
- The validity date for the FMLA workbench is determined by the date approved on the designation form
- If the FMLA event extends more than 12 months, multiple workbenches will need to be created.

Learning Activity: Demo 7.1



Transaction: PTFMFLA

Scenario: Debbie's mother is having surgery. FML has been designated and approved for Debbie to use continuous leave **May 1st** through **June 9th** of this year. We will use PTFMFLA to create a workbench to track Debbie's FML event.

E

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Training Notes:

TAB 29 – PTFMFLA Create FML Workbench

Perform this transaction when there is a need to create a request for FMLA workbench for an employee.

Required workbench components:

- Personnel Number
- FMLA Reason
- Validity Dates
- Continuous or Intermittent (including planned hours) indicator
- Certificate Provided indicator
- Status

NOTE: If the selection window appears, pick CDOT_FMLA_ADMIN. New users may see this window in PRD.

Learning Activity: Exercise 7.2



Transaction: PTFMLA

Scenario: You receive the Designation Notice signed by the Appointing Authority, indicating FML has been approved for Robert for 6 weeks beginning **May 22nd**.

1. Create an FMLA workbench for Robert in SAP.

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TAB 29 – PTFMLA Create FML Workbench

Perform this transaction when there is a need to create a request for FMLA workbench for an employee

Required workbench components:

- Personnel Number
- FMLA Reason
- Validity Dates
- Continuous or Intermittent (including planned hours) indicator
- Certificate Provided indicator
- Status

NOTE: If the selection window appears, pick CDOT_FMLA_ADMIN. New users may see this window in PRD.

Training Notes:

Editing the FML Workbench

- Changing start and/or end date
- Adding/revising comments
- Deleting a workbench

Training Notes:

Editing the FML Workbench

- Change FML workbench data (i.e. validity period, status)
- Add comments
- For temps and PPT and Family Care Act, indicate file path to any tracking documents used outside of SAP
- Tracking status of recertification
- Continuation of condition from a previous twelve month period
- Comments should not detail the health condition or details regarding the event
- Use to cross-reference Workers' Comp claim number
- Note STD approval dates

When to Delete Workbenches

FML Workbenches should only be deleted when:

- A workbench was set up prematurely (before medical certification approved) and situation is not FML qualified
- Multiple workbenches exist for the same event
- A workbench was created for the wrong employee
- *To delete a workbench, select the desired workbench and click the trashcan icon TWICE*

Learning Activity: Demo 7.3



Transaction: PTFMLA

Scenario: You received recertification paperwork to extend the leave through **June 23rd**, which will be used intermittently. We will use PTFMLA to update the workbench validity dates and add a comment.

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Training Notes:

TAB 30 – PTFMLA Change FML Workbench

Learning Activity: Demo 7.4



Transaction: PTFMLA

Scenario: We will use PTFMLA to delete a workbench that was mistakenly created for Terry.

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Training Notes:

TAB 31 – PTFMLA Delete FML Workbench

Check Your Knowledge

True or False: A new FML workbench must be created

1. Always at the beginning of the fiscal year
2. When the designation notice is approved
3. When the same event exceeds 12 months
4. When FML is exhausted, restored and used within two weeks



Training Notes:

True or False: A new FML workbench must be created

Question 1:

Always at the beginning of the fiscal year

Answer:

- False

Question 2:

When the designation notice is approved

Answer:

- True

Question 3:

When the same event exceeds 12 months

Answer:

- True

Question 4:

When FML is exhausted, restored and used within two weeks

Answer:

- False

Section 8



Leave and Timesheet

The Department's Manual for FML Process and Procedures

Course Agenda



Section 7 – FML Workbench

Section 8 – Leave and Timesheet

Section 9 – FML and Workers' Comp

Section 10 – Monitoring FML

Section 11 – Completing the Process

Section 12 – Case Study

Conclusion

Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how to create and maintain a workbench
- **Section Eight** - Discusses how to maintain the timesheet for FML qualifying Employees, resolving errors, and entering holidays
- **Section Nine** - Explains the connection between FML and Workers' Comp
- **Section Ten** – Provides an explanation of how FML is monitored through Leave approval, entitlement remaining, re-certification and low and exhausted balances
- **Section Eleven** – Covers the actions of the FML Liaison once the Employee no longer is taking FML leave
- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Section 8 - Learning Objectives

8

At the end of this section, you should be able to:

- Enter FML coded time on the employee's timesheet
- Identify common timesheet errors
- Describe the order of leave usage
- Describe the impact of holidays on FML leave

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Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML Leave Entry on Timesheet

- FML absences are entered on the CAT2 timesheet
- All scheduled time must be accounted for
- Only leave accrued can be requested
- Approved leave is deducted from the Employee's leave balance
- May be more complex when multiple leave types are used

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Training Notes:

TAB 32 – CAT2 Maintain Timesheet – General

TAB 33 – Attendance Absence Types

FML Leave Entry on the Timesheet

FML is entered in the timesheet like any other leave, but special A/A type codes must be used to designate the FML status. For absences the following fields must be completed on the timesheet:

- A/A type
 - P = Paid
 - U = Unpaid
- Total hours
- Start and end time (if less than 8 hours is charged to the A/A type)
- Must code 40 hours per week, paid or unpaid for monthly paid employees
- Only leave currently accrued in employee's leave bank can be requested
- Approved leave is deducted from the employee's leave balance at the time it is approved
 - If an employee requests leave in the future and it has been approved, leave balances are deducted immediately, NOT when the requested leave date arrives!
 - If leave has been approved and then changed, the hours are not credited back to available balance until change has been approved, including zero time entries, and processed through Time Evaluation.
- More complex when other types of leave are involved
 - Worker's Compensation, Make Whole, LWOP, Holiday Leave, etc.

Learning Activity: Demo 8.1



Transaction: CAT2 – Maintain Timesheet

Scenario: Debbie has now been out on FML for two weeks to care for her mother.

1. Complete her timesheet for **May 1st – May 12th.**

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Training Notes:

TAB 32 – CAT2 Maintain Timesheet - General

Learning Activity: Exercise 8.2



Transaction: CAT2 – Maintain Timesheet

Scenario: Since Robert is out on continuous FML, you are responsible for completing his timesheet. The medical certificate indicates that Robert is caring for his wife as she recovers from giving birth during this time.

1. Complete Robert's timesheet for **May 22nd** through **June 2nd**.

E

Training Notes:

TAB 32 – CAT2 Maintain Timesheet - General

FML Timesheet Errors



Why can't an FML absence be entered on the timesheet?

- FML workbench must exist
- FML workbench must be approved
- FML workbench must be valid on date absence is entered

Training Notes:

FML Errors on the Timesheet

For all FML absences entered in the timesheet, a valid FML workbench MUST be created in PTFMLA in order to enter FML Attendance/Absence types (A/A types) into a timesheet. If a workbench is not in "Approved" status and valid for the date the FML leave is being entered on, an error will be generated and the leave cannot be saved on the timesheet.

If an error is generated, verify that the FML absence entered on the timesheet is appropriate. If employee has not been approved for FML, the entry must be changed to a non-FML leave type (i.e. Annual leave, sick leave, etc.). This may require the FML entry to be zeroed out and reapproved.

Error #1: "An FML workbench must exist to use this A/A type. Contact your FML liaison for more information."

Solution: If the FML absence entered is correct and FML has been designated by the Appointing Authority, create a workbench in PTFMLA, indicating the reason, validity dates, and approved status. An FML workbench should only be created once all FML documentation is completed approved, and FML is designated by the Appointing Authority (or designee).

Error #2: "FML workbench request is not in Approved status. Contact your FML liaison for more info."

Solution: Confirm FML request has been approved and designated by the Appointing Authority (or designee). If it has, change the status from Pending to Approved in PTFMLA. If not, remove the FML A/A types from the timesheet.

This may require the FML entry to be zeroed out and reapproved.

Training Notes:

FML Leave Usage and A/A Types

Now let's review the Order of Leave usage by A/A type

1. Qualified FML Leave
2. Available FML
3. Annual FML
4. FML Leave without Pay



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Training Notes:

Order of Leave Usage by A/A Types:

Employees must use their leave in the following order:

1. Qualified FML leave

- Injury, Make whole, Bereavement, Jury, Administrative, Military

2. Available FML - Comp time, FML - Alternate holiday, and/or FML- sick leave

- For leaves related to employee health condition, family health condition, or military caregiver leave, sick leave must be used before annual leave except in a use or lose situation
- Use Transaction ZH47T for use or lose report
- For FML related to addition of a child, sick leave can only be used for the prenatal and recovery period. Annual leave must be used for bonding period
- FML sick leave is not applicable for leave related to adoption and foster care
- Comp time and Alternate Holiday should be used within the same fiscal year it is earned

3. FML - Annual

- Annual leave is carried over each fiscal year based on accrual maximums

4. FML Leave without Pay (LWOP) – must be approved by Appointing Authority (cannot be denied)

- All other leave must be exhausted before LWOP can be used
- Must be entered by the 15th of every month and reported to Payroll

Slide 124

MM7 Should the L in "Order of leave" be capital?
Murphy, Morgan, 8/30/2015

FML and Holidays

When FML Usage falls on a holiday:

- There is no effect on the FML entitlement
- Employee receives the full or prorated holiday as appropriate
 - Calculation tool available to determine prorated holiday

Training Notes:

Calculation Tool

- Prorated holiday – prorate holiday if LWOP is used during the month or for PPT employees

Calculation Tool is Located at:

- Employees → Time and Leave → Calculating Leave Manually
<http://intranet/employees/time-and-leave/leave-calculation-page>

Check Your Knowledge

1. What leave must the employee use first when using FML Leave?
2. What transaction is used to enter FML coded time?



Training Notes:

Question 1:

What leave must the employee use first when using FML Leave?

Answer:

- Qualified FML Leave

Question 2:

What transaction is used to enter FML coded time

Answer:

- CAT2

Section 9



FML and Workers Compensation

The Department's Manual for FML Process and Procedures

Course Agenda



- Section 7 – FML Workbench
- Section 8 – Leave and Timesheet
- Section 9 – FML and Workers' Comp**
- Section 10 – Monitoring FML
- Section 11 – Completing the Process
- Section 12 – Case Study
- Conclusion

Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how to create and maintain a workbench
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- **Section Eleven** – Covers the actions of the FML Liaison once the Employee no longer is taking FML leave
- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

There is an open work session at the end of this course where you can practice and ask additional questions.

Section 9 - Learning Objectives

9

At the end of this section, you should be able to:

- Identify the two types of Worker Compensation Claims
- Review Approval Letters for on-the-job injuries
- Complete the Claim Status Update Form 975
- Describe Injury Leave and the actions you must take as the FML Liaison

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
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- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

FML and Workers' Comp

FML and Workers' Compensation often overlap:

- Most on-the-job injuries covered under workers' compensation may also qualify for FML
- Injury occurrences run concurrently with FML entitlement
- The same documentation must be issued as non-workers' comp cases
 - Work Status Report substitutes for the SOC Medical Certification

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Training Notes:

FML and Workers' Comp

Most on-the-job injuries covered under Workers' Compensation will also qualify for the protection of the FMLA. Some exceptions include:

- No ongoing treatment
- FML entitlement exhausted for the twelve month period
- Employee lacks length of service to be eligible for FML
- Continuing medical treatment after Maximum Medical Improvement (MMI), but the doctor does not certify FML

Like all other FML cases, leave related to Workers' Compensation must be reviewed and approved for FML eligibility. This requires:

- Notice of Eligibility
- Medical Certification (The Work Status Report substitutes for the SOC Medical Certification)
- Designation Notice

Although employees are not eligible for paid Injury Leave under Workers' Compensation until after using their own paid leave for the first 24 hours of lost time, the date of FML eligibility is typically the first hour of lost time.

NOTE: The date the injury occurs is work time, not lost time.

Once Injury Leave is authorized by Risk Management, it runs concurrently with the FML entitlement, just as any other type of paid leave. FML may be exhausted during the course of the workers' compensation claim, but entitlement may be restored in a new rolling twelve month period.

FML, Workers' Comp and Maintenance Sections



- High volume of FML Workers' comp cases in Maintenance sections
- Timekeepers assist FML Liaisons with managing timesheet and Workers' Comp documents
- FML Liaison still manages FML documents and monitors usage

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Training Notes:

FML and Workers' Comp for Maintenance Section Liaisons:

- Workers' Compensation (WC) timekeeping, including completion of the Claim Status Update Form 975 and maintaining Workers' Comp files may continue to be performed by Admin support staff who have been trained to do so and in sections where that has been the practice.
 - The Appointing Authority is responsible to ensure that a current signed confidentiality agreement is contained in the official personnel file of all employees who handle WC and FML.
- FML Liaison Office Managers and Program Assistants who supervise that support staff must communicate the expectation for accuracy on the Claim Status Update Form 975.
- In Maintenance Sections where regular timekeepers continue to prepare and submit the Claim Status Update to Risk Management, a copy must be provided to the FML Liaison.
- FML Liaison Office Managers and Program Assistants remain responsible for quality control of the Claim Status Update Form 975.
- Only FML Liaisons will manage the FML part of the process/paperwork/files in Workers' Comp cases and maintain the FML documents separately from WC files.

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TAB 34 – Claim Status Update Form 975

- FML Liaisons will remain responsible for reconciliation of timesheet, even in Workers' Comp cases.
 - Liaisons must ensure that Approval Letters from Risk Management are accurately reflected on the timesheet.
 - When FML ends or is exhausted, the Liaison is expected to do a final reconciliation, and then return timekeeping duties to the regular timekeeper.
 - Approval Letters from Risk can be sent to whomever the Regions/Divisions decide. Personnel to receive the letters should be listed on Supervisory Investigation Report from #1403 as well as Claim Status Update form 975. The Regional/Divisional Liaison must be listed.

Pertaining to HIPAA and Workers' Compensation Cases and Regional distribution practices of the Work Status Report (WSR)

- WC law allows a "need to know" basis.
- Accepting that there are varying Regional/Divisional practices concerning to whom the employee delivers a WSR (Admin, first or second level supervisor, etc.), all recipients will need a signed confidentiality agreement on file.
- The confidentiality agreement must be signed by both supervisor and employee and then forwarded to CHRM for inclusion in the employee's official personnel file.
- FML Liaisons have already signed the confidentiality agreement during training. The confidentiality agreement has been co-signed by the FML Program Manager.

Check-in Procedures for Employees on Extended Leave

- Concerning check-in procedures while an employee is out on extended leave:
 - FML cases will need to check-in with the Liaison according to the agreed upon schedule.
 - When the FML case is also a WC case, the employee will also need to check-in with supervisors per Region practice.

Training Notes:

Workers' Comp Claims and Forms

- There are two types of Workers' Compensation Claims:
 - Non-Lost Time Claim
 - Lost Time Claim
- Both types of claims use the Claim Status Update form

Now let's review the Claim Status Update Form 975 sections and fields



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Training Notes:

TAB 34 - Claim Status Update Form 975

Non-Lost Time Claim

- Employee is off work less than 24 hours due to injury
 - 24 work hours – not clock hours
- May be eligible for FML, but not eligible for paid Injury leave
- Time is charged to employee's own Sick Leave, Annual Leave, Comp Time, Alt. Holiday, LWOP
- Time may be consecutive or intermittent
- All time is recorded on the Claim Status Update Form 975 by the FML Liaison for the employee. The claim status update must be submitted to Risk Management. Remember to include:
 - Leave Balances
 - Occurrence Count
 - FMLA start and end dates

Claim Status Update Form 975 can also be found at:

- <http://intranet/business/risk-management/policy-procedural-directives-and-forms>

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Lost Time Claim

- More than 24 hours off work (25th hour)
- First 24 hours of leave will not be designated as injury leave unless the lost time exceeds 80 hours (81st hour)
- Approval letter issued by Risk Management authorizes lost time claim. Once the letter is received, time after the 24th hour is charged to Injury Leave as approved.
 - Risk Management has up to twenty days to take a position whether a claim is compensable or not
- Record all time on Claim Status Update Form 975 every two weeks or when a critical event occurs. Critical events include:
 - First 24 hours and entering into the 25th hour
 - Entering into the 81st hour – first 24 hours is converted from employee’s own leave to paid Injury Leave
 - 90 Occurrences Injury Leave expires/ Make Whole begins
 - Change in employee health status – Surgery, Modified Duty, Regular Duty

Training Notes:

Learning Activity: Demo 9.1



Review the fields and requirements of the Claim Status Update Form

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Training Notes:

TAB 34 – Claim Status Update Form 975

- All time is recorded on the Claim Status Update form (CDOT Form 975) by the FML Liaison for the employee. The claim status update must be submitted to Risk Management. Remember to include:
 - Leave Balances
 - FMLA start and end dates

Injury Leave



- Injury leave allows a maximum of 90 paid occurrences
- Requires an Injury Leave Approval Letter
- Typically requires timesheet revision



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Training Notes:

TAB 35 – Approval Letter for Injury Leave

Injury Leave

- Injury leave is PAID LEAVE allotted to the employee because of a compensable lost time claim. The employee is covered by CDOT's workers' compensation program (Broadspire) once approved by Risk Management.
- Injury leave allows for a maximum of 90 paid occurrences
- 1 occurrence = any injury related leave encompassed in one work day.
Examples:
 - 1-2hr doctor appointment
 - 1 single day dedicated to recovery
 - Multiple separate doctor or treatment appointments in a single day
- Employee is not entitled to take the entire day off if the leave related to the injury does not warrant it.
- An employee on intermittent use of FML/Injury Leave is only entitled to declare the actual time of the medical appointment plus round trip travel. If the employee wants additional time off that day, he or she must use annual leave.
- An employee is not allowed to "make-up" time taken for Workers' Compensation medical appointments in order to save declared occurrences
- Employee receives regular pay from CDOT

Learning Activity: Demo 9.2



Scenario: Ron Hurt has been injured on the job and designated for FML as of **May 22nd**. You receive an Injury approval letter from Risk Management. The letter states the injury leave is approved to be used beginning **May 29th**.

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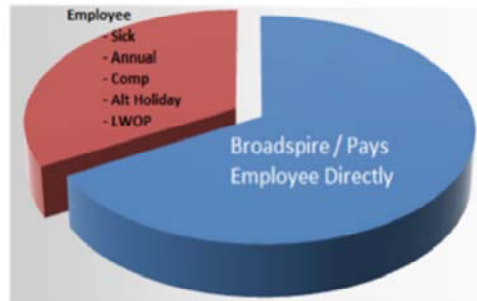
Training Notes:

TAB 35 - Approval Letter for Injury Leave

- Injury leave is the paid leave allotted to the employee required because of a compensable lost time claim. The employee is covered by CDOT's workers' compensation program (Broadspire) once approved by Risk Management.

Make Whole Process

- If the employee has not reached MMI once the 90 occurrences have been exhausted, Make-Whole will be applied
- Requires approval through Risk Management



Training Notes:

TAB 36 - Approval Letter for Injury Make Whole or Leave Without Pay

Make Whole

- If the employee has not reached MMI once the 90 occurrences has been exhausted, Make-Whole will be applied
- Under Make-Whole, the employee is paid approximately two-thirds of their Average Weekly Wage (AWW) directly from Broadspire every two weeks
- The additional one-third must be “made-whole” by the employee using work time, accrued paid leave, and/or LWOP
 - Amount of leave an employee is required to use depends on salary
 - Employee exhausts leave then LWOP
 - If LWOP is used, notify Payroll AND Risk Management
- If the employee has been approved for Make-Whole leave, Risk Management will issue a letter outlining the employee’s entitlement. Make-Whole should not be used until this letter is received.
- FML CONTINUES on Make Whole
- Claim Status Update Form 975, including leave balances, is required every two weeks

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MM8 Typo - once the 90 occurrences HAVE been exhausted.
Murphy, Morgan, 8/30/2015

Learning Activity: Demo 9.3



Scenario: Ron has now exhausted his 90 occurrences of injury leave, but is still unable to work and using FML. You have received a letter from Risk Management indicating that he has been approved for Make Whole. We will use the letter provided to enter the appropriate leave for one week.

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Training Notes:

TAB 36 - Approval Letter for Injury Make Whole or Leave Without Pay

At the End of Workers' Compensation

- Workers' Compensation ends with the MMI letter from Risk Management to end the use of injury leave or Make whole



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Training Notes:

TAB 37 – Maximum Medical Improvement Letter

At the End of Workers' Compensation

The MMI letter is created by Risk Management and is sent to:

- The Employee
- Employee's Supervisor
- Employee's Timekeeper
- Employee's FML Liaison

MMI concludes eligibility for FML unless maintenance care is authorized as part of the WC claim; or the employee is receiving private treatment

- Private treatment requires medical certification
- FML can be used on the date the employee reaches MMI

Learning Activity: Demo 9.4



Scenario: Ron has reached maximum medical improvement. Review the letter received by Risk Management

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Training Notes:

TAB 37 – Maximum Medical Improvement Letter

Check Your Knowledge

1. During Make Whole, the insurer pays the employee two-thirds salary. Where does the other one-third come from?



Training Notes:

Question 1:

During Make Whole, the insurer pays the employee two-thirds salary. Where does the other one-third come from?

Answer:

The Employee pays themselves with leave if available. Otherwise, LWOP must be coded.

Section 10



Monitoring FML

The Department's Manual for FML Process and Procedures

Course Agenda



Section 7 – FML Workbench

Section 8 – Leave and Timesheet

Section 9 – FML and Workers' Comp

Section 10 – Monitoring FML

Section 11 – Completing the Process

Section 12 – Case Study

Conclusion

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Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how create and maintain a workbench
- **Section Eight** - Discusses how to maintain the timesheet for FML qualifying Employees, resolving errors, and entering holidays
- **Section Nine** - Explains the connection between FML and Workers' Comp
- **Section Ten** – Provides an explanation of how FML is monitored through Leave approval, entitlement remaining, re-certification and low and exhausted balances
- **Section Eleven** – Covers the actions of the FML Liaison once the Employee no longer is taking FML leave
- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Section 10 - Learning Objectives

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At the end of this section, you should be able to:

- Describe how FML is monitored
- Identify the responsibility of the Supervisor to approve FML time
- Monitor FML employee entitlements for low balances
- Describe the recertification process
- Identify when an employee has exhausted FML and the action you need to take

Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

Monitoring FML

FML must be tracked and managed

- Leave approval
- Entitlement remaining
- Re-certifications
- Low and exhausted balances

Training Notes:

Monitoring FML

The FML Liaison is responsible for tracking and managing the FML process. This includes leave approval, entitlement remaining to the Employee, re-certifications and low and exhausted balances.

Leave Approval

- Supervisors with FML employees **must** approve absences to ensure the accuracy of the FML balance reports
- Time must be approved weekly by the Supervisor
- The AA approves leave without pay by the 15th of the month

Training Notes:

TAB 08 – CADO Display Time Entry Status with a Variant

Leave Approval

- Supervisors use CAPP to approve time. A similar transaction, CADO, allows you to view all time and leave entries and their statuses
- Determine if time has been approved using CADO or CAT2

Using CADO to Display Approved FML Leave Entries







1. Use FMLA (ALL) variant to view approved FML entries for an employee
2. Enter PERNRs you would like to report on
3. Variant defaults to approved status: leave blank or enter additional statuses as needed
4. Variant defaults to current month; change the date specification as needed SAP roles are available to give managers additional time approval authority when appropriate.

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CADO and CAT2 Status Codes

CADO and CAT2 use status codes to indicate where time is in the time approval process. The following table describes the status codes fields. Each of the columns are described after the table.

Status Code	Status Text	Status Bar indicator	Action needed
10	In process		EE or Timekeeper must release the time for approval
20	Released for Approval		Supervisor and/or AA needs to approve time
30	Approved		No Action needed
40	Approval Rejected		Timesheet needs to be corrected
50	Changed after Approval		Hours need to be adjusted (zero out to cancel entry) and re-released for approval
60	Cancelled		Verify absence is unattached from the workbench

The bulleted list below describe the table columns.

- **Status Code** - Displays where the entered time is in the time approval process
- **Status Text** – provided an explanation of the Status Code field
- **Status Indicator Bar** – Provides a visual indicator of the status of the time
- **Action needed** – Describes the action the roles or roles need to take in order to continue the time approval process

Training Notes:

Learning Activity: Demo 10.1



Transaction: CADO

Scenario: You need to know if Debbie's FML absences you entered previously have been approved. We will use CADO to determine the answer

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Training Notes:

TAB 08 – CADO Display Timesheet Status with a Variant

Learning Activity: Demo 10.2



Transaction: CAT2

Scenario: As an alternative, you can look up the approval status of an absence in CAT2. We will now use CAT2 to determine if an absence has been approved.

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Training Notes:

TAB 32 – CAT2 Maintain Timesheet - General

1. Variable View – Choose Approved; approved entries appear in blue
2. Double click in Hours cell

Entitlement remaining

What to monitor:

- Employees with low entitlement
- Employees moving in and out of entitlement
- Employees exhausting paid leave

Training Notes:

Entitlement Remaining

The following actions are taken by the FML Liaison to monitor entitlement remaining.

- Use ZH62 to monitor current and future balances.
- Anticipate when entitlement will be restored and exhausted.
- Determine when employees need to be notified regarding remaining entitlement
- Track when/if employees will need to use unpaid leave

Learning Activity: Exercise 10.3



Transaction: ZH62 – FML Forecast Report

Scenario: After running a CADO report, you see that Robert’s supervisor has approved the FML absences for the week of **May 22nd**. Review ZH62.

1. Using the start date of **May 22nd**, how much FML entitlement will Robert have after his event is over on **June 30th**?
2. Using the start date of **June 30th**, how much FML entitlement does he have left?
3. Why are the balances different?

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Training Notes:

TAB 11 – ZH62 FML Forecast Report

Recertification Scenarios

	Notifications	FML Forms	SAP Actions
Condition recertified within same 12 month period	FML forecast report to supervisor and employee	<ul style="list-style-type: none"> • Certification document • Designation Notice 	<ul style="list-style-type: none"> • Edit validity dates on existing workbench • Add comment to existing workbench
Condition continues into new 12 month period	FML forecast report to supervisor and employee	<ul style="list-style-type: none"> • Notice of Eligibility • Certification documents • Designation notice 	<ul style="list-style-type: none"> • Create new workbench • End date previous workbench

Training Notes:

Recertification Scenarios

- Liaison needs to ensure timesheet is complete and approved immediately upon exhaustion
- Timeliness is critical

Low Balance

- What is considered low balance?
 - 120 hours for continuous FML
 - 40 hours for intermittent FML
- Employees must be notified of low balance
- Low balance report and notification letters are generated monthly

Training Notes:

What is Considered a Low Balance and Communication

- Low and exhausted balances must be monitored closely because employees are at risk of losing job protection
 - For Continuous FML, low balance is less than 120 hours of entitlement remaining
 - For Intermittent FML, low balance is less than 40 hours of entitlement remaining
- Low balance must be communicated to the:
 - Employee
 - 1st and 2nd level supervisor
 - Regional Civil Rights Managers
 - Appointing Authority
- Employees may restore and use entitlement simultaneously resulting in chronic low balance
- Low balance report and notification letters are generated monthly
 - If you need to send this prior to the run the template is available on i

FML Low Balance Report

- Employee must have used FML in previous month
- AND**
- For continuous FML – have less than 120 hours of FML entitlement remaining
 - For intermittent FML – have less than 40 hours of FML entitlement remaining
 - The FML workbench is valid on the date the report runs

Training Notes:

TAB 38 – Example of FML Low Balance Report and Letter

The FML Low Balance Report

- An automatically generated system report emailed to all FML Liaisons on the 5th of every month
- Includes all affected employees for the FML Liaison's region or division
 - Liaisons will have to coordinate who contacts which employees
- Includes permanent full-time employees who have used FML in the previous month and meet thresholds
- Reported out as a Microsoft Excel file and a Word document that includes merged employee letters
- Email will be sent out to all FML Liaisons every month even if no employees in your area are on the report.

Low Balance Notifications

FML Low Balance report and letters sent to Liaisons on the 5th of every month

- Liaison sends letter within **3 business days** to employee and copies 1st and 2nd level supervisor
- FML Program Manager informs Civil Rights Managers (CRM)
- Appointing Authorities are contacted by the CRMs and Employee Relations (HQ only)

Training Notes:

Low Balance Notifications

- Notification by CDOT email or hand delivery is appropriate for employees on intermittent FML.
- Certified and regular postal mail is necessary for employees on continuous FML.
- Low Balance reports are essential to closely monitor all employees on the low balance report

The tracking process continues until all FML Leave is exhausted

Learning Activity: Demo 10.4



Scenario: It is the 5th of the month and the FML Liaison received the system generated report to display the list of employees who must be notified. Review the components of the report and extract the individual letters from merged file.

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TAB 38 – Example of FML Low Balance Report and Letter

TAB 40 – (Print a Single Letter from the FML Leave Balance Report)

- Email Text
- Excel Report
- Merged Letters

Training Notes:

FML Exhaustion

	Notifications	FML Forms	SAP Actions
FML is exhausted and will be restored before designation ends within same 12 months	FML forecast report to supervisor and employee	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> All FML absences entered and approved on timesheet Edit end date workbench
FML is exhausted and will be restored after designation ends within same 12 months	FML forecast report to supervisor and employee	<ul style="list-style-type: none"> New certification documents New Designation notice based on new certification document 	<ul style="list-style-type: none"> All FML absences entered and approved on timesheet End date workbench When FML is restored edit workbench end date or create new workbench if restored more than 1 month later
FML is exhausted and will be restored after designation ends in new 12 month period	FML forecast report to supervisor and employee	<ul style="list-style-type: none"> Notice of Eligibility Certification documents Designation notice 	<ul style="list-style-type: none"> End date previous workbench Create new workbench

Training Notes:

FML Exhaustion

The table above describes the required notification, form and SAP actions required.

The following apply when leave is exhausted:

- Exhaustion of FML ends job protection
- Short term disability and ADA may offer alternate resources for job protection
- Identify if employee will restore job protection prior to designation period ending
 - needs to ensure timesheet is complete and approved immediately upon exhaustion
 - Timeliness is critical

FML Exhaustion Process

FML is exhausted and Employee still requests leave:

1. As of exhaustion date, provide copy of FML Forecast Report to Employee and supervisor indicating when additional FML entitlement will be restored
2. End date workbench as of exhaustion date
3. Educate employee on alternative resources including ADA, as necessary

Once FML entitlement is restored:

1. Complete any required forms (Recertification, Designation, etc.)
2. Create a new FML Workbench if certification exists for the same event and more than one month has elapsed since exhaustion in the **current** 12 month period
3. Once FML entitlement is earned back, create new work bench if same event occurs in a **new** 12 month period

Training Notes:

FML Exhaustion Process

The slide above describes the FML exhaustion process, additionally:

- Liaison needs to ensure timesheet is complete and approved immediately upon exhaustion
- Timeliness is critical

Check Your Knowledge

1. The FML Low Balance report and letters are distributed on the ___ of every month.
2. To whom should the FML Liaison send the FML Low Balance letter?
3. Why is it necessary to end date the workbench when FML entitlement is exhausted?



Training Notes:

Question 1:

The FML Low Balance report and letters are distributed on the ___ of every month.

Answer:

- Fifth

Question 2:

To whom should the FML Liaison send the FML Low Balance letter?

Answer:

- The Employee and the Employee's first and second level supervisor

Question 3:

Why is it necessary to end date the workbench when FML entitlement is exhausted?

Answer:

- To prevent further coding of FML absence types on the timesheet

Section 11



Completing the Process

The Department's Manual for FML Process and Procedures

Course Agenda



- Section 7 – FML Workbench
- Section 8 – Leave and Timesheet
- Section 9 – FML and Workers' Comp
- Section 10 – Monitoring FML
- Section 11 – Completing the Process**
- Section 12 – Case Study
- Conclusion

Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

- **Section Seven** – Provides you with an overview of the FML Workbench and how create and maintain a workbench
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- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Section 11 - Learning Objectives

11

At the end of this section, you should be able to:

- Describe the factors that end FML
- Evaluate Fitness to Return Documentation
- Identify the roles and notification required at end of an FML case

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Training Notes:

The learning objectives are designed so that:

- Each of the learning objectives corresponds to a slide, or series of slides, in this section of the course.
- By the end of this section you should be able to perform each of the listed objectives with the support of the training materials.
- The section learning objectives are tied directly to the course objectives reviewed at the end of the course.
- As the course progresses the level of detail will increase.
- At the end of the section there will be some high-level questions to reinforce the learning objectives.

Factors that End FML

1. Duration of leave designated in medical certification is met
2. Employee presents a Fitness To Return (or Work Status Report)
3. Employee under Workers' Compensation has reached MMI
4. Employee exhausts entitlement of 520 hours within 12 month period
5. Employee exhausts entitlement of 1,040 hours for Military Caregiver Leave or 12 month period expires
6. Termination
7. Death



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Training Notes:

Factors Ending FML Leave

- Duration of leave specified in medical certification is met and employee does not request additional leave
- Employee presents a Fitness To Return (or Work Status Report) allowing full duty/no restrictions/no continuing treatment
- Employee under Workers' Compensation is determined to reach MMI with no Workers' Compensation maintenance care; and no continuing treatment from personal medical providers
- Employee exhausts entitlement of 520 hours for regular FML in 12 month period
- Employee exhausts 12 month entitlement of 1,040 hours for Military Caregiver Leave or 12 month period expires before Military Caregiver entitlement exhausted
 - no re-certifications permitted
- Termination of the Employee for any reason
- Death of the Employee on FML leave

Evaluate Fitness and Work Status Report

Supervisors must receive a copy of the Fitness To Return or Work Status Report to release the employee back to work

There are four return to work options:

- Return to work with no restrictions
- Unable to return at this time
- Able to return with reduced work schedule
- Able to return with restrictions



Training Notes:

TAB 41 - State of Colorado Fitness To Return Certification

Evaluating Fitness to Return and Work Status Report

Restrictions must be evaluated in relationship to the job duty statements from the employee's PDQ

- In Workers' Compensation cases, CDOT Procedural Directive 89.3 on Modified Duty governs return to work with temporary accommodations lasting no longer than six months from the time a modified duty offer is made by the Appointing Authority
- CDOT has no formal modified duty program outside Workers' Comp
- The Appointing Authority must evaluate restrictions on a case-by-case basis in comparison to the business needs of the organization
- Nothing in rule or law requires accommodation of temporary work restrictions
- FML Liaison must consult with Appointing Authority (or designee) and Risk Management concerning temporary work restrictions in Worker's Compensation cases
- FML Liaison must consult with Appointing Authority (or designee) and FML Program Manager concerning temporary work restrictions in all other cases
- In all cases, permanent work restrictions will trigger referral to the Civil Rights Manager or ADA Coordinator.

End of FML Notification



The following stakeholders need to be notified when an FML case is closed:

- Supervisory Chain and Appointing Authority
- FML Program Manager
- Employee
- Employee's regular timekeeper

If it is also a Worker's Compensation case, notify:

- Risk Management

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Training Notes:

End of FML Notification

The following is a list of the stakeholders that need to be notified when an FML case is closed and what they need to be told. Remember, you need to protect the Employee's right to privacy.

Notify Supervisory Chain and Appointing Authority

- Employee's anticipated return date if returning to work
- Employee's inability to return

Notify the FML Program Manager

- Employee has exhausted FML, but still cannot return to work
- Request STD balance remaining, if applicable

Notify Employee: Use Low Balance Report Letter

- FML exhausted
- Paid leave balances remaining
- Paid leave exhausted, but unpaid FML remaining

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Notify regular timekeeper if other than yourself

FML and/or Make Whole is completed

- Regular timekeeper resumes maintenance of the time sheet

If the FML is also a Workers' Compensation case

Submit a Claim Status Update Form 975 to Risk Management noting

- MMI if applicable
- Employee returned to work with no additional lost time anticipated
- Employee returned to work , but additional lost time is anticipated
- Occurrence count
- FML remaining or exhausted

Training Notes:

FML Liaison End of FML Actions

The FML Liaison is responsible for:

- Reconciling the Employee timesheet
- Revising timesheet if needed (especially unused FML LWOP coded for the month)
- Adjusting end date of workbench, if needed
- Verifying the FML hardcopy file is complete
 - Retain for three years
 - Destroy by shredding after three years



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Training Notes:

End of FML Actions

As the FML Liaison you must complete all of the hardcopy files and verify they are complete. The files are confidential and must be stored in a secured location.

Check Your Knowledge

1. What are the seven factors that end FML?
2. How many years must the hardcopy of the FML File be kept?



Training Notes:

Question 1:

- What are the seven factors that end FML?

Answer:

1. Duration of leave in medical certification is met
2. Employee presents a fitness to return
3. Employee under Workers' Comp reaches MMI
4. Employee exhausts entitlement of 520 hours
5. Employee exhausts entitlement of 1,040 hours for Military Caregiver Leave or 12 month expires
6. Termination
7. Death

Question 2:

- How many years must the hardcopy of the FML File be kept?

Answer:

- Three years

Section 12



Case Studies

The Department's Manual for FML Process and Procedures

Course Agenda



Section 7 – FML Workbench

Section 8 – Leave and Timesheet

Section 9 – FML and Workers' Comp

Section 10 – Monitoring FML

Section 11 – Completing the Process

Section 12 – Case Study

Conclusion

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Training Notes:

The course is broken out into 12 sections. Sections 7 through 12 and the conclusion are described below:

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- **Section Eight** - Discusses how to maintain the timesheet for FML qualifying Employees, resolving errors, and entering holidays
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- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Case Studies



Now is your chance to practice what you have learned in the system

- There are three case studies
- Ask questions and get help as you need it

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Training Notes:

- Now is the time to practice what you have been learning. Refer to the slides in this section for the case studies and the details of each.



Conclusion

The Department's Manual for FML Process and Procedures

Course Agenda



- Section 7 – FML Workbench
- Section 8 – Leave and Timesheet
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- Section 12 – Case Study
- Conclusion**

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- **Section Twelve** - Consists of case studies used to practice what you have learned in the course
- **Conclusion** - At the end of this course you will have the opportunity to evaluate the course and identify where to get help

Conclusion

You should now be able to:

- Identify the roles and responsibilities of the FML Liaison, employees, supervisors and the appointing authorities (or designee)
- Determine qualifying conditions of for FML Eligibility
- Certify individuals for FML
- Evaluate FML forms such as the Medical Certification for completeness and accuracy
- Perform transactions in SAP to support CDOT's FML Program

Training Notes:

- You should be able complete and/or describe each of the items bulleted above.
- If you have any questions about the list on this slide ask the instructor for more information.

Learning Activity: Course Evaluation

- It is critical to CDOT to receive your feedback on this class
- You will be sent a survey about this class



Colorado Department of Transportation

SAP

Slide 176

Training Notes:

- The Survey will appear on My Learning tab in the SAP portal. You will have 2 weeks to complete it.

Where Can I Get Help – People?

For additional assistance with changes to FML contact:
Christine Andersen (Process)

- Email: Christine.Andersen@state.co.us
- Phone: 303.512.5449

Rachel Grafton (SAP)

- Email: Rachel.Grafton@state.co.us
- Phone: 303.757.9230



Training Notes:

If you run into problems while working with the new FML process, you can contact:

- Christine for help with the process and website questions
- Rachel for SAP technical and reporting assistance

FML SharePoint



The FML SharePoint site has:

- Course Materials
- Announcements
- Calendar
- Current forms
- Policy

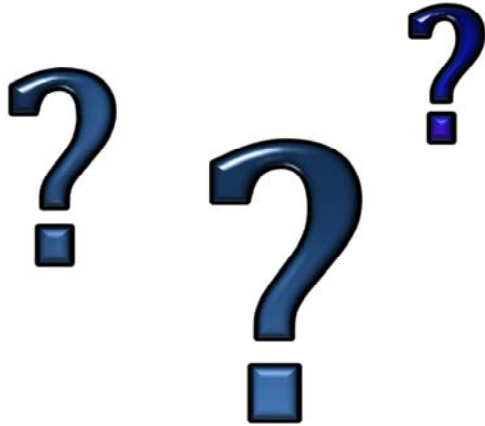
It can be found at the following address:

- <http://connectsp/sites/workforce/FML/SitePages/Home.aspx>

Training Notes:

- All of the documentation including this manual are housed on the FML forms SharePoint site listed on the above slide
- It is always best to pull all forms from the SharePoint site to ensure you have the most recent version of the form
- It also contains all FML related documents

Questions?



Colorado Department of Transportation

SAP

Slide 179

Training Notes:

If you have any questions after the course, please contact the course instructors

The Department's Manual for Family Medical Leave Process and Procedures



FML Manual Resource Materials

*Christine Andersen and Rachel Grafton
April, 2017*

Version: Final

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**Tab 1 – CDOT Procedural
Directive 1206.01**

COLORADO DEPARTMENT OF TRANSPORTATION		<input type="checkbox"/> POLICY DIRECTIVE <input checked="" type="checkbox"/> PROCEDURAL DIRECTIVE
Subject Family Medical Leave Program		Number 1206.1
Effective 7.24.15	Supersedes 11.21.11	Originating Office Division of Administrative Services / Human Resources

I. PURPOSE

It is the purpose of this Procedural Directive to facilitate Employee rights under the Family and Medical Leave Act by providing Department-wide guidelines and direction for the consistent administration of the program.

II. AUTHORITY

Colorado Department of Transportation Executive Director pursuant to § 43-1-105, C.R.S.

Colorado Family Care Act, § 8-13.3-201, et seq., C.R.S.

The Family and Medical Leave Act of 1993 as amended (“FMLA”) 29 U.S.C. 2601, *et seq.*

The Americans with Disabilities Act of 1990 and Amendments 2008 (“ADAAA” or “ADA”), 42 U.S.C. 12101

State Personnel Board Rules and Personnel Director’s Administrative Procedures, 4 CCR 801-1 (“State Rules and Procedures”)

U.S. Department of Labor Regulations Regarding Coverage under the Family Medical Leave Act, 29 C.F.R. 825

CDOT’s Manual for Family Medical Leave Process and Procedures (the “FML Manual”)

III. APPLICABILITY

This Procedural Directive applies to all Employees of the Colorado Department of Transportation.

IV. DEFINITIONS

“Americans with Disabilities Act (ADA)” shall refer to Title I of the Americans with Disabilities Acts of 1990 and the ADAAA of 2008 which require the Department to provide equal employment opportunities for individuals with disabilities.

“Appointing Authority” for purposes of this Procedural Directive shall mean the person or persons designated to handle personnel matters or make hiring decisions.

“Employee” for purposes of this Directive shall mean an employee who meets the FML eligibility criteria.

“FML Liaison” shall mean the person or persons designated and trained in the FML Requirements to take a lead role in facilitating the FML rights and responsibilities for Employees.

“FMLA” shall mean the Family and Medical Leave Act which requires the Department to provide eligible Employees job-protected unpaid leave (FML) due to: (1) birth and care of a child which must be completed within one year of the birth; (2) placement and care of an adopted or foster child which must be completed within one year of the placement; (3) the serious health condition of an Employee’s parent, child under the age of 18 or an adult child who is disabled, spouse, for physical care or psychological comfort; (4) an Employee’s own serious health condition; (5) active duty military leave when a parent, child, or spouse experiences a qualifying event directly related to being deployed to a foreign country; or, (6) military caregiver leave for a parent, child, spouse, or next of kin who suffered a serious injury or illness in the line of duty while on active duty. Military caregiver leave includes time for veterans who are receiving treatment within 5 years of the beginning of that treatment. For purposes of this Directive, this also includes the Employee’s partner in a civil union pursuant to § 14-15-103(5), C.R.S., or domestic partner registered with the municipality in which the person resides or with the state, if applicable, pursuant to § 8-13.3-201, et seq., C.R.S. (the Family Care Act”).

“Serious Health Condition” for purposes of family/medical leave, an illness, injury, impairment, physical or mental condition that requires inpatient care or continuing treatment by a health care provider

“Short Term Disability (STD) Leave” shall mean a type of unpaid job protection that may run concurrently with FML.

V. PROCEDURE

A. General Requirements

1. The Department shall comply with all FML requirements. The Department’s Manual for Family Medical Leave Process and Procedures (the “FML Manual”) shall provide guidance on all program compliance. The Manual shall be updated as needed to comply with new or modified requirements.
2. Human resources is responsible for the administration of the Family Medical Leave Program. The Human Resources Director is responsible for designating the FML Program Manager.
3. The FML Program Manager is responsible for overall management of the Program, including:

Subject Family Medical Leave (FML) Program	Number 1206.1
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- a) Providing on-going training and direction on the FML program;
 - b) Functioning as the Department's final authority on FML applicability, designation and/or disputes; and
 - c) Performing audits of the FML Program for quality assurance and quality control.
4. Appointing Authorities will designate the FML Liaison(s) for their respective Region, Division, or Office.
5. Managers and supervisors are responsible for working with the FML Liaison to ensure that Employees are notified of their rights under the FML.
6. FML Liaisons act as the Employee contact point to initiate and manage the FML process. They ensure confidentiality of the FML process, including maintaining strict confidentiality of the Employee's health-related records pursuant to the FML. The FML liaison will provide information to the Appointing Authority and supervisors including:
- a) Anticipated duration of absence and/or need for intermittent leave usage, reduced work schedule and/or work restrictions to accommodate the approved FML usage;
 - b) Work restrictions to accommodate the approved FML usage; and
 - c) Anticipated return to work.
7. Employees are responsible for seeking information from the FML Liaison regarding FML, and for completing the requirements of the FML, including timely notifying the supervisor and/or FML Liaison of a possible FML-qualifying event or condition.

B. FML Requirements and Eligibility

1. Family/ medical leave rights cannot be waived, regardless of the Employee's wishes.
2. FML, when granted, runs concurrently with all other types of paid leave, unpaid short term disability leave, military leave, make whole under the Workers' Compensation Act, and compensatory time. An Employee may take intermittent leave under the FML.
3. An Employee shall be required to exhaust all accrued paid leave subject to the conditions for use of such leave before being placed on leave without pay for the remainder of FML, except:

Subject Family Medical Leave (FML) Program	Number 1206.1
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- a. For the purpose of Active Duty Military Leave, sick leave is not applicable. Therefore, only annual leave shall be required to be exhausted prior to being placed on leave without pay.
- b. Employees on Short Term Disability (“STD”), including those under FML protection, are not required to use annual leave beyond the thirty-day STD waiting period because doing so will impact STD benefits.
4. The Employee must have one year (12 months) of total state service (including temporary time) as of the date leave will begin. The twelve months of service need not be consecutive.
5. In addition, temporary Employees must also have worked 1,250 hours within the 12 months prior to the date leave will begin.
6. Time worked by the Employee includes overtime hours.
7. Full-time Employees will be granted 520 hours per rolling 12 month period. The amount of FML is determined by the difference of 13 weeks and any FML leave taken in the previous 12 month period from date of the most recent request. The amount of leave is prorated for part-time Employees based on the regular appointment or schedule. Any extension of leave beyond the amount to which the Employee is entitled is not FML, and is subject to other State Personnel Board Rules and Director’s Procedures.

C. Qualifying Events

1. Addition of a child through birth, adoption, or foster care within one year of the event.
2. A Serious Health Condition of the Employee, Employee’s spouse, Employee’s parent, Employee’s child (or a child with whom the Employee has an “in loco parentis” relationship) under the age of 18, or an adult child who is disabled at the time leave will begin.
3. Non-medical Active Duty Military Leave when a parent, child, or spouse experiences a qualifying event directly related to being deployed to a foreign country.
4. Military Family Caregiver Leave Entitlements.
 - a) Military caregiver leave is a one-time entitlement of up to 1040 hours (prorated for part-time) in a single 12-month period starting on the date the leave begins. While intermittent leave is permitted, it does not extend beyond the 12-month period. In addition, the combined total for military caregiver and all other types of FML shall not exceed 1040 hours.

D. FML Process for Employees

1. The basic FML Process is outlined below; however, the FML Manual provides more comprehensive guidance on all specific requirements.
2. When an Employee has a potential FML qualifying event, they must provide advance notice to their supervisor when informing the supervisor of the need for time off.
3. The Employee and FML Liaison work together on the FML required paperwork. Each type of FML requires documentation specific to the event.
4. When leave is taken, time is tracked and monitored in accordance with timekeeping requirements and the FML Manual. As part of the FML process, the Appointing Authority is responsible for time management and timely approvals.
5. The Employee and FML Liaison should communicate regarding FML status on the agreed-upon schedule.
6. When the FML is approved for an Employee's own condition, the Employee is required to provide the Fitness to Return to Work Form as instructed by the FML Manual.
7. The FML Liaison will keep the Employee, supervisor, and Appointing Authority apprised regarding the Employee's FML status.
8. Prior to contemplation of an administrative discharge of an Employee in accordance with State Personnel Board Rules and Personnel Director's Administrative Procedures, the Appointing Authority is required to:
 - a) Consult with the ADA Coordinator to determine whether the ADA applies, and if so, whether the Employee can be reasonably accommodated.
 - b) Make a good faith effort to communicate in advance with the Employee who is unable to return to work after exhausting all job protections and to determine their status.

E. Record Keeping and Confidentiality

1. Appointing Authorities, supervisors, managers and FML Liaisons shall protect the confidentiality of an Employee's reason for using FML.
2. The FML Liaison, when initially trained, shall sign a confidentiality agreement which is acknowledged by the FML program manager's signature. The FML program

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manager ensures it is provided to human resources for inclusion in the FML Liaison's official personnel file.

3. The FML Liaison shall provide the Employee's FML files to the ADA Coordinator in the event of a potential evaluation under the ADA.
4. FML Liaisons will maintain records to demonstrate compliance with the FML requirements in accordance with state and federal requirements. Any information regarding the Employee's FML status, including medical information, required documentation, and letters issued as part of the FML process are protected and confidential. Information regarding diagnosis, treatment, medical history, and other details found on the Medical Certification Form may be disclosed when needed to meet legal requirements with the approval of the attorney general's office. All documents shall be kept in a separate, confidential FML file with limited access in accordance with law.
5. The separate, confidential file shall be retained by the FML Liaison for 3 years after completion of leave for the condition or event.
6. When an Employee transfers or reinstates to a different region or office within CDOT or to another department, the designated FML Liaison will be notified in order to securely forward the confidential FML file to the appropriate FML administrator. This must be done within 10 business days.
7. For tracking and reporting requirements, the FML program manager will administer the FML program and prepare reports as necessary.
8. When the Department is notified of pending litigation relating to the FML process, the FML records must be maintained for two years after the litigation has been resolved.

VIII. IMPLEMENTATION PLAN

This Procedural Directive shall be implemented immediately upon approval.

Human Resources shall oversee its implementation.

IX. REVIEW DATE

This Procedural Directive shall be reviewed no later than August 2020.



EXECUTIVE DIRECTOR

7/24/15

Date of Approval

Tab 2 – State Personnel Board Rules Chapter 5

Chapter 5 - Time Off

Authority for rules promulgated in this chapter is found in one or more of the following: the State of Colorado Constitution Article XII, Section 13, The Family Medical Leave Act (FMLA), Americans with Disabilities Act (ADA), Family Care Act (FCA), Uniformed Services Employment and Reemployment Rights Act (USERRA), the State of Colorado Constitution Article XII, Section 13, The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), and 26 U.S.C. 63, State of Colorado Revised Statutes (C.R.S.) §§ 1-6-115, 1-6-122, 1-7-102, 8-40-101, 14-2-101, 14-15-103, 24-11-101, 24-11-112, 24-18-102, 24-33.5-825, 24-50-104, 24-50-109.5, 24-50-401, 28-1-104, 28-3-601, 28-6-602, 28-3-607, 28-3-609, and 28-3-610. (02/2017).

General Principles

- 5-1. Employees are required to work their established work schedule unless on approved leave. Employees are responsible for requesting leave as far in advance as possible. The leave request must provide sufficient information to determine the type of leave. (5/1/10)
- A. The appointing authority shall respect the employee's privacy rights when requesting adequate information to determine the appropriate type of leave. (02/2017)
 - B. Appointing authorities are responsible for approving all leave requests and for determining the type of leave granted, subject to these rules and any additional departmental leave procedures. Departmental procedures shall be provided to employees. (02/2017)
 - C. Unauthorized use of any leave may result in the denial of paid leave and/or corrective or disciplinary action.
 - D. Mandates to maintain a minimum balance of sick or annual leave (or a combination of both) are not permitted except under a leave sharing program or a corrective or disciplinary action. (02/2017)
- 5-2. Paid leave is to be exhausted before an employee is placed on unpaid leave, unless the reason for leave does not qualify for the type of leave available, or during a mandatory or voluntary furlough. (02/2017)
- 5-3. Departments shall keep accurate leave records in compliance with rule and law and be prepared to report the use of any type of leave when requested by the Director. (5/1/10)

Accrued Paid Leave

- 5-4. Annual leave is for an employee's personal needs and use is subject to the approval of the appointing authority. The appointing authority may establish periods when annual leave will not be allowed, or must be taken, based on business necessity. These periods cannot create a situation where the employee does not have a reasonable opportunity to use requested leave that will be subject to forfeiture. If the department cancels approved leave that results in forfeiture, the forfeited hours must be paid before the end of the fiscal year. (5/1/10)
- 5-5. Sick leave is for health reasons only, including diagnostic and preventative examinations, treatment, and recovery. Accrued sick leave may be used for the health needs of the employee, employee's child, parent, spouse, injured military service member as established under Rule 5-20, legal dependent, or a person in the household for whom the employee is the primary care giver. The appointing authority may require documentation of the familial relationship. (02/2017)

- A. Appointing authorities may use discretion to send employees home for an illness or injury that impacts the employee's ability to perform the job or the safety of others. Sick leave shall be charged but annual leave shall be charged if sick leave is exhausted; unpaid leave if both annual and sick leave are exhausted. (02/2017)
- B. Employees shall provide the State's authorized form (or other official document containing the same information) from a health care provider for an absence of more than three consecutive full working days for any health reason or the use of sick leave shall be denied. Appointing authorities have the discretion to require the State's authorized form (or other official document containing the same information) for absences of less than three days when the appointing authority has a reasonable basis for suspecting abuse of sick leave. (02/2017)
 - 1. The completed official form or document must be returned within 15 days from the appointing authority's request. (02/2017)
 - 2. Failure to provide the State's authorized form (or other official document containing the same information) may result in corrective/disciplinary action. Appointing authorities have the discretion to approve other forms of leave if sick leave is denied. (02/2017)

Exhaustion of Leave and Administrative Discharge

- 5-6. If an employee has exhausted all credited paid leave and is unable to return to work, unpaid leave may be granted or the employee may be administratively discharged by written notice following a good faith effort to communicate with the employee. Administrative discharge applies only to exhaustion of leave. (5/1/10)
- A. The notice of administrative discharge must inform the employee of appeal rights and the need to contact the employee's retirement plan on eligibility for retirement.
 - B. An employee cannot be administratively discharged if FML or short-term disability leave (includes the 30-day waiting period) apply, or if the employee is a qualified individual with a disability under the ADA who can reasonably be accommodated without undue hardship.
 - C. A certified employee who has been discharged under this rule and subsequently recovers has reinstatement privileges.

5-7. Table (02/2017)

Monthly Leave Earning, Accrual, Payout, and Restoration for Permanent Employees							
Annual Leave				Sick Leave			
Years of Service*	Hrs. / Mon.	Max. Accrual**	Payout	Hrs./Mon.	Max. Accrual***	Restoration	Payout
Years 1 - 5 (01 - 60 Months)	8	192 hours	Upon termination or death, unused leave is paid out up to the maximum accrual rate.	6.66	360 hours	Previously accrued sick leave up to 360 hours is restored when eligible for reinstatement or reemployment.	Upon death or if eligible to retire, 1/4 of unused leave paid out to the maximum accrual rate. PERA's age and service requirements under the Defined Benefit plan are applied regardless of the plan actually enrolled in.
Years 6 - 10 (61 - 120 Months)	10	240 hours					
Years 11 -15 (121 - 180 Months)	12	288 hours					
Year 16 or Greater (181 or more Months)	14	336 hours					
<p>*Years of service is computed from the 1st calendar day of the month following the hire date; except if the employee began work on the 1st working day of a month, include that month in the count. Employees with prior permanent state service, in or out of the state personnel system, earn leave based on the total whole months of service, excluding temporary assignments.</p> <p>** Over-accrued amounts are forfeited at the beginning of the new fiscal year (July 1st).</p>				<p>*** Over-accrued sick leave up to 80 hours is converted to annual leave each new fiscal year (July 1st) at a 5:1 ratio (5 hours of sick converts to 1 hour annual leave). An employee may have an individual maximum accrual that is greater than 360 hours if continuously employed in the state personnel system prior to 7/1/88. Maximum accrual for these employees is calculated by adding 360 hours to the leave balance on 6/30/88.</p>			
<p>General Provisions: Employees must be at work or on paid leave to earn monthly leave. Leave is credited on the last day of the month in which it is earned and is available for use on the first day of the next month, subject to any limitations elsewhere in Chapter 5, Time Off. A terminating employee shall be compensated for annual leave earned through the last day of employment.</p> <p>Part-time employees who work regular, non-fluctuating schedules earn leave on a prorated basis based on the percentage of the regular appointment, rounded to the nearest 1/100 of an hour. Leave for part-time employees who work irregular, fluctuating schedules and full-time employees who work or are on paid leave less than a full month is calculated by dividing the number of hours paid by the number of work hours in the monthly pay period. The percentage is then multiplied by the employee's leave earning rate to derive the leave earned. Overtime hours are not included in leave calculations.</p> <p>Leave payouts at separation are calculated using the annualized hourly rate of pay (annual salary divided by 2080 hours for full-time employees), and employees are only eligible for the sick leave payout one time - initial eligibility for retirement.</p> <p>Borrowing against any leave that may be earned in the future or "buying back" leave already used is not allowed.</p> <p>Forfeiture of leave as a disciplinary action or a condition of promotion, demotion, or transfer is not allowed.</p> <p>Use of annual leave cannot be required for an employee being laid off.</p> <p>Make Whole: When an employee is receiving workers' compensation payments, accrued paid leave is used to make the employee's salary whole in an amount that is closest to the difference between the temporary compensation payment and the employee's gross base pay, excluding any pay differentials. Leave earning is not prorated when an employee is being made whole.</p> <p>Short-Term Disability: Employees are required to use paid leave during the 30-day waiting period for short-term disability benefits, including the use of accrued annual leave and/or compensatory time once sick leave has been exhausted. Any remaining sick leave beyond the 30-day waiting period must be exhausted prior to eligibility for short-term disability benefit payments.</p>							

Leave Sharing

- 5-8. Leave sharing allows for the transfer of annual leave between permanent state employees for an unforeseeable life-altering event beyond the employee's control, and is subject to the discretionary approval of a department head. Departments must develop and communicate their programs prior to use, including criteria for qualifying events. The authority to approve leave sharing shall not be delegated below the department head without advance written approval of the Director. (02/2017)
- 5-9. Employees must have at least one year of state service to be eligible. Leave sharing is not an entitlement even if the individual case is qualified. Donated leave is not part of the leave payout upon termination or death. (5/1/10)
- A. Donated leave is allowed for a qualifying event for the employee or the employee's immediate family member as defined under Rule 5-5. In order to use donated leave, the employee must first exhaust all applicable paid leave and compensatory time and must not be receiving short-term disability or long-term disability benefit payments. If all leave is exhausted, donated leave may be used to cover the leave necessary during the 30-day waiting period for short-term disability benefit payments. The transfer of donated leave between departments is allowed only with the approval of both department heads. (02/2017)

Holiday Leave

- 5-10. Permanent full-time employees on the payroll when the holiday is observed are granted eight hours of paid holiday leave (prorated for part-time work or unpaid leave in the month) to observe each legal holiday designated by law, the Governor, or the President. Appointing authorities may designate alternative holiday schedules for the fiscal year. (5/1/10)
- A. Department heads have the discretion to grant employee requests to observe César Chávez day, March 31, in lieu of another holiday in the same fiscal year. The department must be open and at least minimally operational for both days and the employee must have work to perform.
- B. Each department shall establish an equitable and consistent policy to ensure that all permanent employees are granted their full complement of holidays. (02/2017)

Other Employer-Provided Leaves

- 5-11. The types of leave in this section do not accrue, carry over, or pay out. (5/1/10)
- 5-12. Bereavement leave is for an employee's personal needs and use is subject to the approval of the appointing authority. The appointing authority may provide up to 40 hours (prorated for part-time work or unpaid leave in the month) of paid leave to permanent employees for the death of a family member or other person. Employees are responsible for requesting the amount of leave needed. Documentation may be required when deemed necessary by the appointing authority. (02/2017)
- 5-13. Military leave provides up to 15 paid regular workdays in a fiscal year to permanent employees who are members of the National Guard, military reserves, or National Disaster Medical Service to attend the annual encampment or equivalent training or who are called to active service, including declared emergencies. Unpaid leave is granted after exhaustion of the 15 regular workdays. The employee may request the use of annual leave before being placed on unpaid leave. (02/2017)

- A. In the case of a state emergency, the employee must return upon release from active duty. In the case of federal service, the employee must notify the appointing authority of the intent to return to work, return to work, or may need to apply to return, and is entitled to the same position or an equivalent position, including the same pay, benefits, location, work schedule, and other working conditions. This leave is not a break in service. (02/2017)
- 5-14. Jury leave provides paid leave to all employees; however, temporary employees receive paid leave for a maximum of three days of jury leave. Jury pay is not turned over to the department. Proof may be required. (02/2017)
- 5-15. Administrative leave may be used to grant paid time when the appointing authority wishes to release employees from their official duties for the good of the state. In determining what is for the good of the state, an appointing authority must consider prudent use of taxpayer and personal services dollars and the business needs of the department. (02/2017)
- A. Activities performed in an official employment capacity, including job-related training and meetings, voluntary training, conferences, participation in hearings or settlement conferences at the direction of the Board or Director, and job-related testimony in court or official government hearings required by an appointing authority or subpoena are work time and not administrative leave. Administrative leave is not intended to be a substitute for corrective or disciplinary action or other benefits and leave. (02/2017)
- B. Administrative leave may be granted for the following: (02/2017)
1. Up to five days for local or 15 days for national emergencies per fiscal year to employees who are certified disaster service volunteers of the American Red Cross. (02/2017)
 2. One period of administrative leave for the initial call up to active military service in the war against terrorism of which shall not exceed 90 days and applies after exhaustion of paid military leave. Administrative leave is only used to make up the difference between the employee's base salary (excluding premiums) and total gross military pay and allowances. The employee must furnish proof of military pay and allowances. This leave does not apply to regular military obligations such as the annual encampment and training. (02/2017)
 3. Employee participation in community or school volunteer activities. (02/2017)
 4. Employee recognition for special accomplishments or contributions in accordance with the department's established incentive plan. (02/2017)
- C. Administrative leave must be granted for the following: (02/2017)
1. Two hours to participate in general elections if the employee does not have three hours of unscheduled work time during the hours the polls are open. (02/2017)
 2. Up to two days per fiscal year for organ, tissue, or bone donation for transplants. (02/2017)
 3. To serve as an uncompensated election judge unless a supervisor determines that the employee's attendance on Election Day is essential. The employee must provide evidence of service. (02/2017)

4. Up to 15 days in a fiscal year when qualified volunteers or members of the Civil Air Patrol are directed to serve during a declared local disaster, provided the employee returns the next scheduled workday once relieved from the volunteer service. (02/2017)
- 5-16. Administrative leave that exceeds 20 consecutive working days must be reported to the department head and the Director. (02/2017)
- 5-17. Unpaid leave may be approved by the appointing authority unless otherwise prohibited. The appointing authority may also place an employee on unpaid leave for unauthorized absences and may consider corrective and/or disciplinary action. Probationary and trial service periods are extended by the number of days on unpaid leave and may be extended for periods of paid leave. Unpaid leave is calculated based on the monthly hourly rate. (1/1/14)
- A. Short-term disability (STD) leave is a type of unpaid leave of up to six months while either state or PERA STD benefit payments are being made. To be eligible for this leave, employees must have one year of service and an application for the STD benefit must be submitted within 30 days of the beginning of the absence or at least 30 days prior to the exhaustion of all accrued sick leave. The employee must also notify the department at the same time that a benefit application is submitted.
- B. Voluntary furlough is unpaid job protection granted for up to 72 workdays per fiscal year when a department head declares a budget deficit in personal services. The employee may request such absence to avoid more serious position reduction or abolishment. Employees earn sick and annual leave and continue to receive service credit as if the furlough had not occurred.
- C. Victim protection leave is unpaid job protection granted for up to 24 hours (prorated for part-time employees) per fiscal year for victims of stalking, sexual assault, or domestic abuse or violence. An employee must have one year of state service to be eligible and have exhausted all annual and, if applicable, sick leave. All information related to the leave shall be confidential and maintained in separate confidential files with limited access. Retaliation against an employee is prohibited; however, this rule does not prohibit adverse employment action that would have otherwise occurred had the leave not been requested or used.
- 5-18. Parental Academic leave. Departments may provide up to 18 hours (prorated for part-time) in an academic year for parents or legal guardians to participate in academic-related activities. A department shall adopt and communicate a policy on whether the leave will be unpaid or paid, the amount and type of paid leave, and specifically the substitution of annual leave or use of administrative leave. (02/2017)

Family/Medical Leave (FML)

- 5-19. The state is considered a single employer under the Family and Medical Leave Act (FMLA) and complies with its requirements, the Family Care Act (FCA), and the following rules for all employees in the state personnel system. Family/medical leave cannot be waived. (02/2017)
- A. The FCA provides unpaid leave to eligible employees to care for their partners in a civil union or domestic partnership who have a serious health condition and is administered consistent with FML. (02/2017)
- 5-20. FML is granted to eligible employees for the following conditions: (02/2017)
- A. Birth and care of a child and must be completed within one year of the birth; (02/2017)

- B. Placement and care of an adopted or foster child and must be completed within one year of the placement; (02/2017)
 - C. Serious health condition of an employee's parent, child under the age of 18, an adult child who is disabled at the time of leave, spouse, partner in a civil union, or registered domestic partner for physical care or psychological comfort; see Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, And Definitions for the definition of serious health condition and ADA definition for disability; (02/2017)
 - D. Employee's own serious health condition; (02/2017)
 - E. Active duty military leave when a parent, child, or spouse experiences a qualifying event directly related to being deployed to a foreign country; or (02/2017)
 - F. Military caregiver leave for a parent, child, spouse, or next of kin who suffered a serious injury or illness in the line of duty while on active duty. Military caregiver leave includes time for veterans who are receiving treatment within five years of the beginning of that treatment. (02/2017)
- 5-21. To be eligible for FML, an employee must have 12 months of total state service as of the date leave will begin, regardless of employee type. A state temporary employee must also have worked 1250 hours within the 12 months prior to the date leave will begin. Time worked includes overtime hours. (02/2017)
- A. Full-time employees will be granted up to 520 hours per rolling 12-month period. The amount of leave is determined by the difference of 520 hours and any FML leave taken in the previous 12-month period and is calculated from the date of the most recent leave. The amount of leave is prorated for part-time employees based on the regular appointment or schedule. Any extension of leave beyond the amount to which the employee is entitled is not FML, see Rule 5-1 B. (02/2017)
- 5-22. Military caregiver leave is a one-time entitlement of up to 1040 hours (prorated for part-time) in a single 12-month period starting on the date the leave begins. While intermittent leave is permitted, it does not extend beyond the 12-month period. In addition, the combined total for military caregiver and all other types of FML shall not exceed 1040 hours. (5/1/10)
- 5-23. All other types of leave, compensatory time, and make whole payments under workers' compensation run concurrently with FML and do not extend the time to which the employee is entitled. The employee must use all accrued paid leave subject to the conditions for use of such leave before being placed on unpaid leave for the remainder of FML. An employee on FML cannot be required to accept a temporary "modified duty" assignment even though workers' compensation benefits may be affected. (7/1/13)
- 5-24. Unpaid leave rules apply to any unpaid FML except the state continues to pay its portion of insurance premiums. An employee's condition that also qualifies for short-term disability benefits must comply with the requirements of that plan.
- 5-25. Employer Requirements. The appointing authority, human resources director, or FMLA coordinator must designate and notify the employee whether requested leave qualifies as FML based on the information provided by the employee, regardless of the employee's desires. Departments shall follow all written directives and guidance on designation and notice requirements. (02/2017)

- 5-26. Employee Requirements. Written notice of the need for leave must be provided by the employee 30 days in advance. If an employee becomes aware of the need for leave in less than 30 days in advance, the employee shall provide notice either the same day or the next business day. Failure to provide timely notice when the need for leave is foreseeable, and when there is no reasonable excuse, may delay the start of FML for up to 30 days after notice is received as long as it is designated as FML in a timely manner. Advance notice is not required in the case of a medical emergency. In such a case, an adult family member or other responsible party may give notice, by any means, if the employee is unable to do so personally. (5/1/10)
- 5-27. The employee shall consult with the appointing authority to: establish a mutually satisfactory schedule for intermittent treatments and a periodic check-in schedule; report a change in circumstances; make return to work arrangements, etc. (5/1/10)
- 5-28. Employees shall provide proper medical certification, including additional medical certificates and fitness-to-return certificates as prescribed in Rules 5-29 through 5-32. If the employee does not provide the required initial and additional medical certificates, the leave will not qualify as FML and shall be denied. (02/2017)

Medical Certificates

- 5-29. Employees must provide the State's authorized medical certification form (or other official document containing the same information) when initiating an FML leave request. Appointing authorities have the discretion to require periodic medical certification to determine if FML continues to apply or when the appointing authority has a reasonable basis for suspecting leave abuse. Medical certification for FML may be required for the first leave request in an employee's rolling 12-month period. Additional medical certification may be required every 30 days or the time period established in the initial certification, whichever is longer, unless circumstances change or new information is received. (02/2017)
- A. The medical certification must be completed by a health care provider as defined in federal law. The completed medical certification must be returned within 15 days from the appointing authority's request. If it is not practical under the particular circumstances to provide the requested medical certification within 15 days despite the employee's diligent, good faith efforts, the employee must provide the medical certification within a reasonable period of time involved, but no later than thirty calendar days after the initial date the appointing authority requested such medical certification. (02/2017)
- B. Failure to provide the medical certification shall result in denial of leave and possible corrective/disciplinary action. (7/1/13)
- 5-30. When incomplete medical certification is submitted, the employee must be allowed seven days to obtain complete information, absent reasonable extenuating circumstances. (7/1/13)
- A. Following receipt of the information or the seven days from which it was requested, the department's human resources director or FMLA coordinator may, with the employee's written permission, contact the health care provider for purposes only of clarification and authentication of the medical certification. (02/2017)
- 5-31. When medical certification is submitted to demonstrate that the leave is FML-qualifying, the department has the right to request a second opinion on the initial certification. If the first and second opinion conflict, the department may require a binding third opinion by a mutually agreed upon health care provider. Under both circumstances the cost is paid by the department. Second and third opinions are not permitted on additional certification for recertification purposes. (02/2017)

- 5-32. If an absence is more than 30 days for the employee's own condition, the employee must provide a fitness-to-return certificate. The fitness-to-return certificate may be required for absences of 30 days or less based on the nature of the condition in relation to the employee's job. The department may also require a fitness-to-return certificate from employees taking intermittent FML every 30 days if there are reasonable safety concerns regarding the employee's ability to perform his or her job duties. (02/2017)
- A. When requested, employees must present a completed fitness-to-return certificate before they will be allowed to return to work. Failure to provide a fitness-to-return certificate as instructed could result in delay of return, a requirement for new medical certification, or administrative discharge as defined in Rule 5-6. (7/1/13)
 - B. When an incomplete fitness-to-return certification is submitted, the employee must be allowed seven days to obtain complete information, absent reasonable extenuating circumstances. Following receipt of the information or the seven days from which it was requested, the department's human resources director or FMLA coordinator may, with the employee's written permission, contact the health care provider for purposes only of clarification and authentication of the fitness-to-return certification. (02/2017)
- 5-33. Benefits coverage continues during FML. If the employee is on paid FML, premiums will be paid through normal payroll deduction. If the FML is unpaid, the employee must pay the employee share of premiums as prescribed by benefits and payroll procedures. (5/1/10)
- 5-34. Upon return to work, the employee is restored to the same, or an equivalent, position, including the same pay, benefits, location, work schedule, and other working conditions. If the employee is no longer qualified to perform the job (e.g., unable to renew an expired license), the employee must be given an opportunity to fulfill the requirement. (5/1/10)
- A. If the employee is no longer able to perform the essential functions of the job due to a continuing or new serious health condition, the employee does not have restoration rights under FML, and the appointing authority may separate the employee pursuant to Rule 5-6 subject to any applicable ADA provisions. (02/2017)
 - B. The employee does not have restoration rights if the employment would not have otherwise continued had the FML leave not been taken, e.g., discharge due to performance, layoff, or the end of the appointment.
- 5-35. FML does not prohibit adverse action that would have otherwise occurred had the leave not been taken. (5/1/10)
- 5-36. The use of FML cannot be considered in evaluating performance. If the performance plan includes an attendance factor, any time the employee was on FML cannot be considered. (5/1/10)
- 5-37. Records. Federal law requires that specified records be kept for all employees taking FML. These records must be kept for three years. Any medical information must be maintained in a separate confidential medical file in accordance with ADA requirements and Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, And Definition. (02/2017)

Injury Leave

- 5-38. Injury Leave. A permanent employee who suffers an injury or illness that is compensable under the Workers' Compensation Act shall be granted injury leave up to 90 occurrences (whole day increments regardless of the actual hours absent during a day) with full pay if the temporary compensation is assigned or endorsed to the employing department. (5/1/10)

- A. If after 90 occurrences of injury leave an employee still is unable to work, the employee is placed on leave under the "make whole" policy. The employee will receive temporary disability benefits pursuant to the Colorado Workers' Compensation Act. The employing department will make up the difference between the temporary disability benefits and the employee's full pay using sick leave first, then annual leave or compensatory time as available. Once all paid leave is exhausted, employees may be given unpaid leave. Workers' compensation payments after termination of injury leave shall be made to the employee as required by law. (02/2017)
- B. The appointing authority may invoke Rule 5-6 if the employee is unable to return to work after exhausting all accrued paid leave and applicable job protection. Termination of service under that rule will not affect continuation of payments under the Workers' Compensation Act.
- C. If the employee's temporary compensation payment is reduced because the injury or occupational disease was caused by willful misconduct or violation of rules or regulations, the employee shall not be entitled to or granted injury leave. Any absence shall be charged using sick leave first, then annual leave or compensatory time on a "make whole basis" or, at the appointing authority's discretion, unpaid leave may be granted and the temporary compensation payments shall be made to the employee. (02/2017)
- D. The first three regular working days missed as a result of a compensable work injury will be charged to the employee's sick leave, then annual leave or compensatory time, as available. Injury leave will only be granted once an eligible employee misses more than three regular working days. Sick or annual leave for the first three regular working days will be restored if the employee is off work for more than two weeks. (02/2017)
- E. If a holiday occurs while an employee is on injury leave, the employee receives the holiday and the day is not counted as an injury leave occurrence.

Tab 3 - Employee Rights and
Responsibilities under the
Family Medical Leave Act (The
Poster)

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (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 injury or illness*; or (2) a veteran who 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, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 · Revised February 2013

Tab 4 – Confidentiality Agreement Form

DEPARTMENT OF TRANSPORTATION

CONFIDENTIALITY AGREEMENT

I understand that in the course of my employment with the Colorado Department of Transportation, I will receive or become aware of business and personnel information that is sensitive or confidential. Sensitive and confidential information includes but is not limited to employee personal information, contents of personnel and investigation files, employee medical and health records, and test and testing documentation. This information may be written, electronic, or verbal and come from a variety of sources. I understand that I am not to access sensitive or confidential information unless it is necessary in order for me to complete my job responsibilities. I further understand that this policy applies to information I may inadvertently hear or see that does not directly involve me in an official capacity.

I acknowledge that I must protect, assure the integrity, and maintain the confidentiality of information and documents shared with me. I understand that in the performance of my duties I may be requested to provide sensitive or confidential information to others. I agree to hold in confidence and to not disclose any sensitive or confidential information to any person, including employees of state, federal or local governments, except to those who have an official business reason for the information. Should I have questions regarding the proper handling and disclosure of confidential or sensitive information, I will immediately notify my supervisor or manager for further clarification and direction prior to releasing the information.

If I willfully and knowingly disclose sensitive or confidential information in any manner to any person or agency not entitled to receive the information, I understand that I may be subject to adverse action, including corrective or disciplinary action, or in some cases, personal liability.

I acknowledge that I have read, understand, and will adhere to the above requirements with respect to sensitive or confidential information.

Employee Signature: _____ Date: _____

Printed Name: _____ Employee CDOT Pern # _____

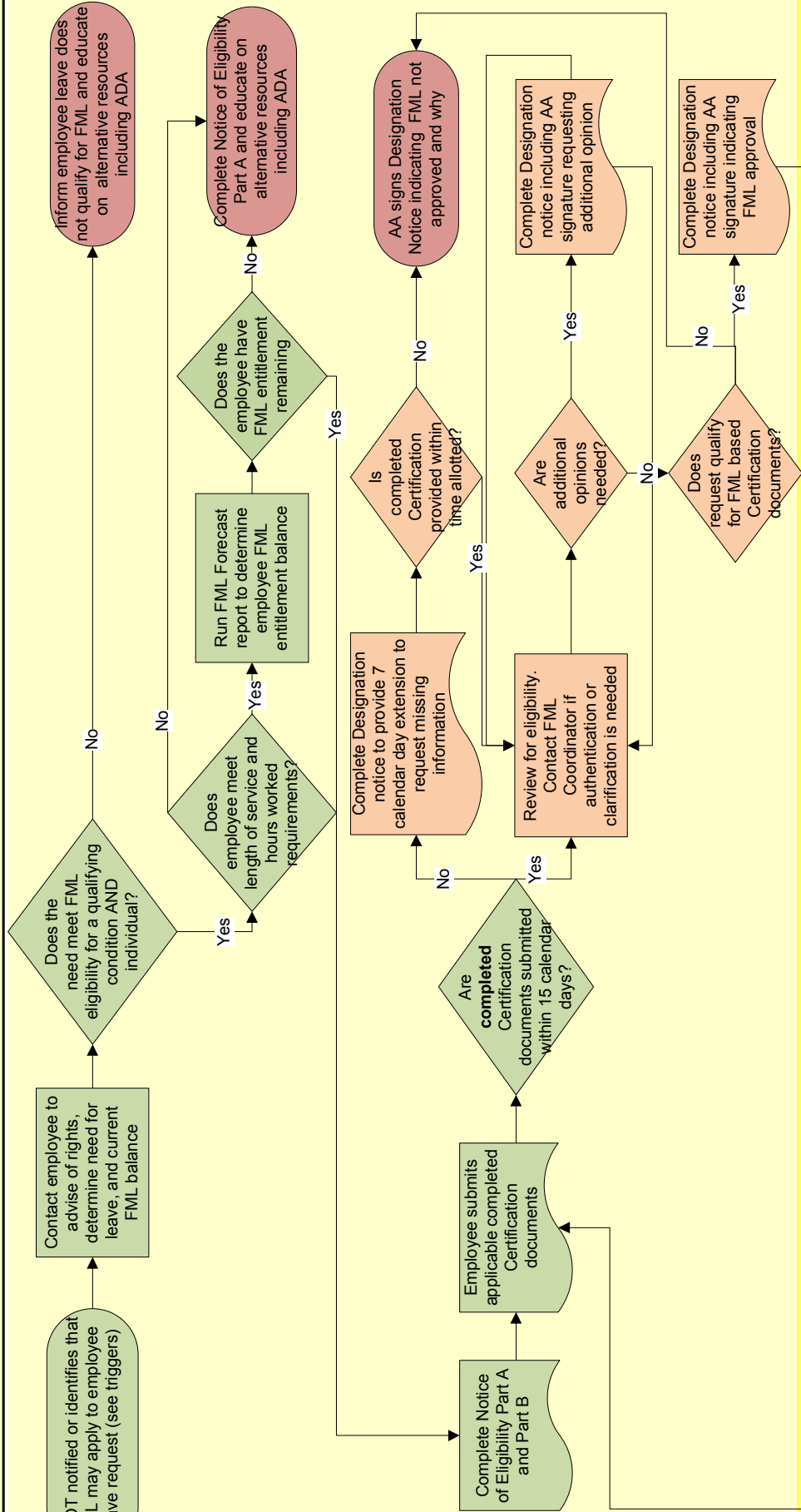
Supervisor Signature: _____

Supervisor Printed Name: _____

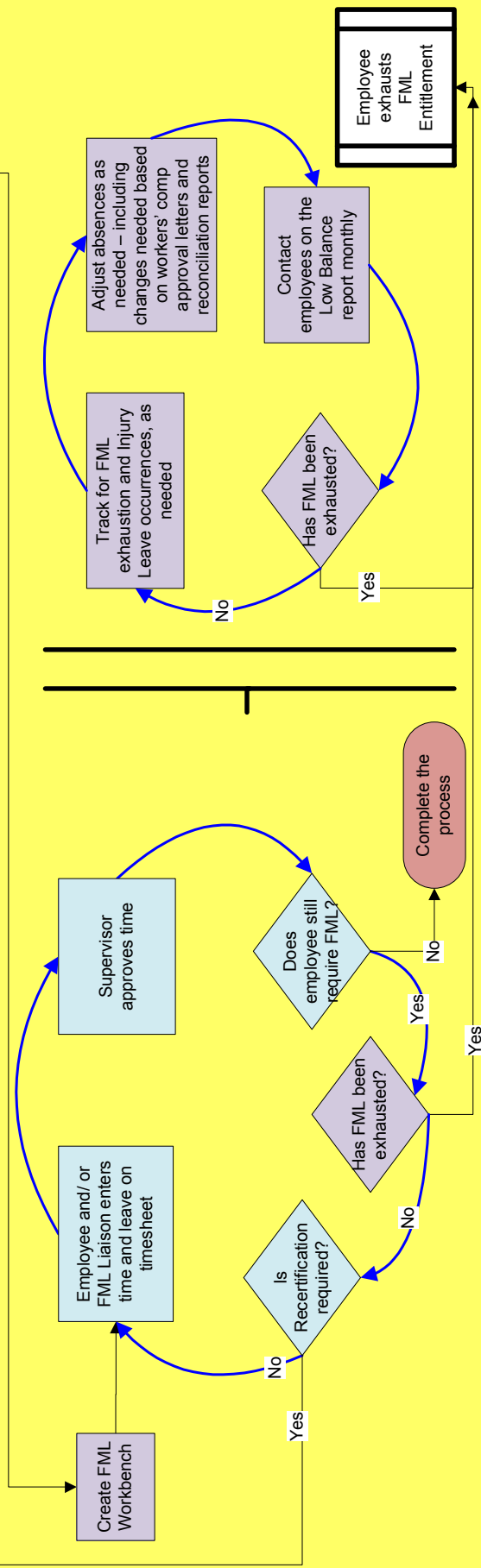
Original to official employee file

Tab 5 - FML Process Overview

Pre FML Approval



Post FML Approval



Tab 6 – FML Checklist

Employee Information			
Employee Name		Date notified of FML request	
Employee ID [PA20]		How were you notified of the request (trigger)?	
Phone Number	Home:	FML Start Date	
	Cell:		
Address [PA20]		Home email:	
		Home printer?	
Mailing Address [PA20]			
Supervisors Name [ZH45] phone [in Google contacts]		Anticipated FML End Date	

Employee Eligibility	
<input type="checkbox"/> Employee has at least 12 months State service (does not have to be consecutive) [PA20/Date Specifications/Leave Accrual Date]	
<input type="checkbox"/> For temporary employees, has worked at least 1,250 hours in 12 months preceding the leave [CADO/Get Variant - "Attendances" /Reporting Period – Other Period]	
<input type="checkbox"/> Check FML Forecast Report [ZH62] as of FML Start Date for remaining entitlement Report run date: _____ Report start date: _____ FML Balance: _____	
Qualified Reason for Leave: <input type="checkbox"/> Serious Health Condition <input type="checkbox"/> Addition of a Child <input type="checkbox"/> Care of a Family Member <input type="checkbox"/> Active Duty Family Leave <input type="checkbox"/> Family Military Caregiver Leave	Qualified Individual: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian/Ward <input type="checkbox"/> Qualified Military Service Member

FML Eligibility Actions
Complete Employee Information Session/Packet Method: <input type="checkbox"/> in person <input type="checkbox"/> certified mail <input type="checkbox"/> email with disclaimer statement Employee Representative (if applicable): _____ Contact info: _____ Date provided to Employee (within 5 business days of FML request): _____ » If meeting in person, employee should initial each item received. ___ Issue "Poster" and review FML Rights and Responsibilities with employee (including entitlements, duration of leave, pay, health benefits, STD etc.) [SharePoint/General Program Information] ___ Issue completed Notice of Eligibility Rights and Responsibilities form to employee [SharePoint/Documents/FMLA_NoticeEligRights Respons]

Beginning Leave Balances [ZH49T]:

Sick Leave: Annual Leave: Comp time: Alternate Holiday:

___ Attach FML Forecast report [ZH62] as of FML begin date to the Notice of Eligibility

___ Provide demonstration and instruction to employee on how to access Employee FML Balance Report (SAP Portal ESS) [SharePoint/Documents/Instruction for employee FML balance report]

___ Provide required forms to employee for completion [SharePoint/Forms]

___ FML Certification document. [SharePoint/Forms] Date provided _____

» Remember that for injury on the job, Work Status Report substitutes and State med cert not needed

___ If for employees own health condition, attach percentage duty statements from PDQ
Date Certification due (15 calendar days from date issued): _____

___ Fitness to Return form (if applicable). [SharePoint/Forms] Date provided _____

___ Short Term Disability Information letter [SharePoint/Documents/UNUM STD_Info_Letter]
Date provided _____

___ Establish check-in expectations during leave (if applicable)

Establish confidential employee FML file containing copies of all documents related to FML event (separate from personnel file) **Keep a hardcopy of every document issued to employee.**

Issue Designation Notice to extend Certification deadline 7 calendar days (if not received within 15 calendar days) [SharePoint/Documents /FMLA_DesignationNotice_CDOT]

Date extension Designation Notice issued: _____

New due date: _____

» Second extension notices are no longer issued

Evaluate Certification form

Date Certification Received: _____

Issue Designation Notice [SharePoint/Documents /FMLA_DesignationNotice_CDOT] with Appointing Authority signature and updated FML Forecast Report [ZH62] attached (as of designation date) within **5 business days** of receiving Certification or if deadline passes and no med cert received:

Certification complete – FML approved

Certification complete – FML denied (notify ER/L)

Certification is insufficient/incomplete – request for additional information

Certification complete – second or third opinion requested

Certification was not received by extended deadline – FML denied (notify ER/L)

Date Designation Notice and FML Forecast Report issued: _____

- Email immediate supervisor, second level supervisor, and Appointing Authority indicating expected frequency of absences [[SharePoint/Documents /Sample Designation Communication](#)]
Date Email Sent: _____
- Add copy of email to Employee FML file

Recording and Tracking FML

- Create approved FML workbench [[PTFMLA](#)]**ONLY AFTER CERTIFICATION RECEIVED AND DESIGNATION SIGNED**
 ➤ Edit end date of workbench or establish new work bench according to “one month rule”
- Review/enter FML absences on the timesheet [[CAT2](#)]
 • **Communicate with primary timekeeper about timesheet responsibilities**
- Review Low Balance Report monthly [[received via Email on the 5th of each month](#)]
- Adjust FML absences as needed (required due to Workers’ Comp letters, report reconciliation, etc.) [[CAT2](#)]
- Complete Claim Status Update form, as needed (for Workers’ Comp employees)
- Notify Payroll if any LWOP is needed (by the 15th of the month)
- Request Recertification (as necessary)
Date Recertification Requested: _____
Date Recertification Designation Notice Completed: _____
- Request Fitness to Return (as necessary)
Date Requested: _____
Date Submitted: _____

Completing the Process

- Send system generated FML Low Balance report letter to the employee, immediate supervisor, and second level supervisor within **3 business days** of report run date (as applicable)
Date(s) Sent (**retain copy of email or proof of mailing regular AND certified**): _____
- Notify Appointing Authority and Supervisors of anticipated return or inability to return
- Notify Appointing Authority, Supervisors, and FML Program Manager of any work restrictions

Inform employee, Appointing Authority, and CRM that FML is exhausted

Date FML Exhausted: _____ **Date Notification Sent:** _____

Refer to Civil Rights Manager for any permanent work restrictions and/or ADA accommodations required

Date Referral Made _____ **Who Contacted** _____

For Workers' Comp cases, submit final Claim Status Update to Risk Management

Notify primary timekeeper to resume timekeeping duties for employee

Reconcile and make necessary revisions on the timesheet to ensure all FML absences approved and balance is not below zero **[CAT2]**

Update FML workbench end date **[PTFMLA]**

Destroy hardcopy of FML file **3 years AFTER FML event is completed**

Date to Shred: _____

Comments/Notes:

Large empty box for handwritten or typed comments and notes.

Tab 7 – PA20 Display HR Master
Data

PA20 Display HR Master Data

- The Work Instruction for PA20 can be found on the SAP training website.
Navigate to: SAP Online Learning and Training → [Human Resources](#) →
Personnel Administration → Reporting → [PA20 - Display HR Master Data](#)

Tab 8 – CADO Display Time Entry Status with a Variant



Purpose

Use this procedure to query timesheet entries and to check the status of the entries for specific employees, groups of employees and/or periods of time.

Trigger

Perform this procedure prior to the payroll deadline to ensure that all timesheet entries have been approved. This procedure can also be used to query timesheet data in other statuses or to validate employee entries.

Prerequisites

Time entry has been made in CAT2.

Transaction Code

CADO

Helpful Hints

None.



Procedure








1. Start the transaction using the transaction code. SAP displays the *Display Time Sheet Data* screen.

Display Time Sheet Data


2. As required, complete/review the following fields:

Field	R/O/C	Description
Personnel no.	Required	Number that identifies an employee. Example: 3444



Field	R/O/C	Description
Status	Required	<p>Current process status of the data used in the report.</p> <p>Example: 10 = In process</p> <p> In process(10) indicates the employee has made an entry, but the entry has not been released for approval.</p> <p> Released for approval (20) indicates the entry has been released in timesheet and is waiting for management approval.</p> <p> Approved (30) indicates the entry has had management review and has been approved.</p> <p> Approval rejected (40) indicates the entry has had management review and has been rejected. The employee must adjust and the entry be approved before included in processing.</p> <p> Changed after approval (50) indicates an entry was released, reviewed and approved by management and the employee changed the entry after the approval. The change must be re-approved to be included in processing.</p> <p> Cancelled (60) indicates an entry was entered, but then deleted.</p> <p> Each time sheet entry is assigned a status. This status indicates the processing status of the selected entry.</p>



Field	R/O/C	Description
Reporting period	Conditional	Time period to be reviewed. Example: Other Period  "Other period" is the default selection in the Reporting period.
Data selection period	Conditional	Beginning date for the selection. Example: First day of last month
To	Conditional	Upper limit of the range. Example: Last day of last month



To view only approved time entries, you must enter '30' in the Status field; if left blank, results will include all entries, including Cancelled, In Process, etc.



Clicking , or allows user to search by WBS element, work order, etc.



Selecting a Variant prior to executing the transaction will allow you to filter for desired data.



Selecting a Layout prior to executing the transaction will allow you to display the data in a predetermined way.

3.

Click **Execute** . The *Display Time Sheet Data* screen displays



Display Time Sheet Data

5

Exception	Pers.No.	Date	Hours	Send. CCtr	ActTyp	Rec. CCtr	A/AType	Name	Last change	Changed by
000	3444	03/03/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/04/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/05/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/06/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/07/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/10/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/10/2008	2.00			R2130-010	014N	Approved	07/21/2008	BUCHERG
000	3444	03/11/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/11/2008	2.00			R2130-010	014N	Approved	07/21/2008	BUCHERG
000	3444	03/12/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/13/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/14/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/17/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/18/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444	03/18/2008	0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/18/2008	8.00			R2130-010	120P	Approved	04/18/2008	HUANGA
000	3444	03/19/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444	03/19/2008	0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/19/2008	8.00			R2130-010	120P	Approved	04/18/2008	HUANGA
000	3444	03/20/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444	03/20/2008	0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/20/2008	8.00			R2130-010	130P	Approved	04/18/2008	HUANGA
000	3444	03/21/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA

4. Perform one of the following:

- If **Go To**
 You want to sort a column in descending [Step 5](#)
 order

- You want to display the sum total for a [Step 6](#)
 column

- Filter the data for a column [Step 7](#)

5. To sort, select the column, and then click **Sort in descending order**

In this example, the **Date** column was sorted in descending order. Similarly, you can sort the **Date** column in ascending order by clicking **Sort in ascending order**



Display Time Sheet Data

Exce...	Pers.No.	Date	Hours	Send. Cctr	ActTyp	Rec. Cctr	A/AType	Name	Last change	Changed by
OOO	3444	06/20/2008	8.00			R1400-010	011N	Cancelled	07/22/2008	BUCHERG
OOO	3444		0.00			R1400-010	011N	Approved	07/22/2008	BUCHERG
OOO	3444	06/19/2008	8.00			R1400-010	011N	Changed after approval	07/22/2008	BUCHERG
OOO	3444		8.00			R1400-010	011N	Approval rejected	07/22/2008	BUCHERG
OOO	3444	06/18/2008	8.00			R1400-010	011N	Approved	07/22/2008	BUCHERG
OOO	3444	06/17/2008	8.00			R1400-010	011N	Released for approval	07/22/2008	BUCHERG
OOO	3444	06/16/2008	8.00			R1400-010	011N	In process	07/22/2008	BUCHERG
OOO	3444	05/30/2008	8.00				120P	Approved	05/22/2008	HAGLUNDDM
OOO	3444	05/29/2008	8.00				120P	Approved	05/22/2008	HAGLUNDDM
OOO	3444	05/28/2008	8.00				120P	Approved	05/22/2008	HAGLUNDDM
OOO	3444	05/27/2008	8.00				120P	Approved	05/22/2008	HAGLUNDDM
OOO	3444	05/23/2008	10.00			R2130-010	011N	Cancelled	05/13/2008	HEPPB
OOO	3444		0.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444		4.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444	05/22/2008	10.00			R2130-010	011N	Cancelled	05/13/2008	HEPPB
OOO	3444		0.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444		8.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444	05/21/2008	10.00			R2130-010	011N	Cancelled	05/13/2008	HEPPB
OOO	3444		0.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444		8.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444	05/20/2008	10.00			R2130-010	011N	Cancelled	05/13/2008	HEPPB
OOO	3444		0.00			R2130-010	011N	Approved	05/21/2008	HEPPB
OOO	3444		8.00			R2130-010	011N	Approved	05/21/2008	HEPPB

6. To display a sum total, select column(s) you wish to summarize, then click **Display sum**

In this example, the **Hours** column was selected and the sum total amount appears at the bottom of the column in yellow.



Display Time Sheet Data

Exce...	Pers.No.	Date	Hours	Send. CCtr	ActTyp	Rec. CCtr	A/AType	Name	Last change	Changed by
OO	3444	03/20/2008	0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
OO	3444		8.00			R2130-010	130P	Approved	04/18/2008	HUANGA
OO	3444	03/19/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
OO	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
OO	3444		8.00			R2130-010	120P	Approved	04/18/2008	HUANGA
OO	3444	03/18/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
OO	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
OO	3444		8.00			R2130-010	120P	Approved	04/18/2008	HUANGA
OO	3444	03/17/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/14/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/13/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/12/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/11/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444		2.00			R2130-010	014N	Approved	07/21/2008	BUCHERG
OO	3444	03/10/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444		2.00			R2130-010	014N	Approved	07/21/2008	BUCHERG
OO	3444	03/07/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/06/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/05/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/04/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
OO	3444	03/03/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
			= 567.50							

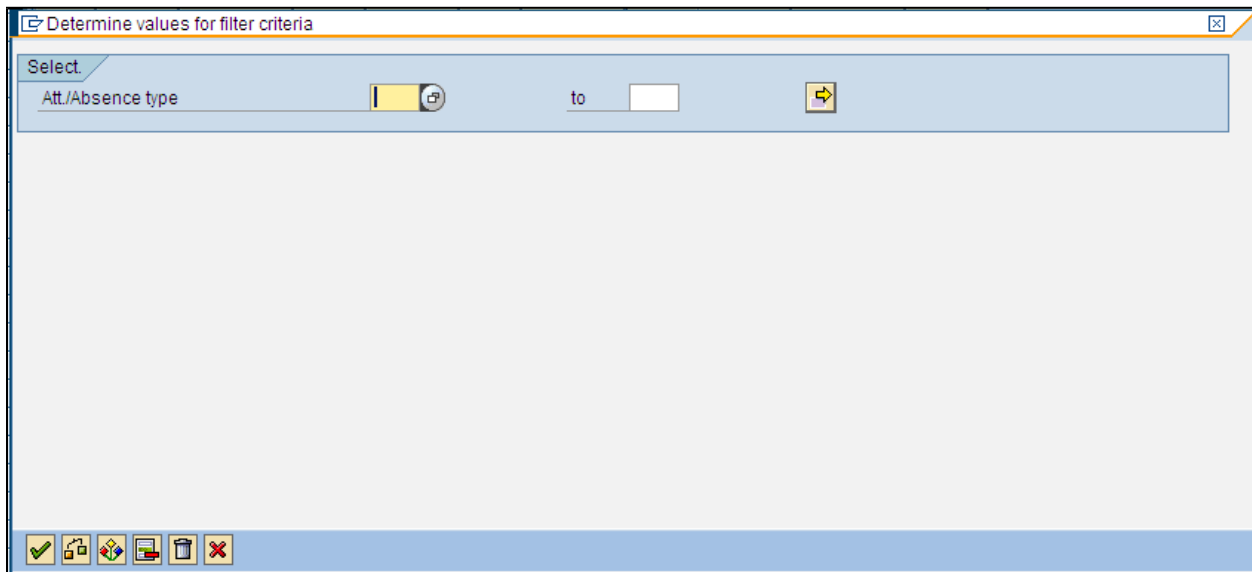
- To filter data for a column, right-click on the column header to display a drop-down. Select **Set Filter....** from the dropdown.



In this document, the column header selected was **Att./Absence type**. The *Determine values for filter criteria* screen displays.



Determine values for filter criteria

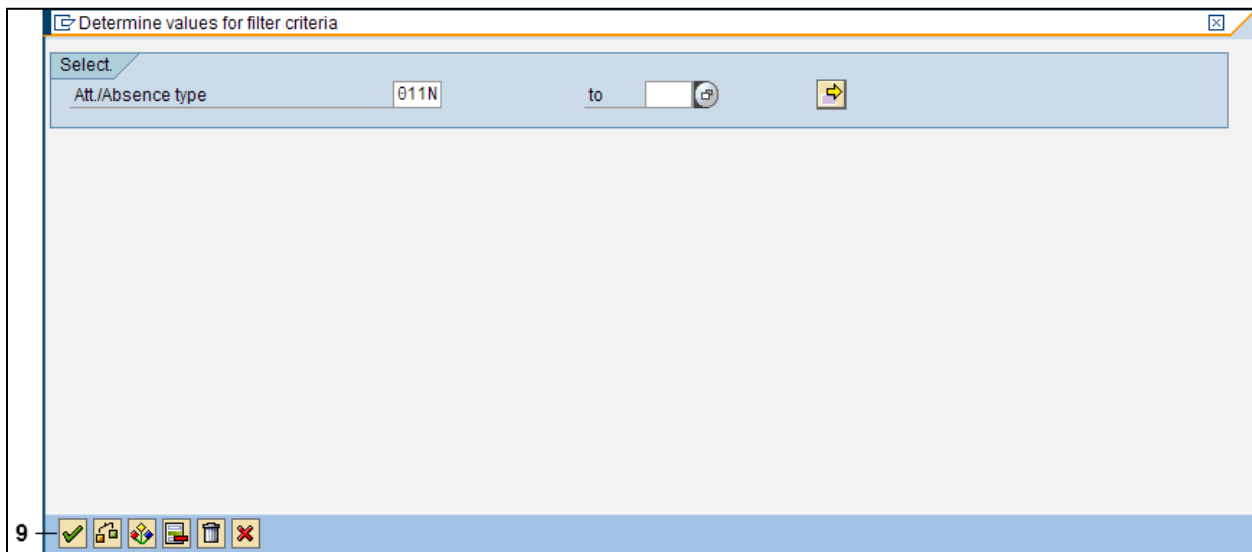


8. Enter values for filtering the data.



In this document, we have selected **011N Att./Absence type** as the filter criteria.

Determine values for filter criteria



9. Click **Continue**



In this document, the column header selected was **Att./Absence type** and **011N** as the filter criteria, the results therefore will include only **Attendance/Absence type 011N**.

Display Time Sheet Data

Exce...	Pers.No.	Date	Hours	Send. Cctr	ActTyp	Rec. Cctr	A/A ty...	Name	Last change	Changed by
	3444	03/25/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/24/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/21/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
	3444	03/20/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
	3444	03/19/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
	3444	03/18/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
	3444	03/17/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/14/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/13/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/12/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/11/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/10/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/07/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/06/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/05/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/04/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
	3444	03/03/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
			= 446.00							

10. Perform one of the following:

If **Then**

You want to save the changes to the layout

Click Save to save the layout.

Complete the *Save layout* screen and click **Enter**

You want to display a list of current layouts available to choose from

Click Choose .



You want to add field to the layout



Click **Current Layout** to open the *Change Layout* window.

You do not want to save the layout

Go to Step [12](#).

11. Review the data.

Display Time Sheet Data

12

Exce.	Pers.No.	Date	Hours	Send. Cctr	ActTyp	Rec. Cctr	A/A ty.	Name	Last change	Changed by
000	3444	03/25/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/24/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/21/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/20/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/19/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/18/2008	8.00			R2130-010	011N	Cancelled	04/11/2008	HUANGA
000	3444		0.00			R2130-010	011N	Approved	04/18/2008	HUANGA
000	3444	03/17/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/14/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/13/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/12/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/11/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/10/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/07/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/06/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/05/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/04/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
000	3444	03/03/2008	8.00			R2130-010	011N	Approved	04/11/2008	HUANGA
			= 446.00							

12. Click **Back** to go back to the previous screen.



Display Time Sheet Data

13

Program Edit Goto System Help

Display Time Sheet Data

Receiver parameters Sender parameters All parameters

Person

Personnel no. 3444

Status

Reporting period

Today Current Year Other Period


Current Week All

Current month Past

Data selection period 03/01/2008 to 06/30/2008

Options

Layout

13. Click **Exit**  to go back to the *SAP Easy Access Menu* screen
14. You have completed this transaction.



Result

You have successfully checked the status of time entries for specific employees or groups and/or periods of time.


Comments

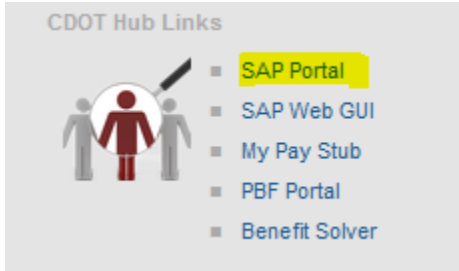
When troubleshooting a missing time entry, validate that the entry was entered into the timesheet, approved, and transferred out of the timesheet to the Human Resources module creating Attendance records (IT2002).

CADO will not show that an entry applies to a previous day. This applies to employees who have across midnight work schedule and also work across midnight. In these situations refer to ZCAT3 to determine to which day time is attributed.

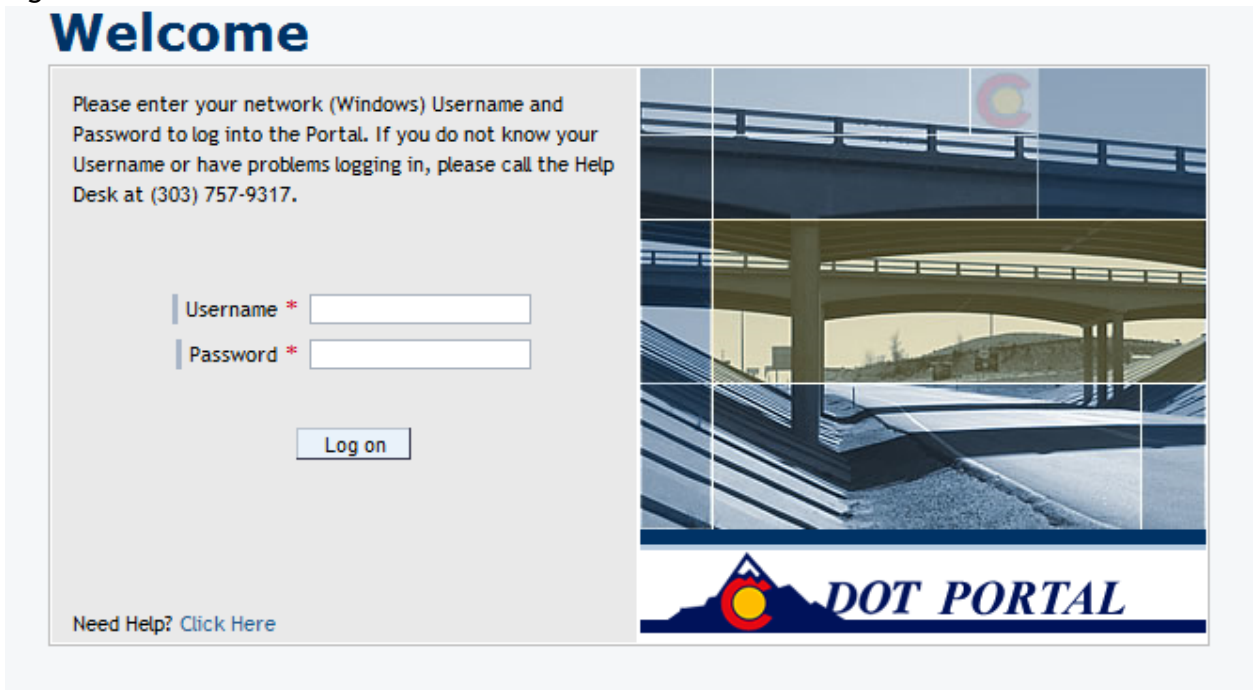
For feedback on this document, please contact dot_SAPSupport@state.co.us.

Tab 9 – FML Balance Report (Portal View)

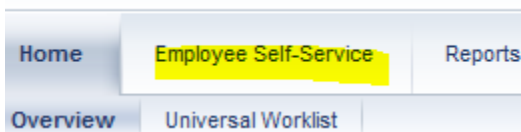
- Open Internet Explorer  from your work computer
- Scroll to the bottom right of the home page and CLICK on: SAP Portal



- Sign-in to the Portal as usual



- On the page that opens, in the upper left, CLICK on: Employee Self Service



- On the page that opens, look to the middle under Working Time, and CLICK on: Family Medical Leave Balance



- The Family Medical Leave Balance Report will open, showing the number of FML job protection hours available to you as of the current date, and also the dates in the future on which you will have additional FML hours restored

Date	# of FML Hours Restored	FML Balance
07/01/2015	1.00	470.50
07/08/2015	3.00	473.50
07/09/2015	2.00	475.50
07/23/2015	2.50	478.00
07/24/2015	2.00	480.00
09/29/2015	8.00	488.00
11/13/2015	8.00	496.00
11/14/2015	8.00	504.00
12/08/2015	8.00	512.00
12/12/2015	2.00	514.00
12/15/2015	4.00	518.00
03/31/2016	1.00	519.00
06/10/2016	1.00	520.00

Tab 10 – ZH61 FML Balance
Report

Purpose

Use this procedure to display the details of the Family Medical Leave (FML) Balance report. The Family Medical Leave Balance report displays the number of hours available for you to use today and the total number of hours restored.

Trigger

Perform this procedure to determine the amount on FML leave available.

Prerequisites

- None

Menu Path

Use the following menu path to begin this transaction:

- None

Transaction Code

ZH61

Helpful Hints

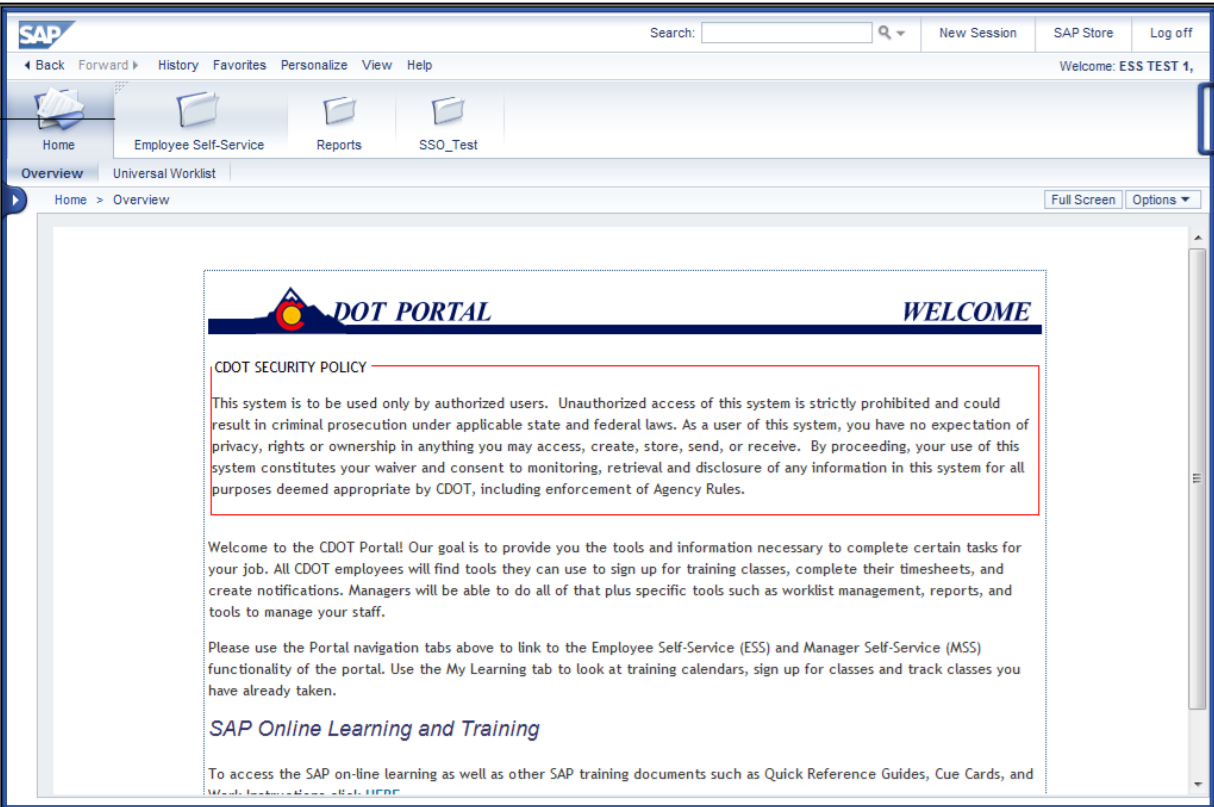
- The "# of FML hours restored" value is determined by the number of approved FML hours used in the prior twelve months. The report does not consider any past FML absences that are in process or released status on the timesheet.
- The report will always display on the current day.

Procedure

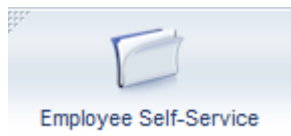
1. Start the transaction from the Portal *Home* tab.

Overview - SAP NetWeaver Portal - Windows Internet Explorer

2.

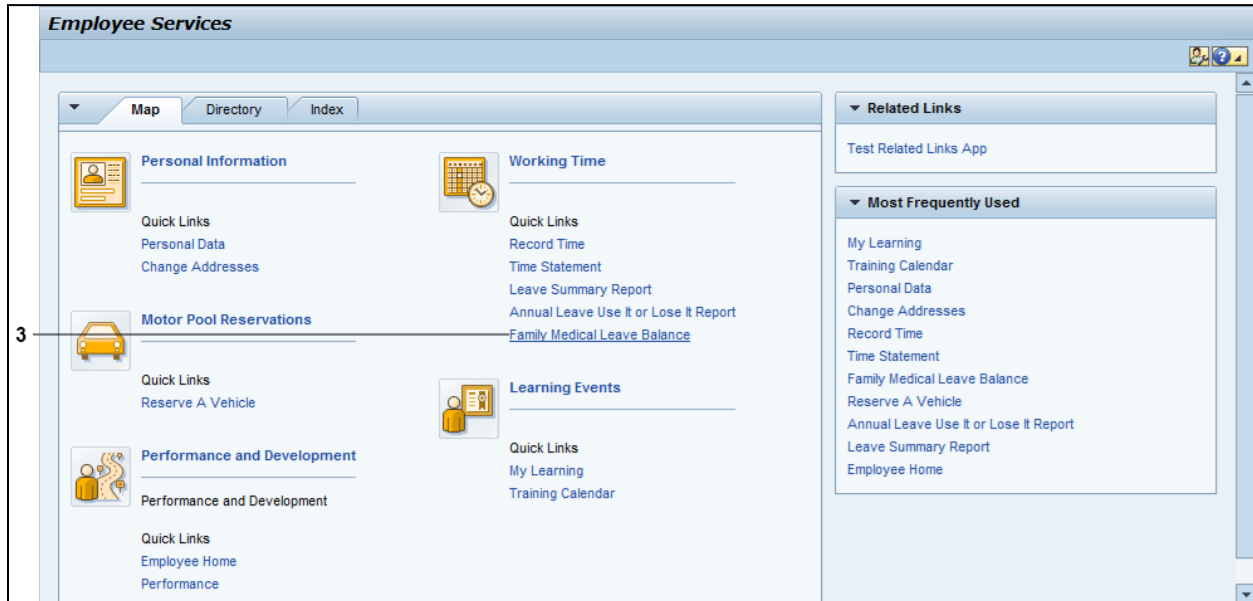


- 2.



Click **Employee Self-Service** link

Employee Services



3. Click **Family Medical Leave Balance** link [Family Medical Leave Balance](#).

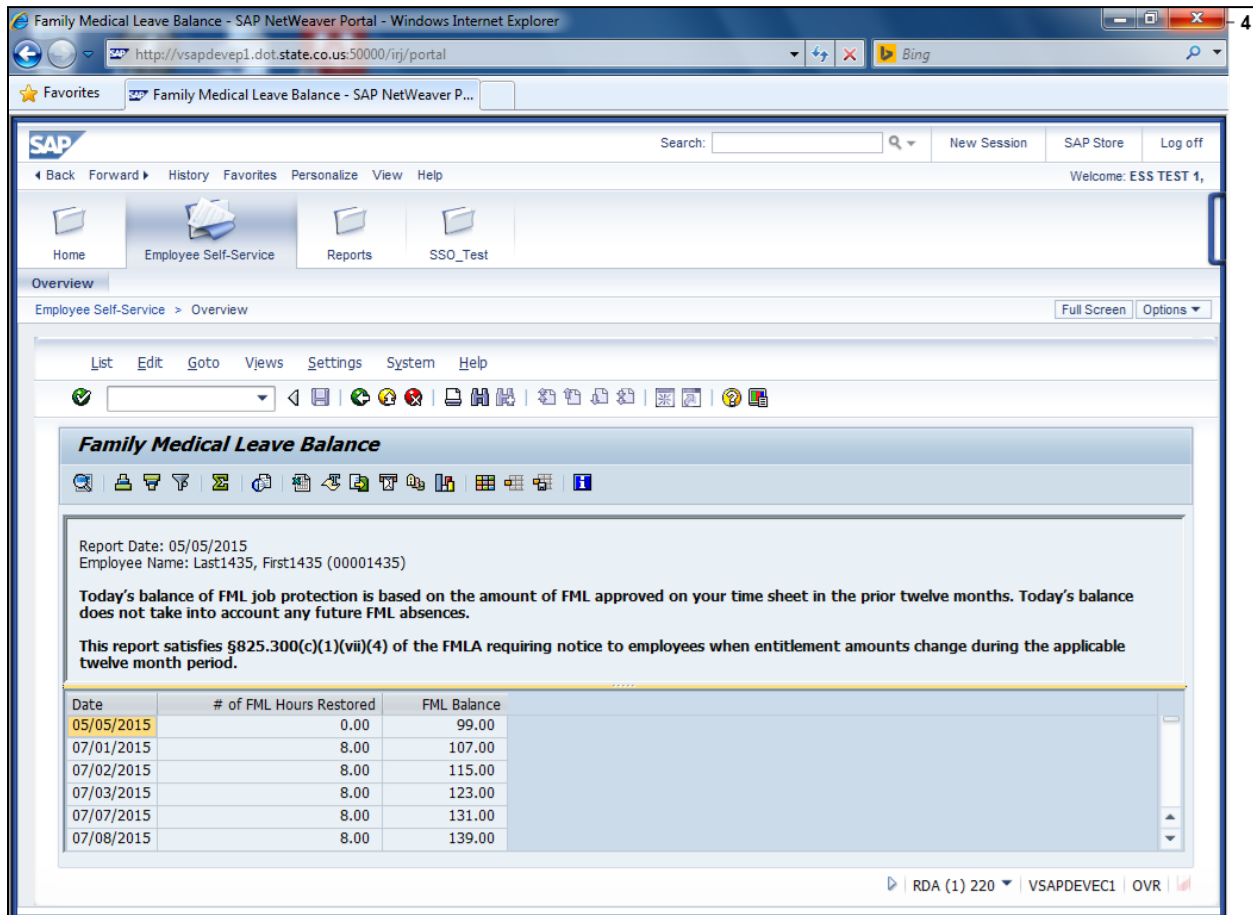


The Family Medical Leave Balance report is broken out into three columns. The *Date* column always starts with today's date. All other dates are instances of FML used or where FML is restored. The number of *# FML Hours Restored* column displays the number of hours that will be restored in the future. The *FML Balance* column provides the total available balance in the first row and changes to the balance going forward.



You may have to scroll down to display addition records.

Family Medical Leave Balance - SAP NetWeaver Portal - Windows Internet Explorer



Family Medical Leave Balance - SAP NetWeaver Portal - Windows Internet Explorer

http://vsapdevepl.dot.state.co.us:50000/ijq/portal

Search: [] New Session SAP Store Log off

Welcome: ESS TEST 1

Home Employee Self-Service Reports SSO_Test

Overview

Employee Self-Service > Overview

List Edit Goto Views Settings System Help

Family Medical Leave Balance

Report Date: 05/05/2015
Employee Name: Last1435, First1435 (00001435)

Today's balance of FML job protection is based on the amount of FML approved on your time sheet in the prior twelve months. Today's balance does not take into account any future FML absences.

This report satisfies §825.300(c)(1)(vii)(4) of the FMLA requiring notice to employees when entitlement amounts change during the applicable twelve month period.

Date	# of FML Hours Restored	FML Balance
05/05/2015	0.00	99.00
07/01/2015	8.00	107.00
07/02/2015	8.00	115.00
07/03/2015	8.00	123.00
07/07/2015	8.00	131.00
07/08/2015	8.00	139.00

RDA (1) 220 | VSAPDEVEC1 | OVR

4. You have displayed the Family Leave Balance report.

Result

You have displayed the details of an Employee's FML.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

Tab 11 – ZH62 FML Forecast
Report

Purpose

Use this procedure to display the details of an Employee's Family Medical Leave (FML) Forecast Report. The FML Forecast report displays the date, total number of hours which are restored over the year, the number of hours forecasted to use and the balance of hours available to the employee to use.

Trigger

Perform this procedure when you need to determine the amount on FML leave available for an employee.

Prerequisites

- None

Menu Path

Use the following menu path to begin this transaction:

- None

Transaction Code

ZH62

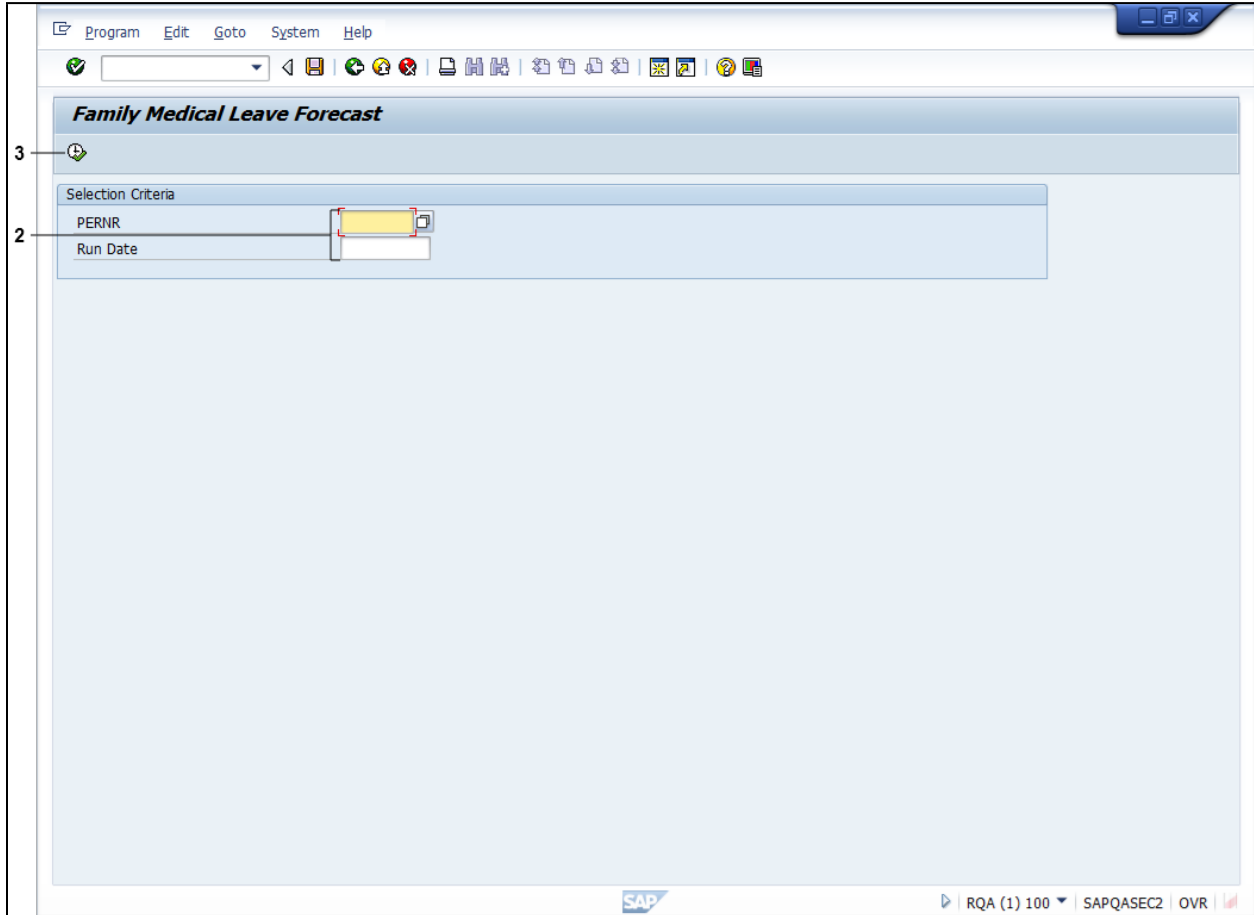
Helpful Hints

- The "# of FML hours restored" value is determined by the number of approved FML hours used in the prior twelve months. The report does not consider any past FML absences that are not approved.
- The "# of FML hours used" column reports any future FML absences entered on the timesheet. All future FML absences that are in an in process, released or approved status as of the selected start date are included.
- If you do not enter a date in the date field the report will default to today's date.

Procedure


1. Start the transaction using the transaction code. SAP displays the *Family Medical Leave Forecast* screen.


Family Medical Leave Forecast



2. As required, complete/review the following fields:

Field	R/O/C	Description
PERNR	Required	Example: 1276
Run Date	Optional	Example: 05/15/2015

 If a date is not entered in the **Run Date** field, the it will automatically be populated with today's date.

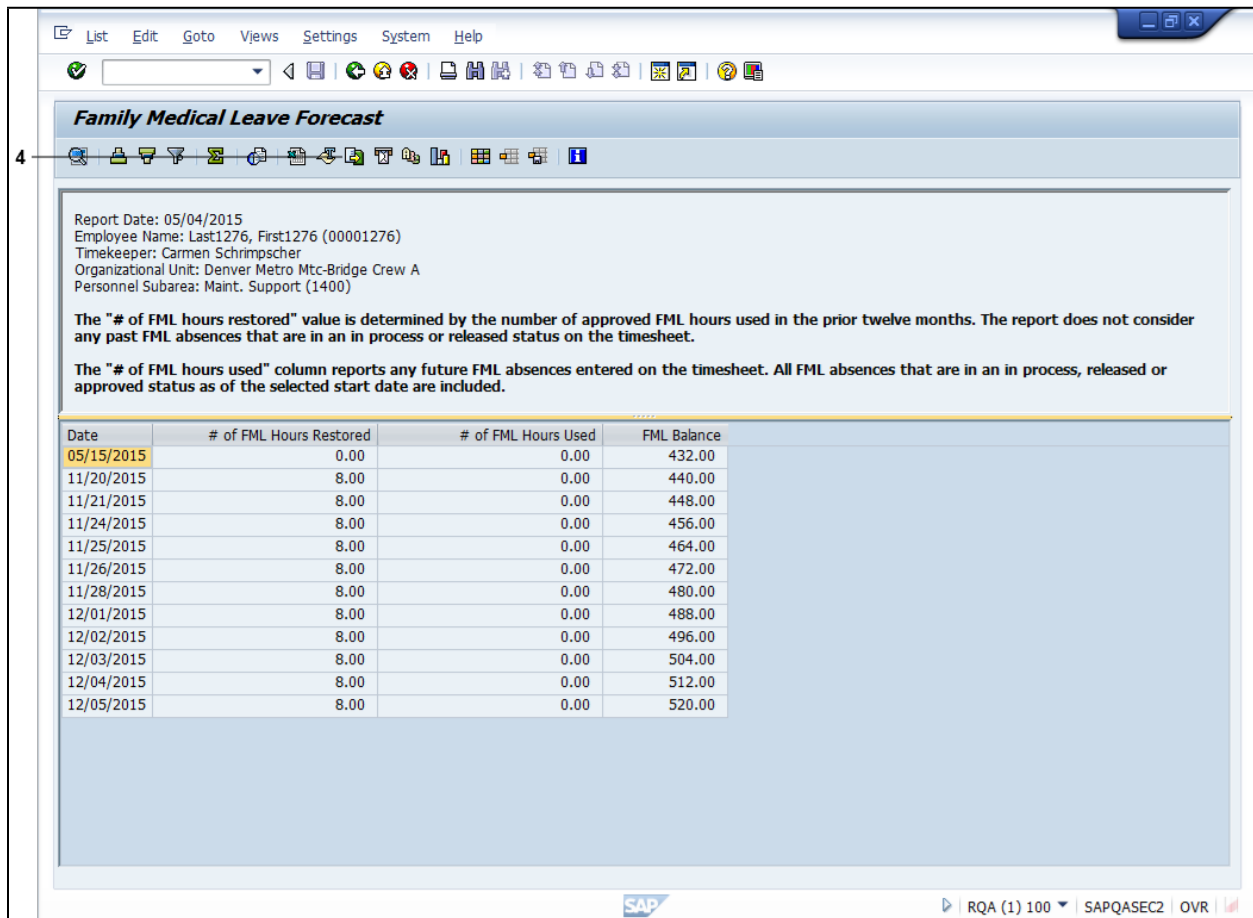
3. Click **Execute** button  to display the results of your search.



The Family Medical Leave Forecast report is broken out into four columns. The *Date* column always starts with the date entered by the user. All other dates are instances where the employee has used FML or will have FML restored. The *# of FML Hours Restored* column displays the number of hours that will be restored in the future. The *# of FML Hours Used* column reports any future FML absences entered on the timesheet that are in process, released or approved. The *FML Balance* column provides the total available balance in the first row and changes to the balance going forward.

Family Medical Leave Forecast

4




The screenshot shows the SAP Family Medical Leave Forecast report interface. It includes a menu bar (List, Edit, Goto, Views, Settings, System, Help), a toolbar with various icons, and a main content area. The main content area displays the report title, report date, employee name, timekeeper, organizational unit, and personnel subarea. Below this, there are two explanatory paragraphs about the report's data. At the bottom, there is a table with four columns: Date, # of FML Hours Restored, # of FML Hours Used, and FML Balance. The table shows data for dates from 05/15/2015 to 12/05/2015. The SAP logo and navigation information (RQA (1) 100, SAPQASEC2, OVR) are visible at the bottom of the screenshot.

Report Date: 05/04/2015
 Employee Name: Last1276, First1276 (00001276)
 Timekeeper: Carmen Schrimpscher
 Organizational Unit: Denver Metro Mtc-Bridge Crew A
 Personnel Subarea: Maint. Support (1400)

The "# of FML hours restored" value is determined by the number of approved FML hours used in the prior twelve months. The report does not consider any past FML absences that are in an in process or released status on the timesheet.

The "# of FML hours used" column reports any future FML absences entered on the timesheet. All FML absences that are in an in process, released or approved status as of the selected start date are included.

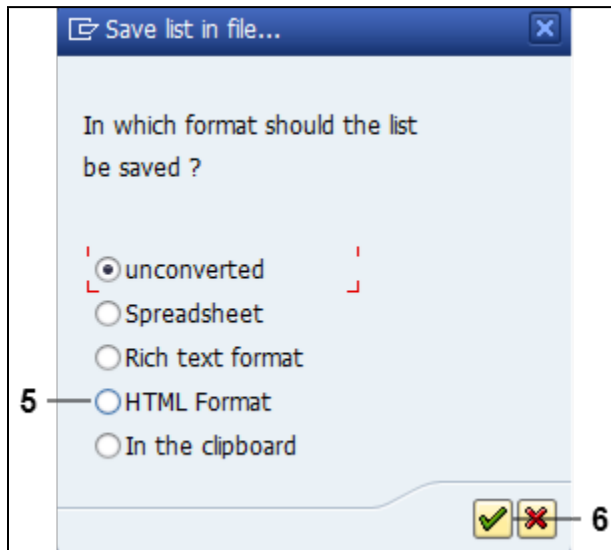
Date	# of FML Hours Restored	# of FML Hours Used	FML Balance
05/15/2015	0.00	0.00	432.00
11/20/2015	8.00	0.00	440.00
11/21/2015	8.00	0.00	448.00
11/24/2015	8.00	0.00	456.00
11/25/2015	8.00	0.00	464.00
11/26/2015	8.00	0.00	472.00
11/28/2015	8.00	0.00	480.00
12/01/2015	8.00	0.00	488.00
12/02/2015	8.00	0.00	496.00
12/03/2015	8.00	0.00	504.00
12/04/2015	8.00	0.00	512.00
12/05/2015	8.00	0.00	520.00


4. Review the details of the report. You could stop here, or and Click **Local file...** button  to begin the process of saving the report. This will also allow you to print the report with the header.



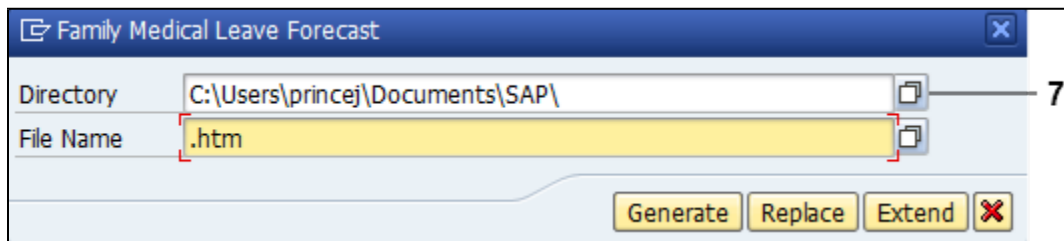
If you want to save or print the report, continue to step 5. xxxx


Save list in file...



5. Click **HTML Format** radio button HTML Format.
6. Click **Continue** button .

Family Medical Leave Forecast

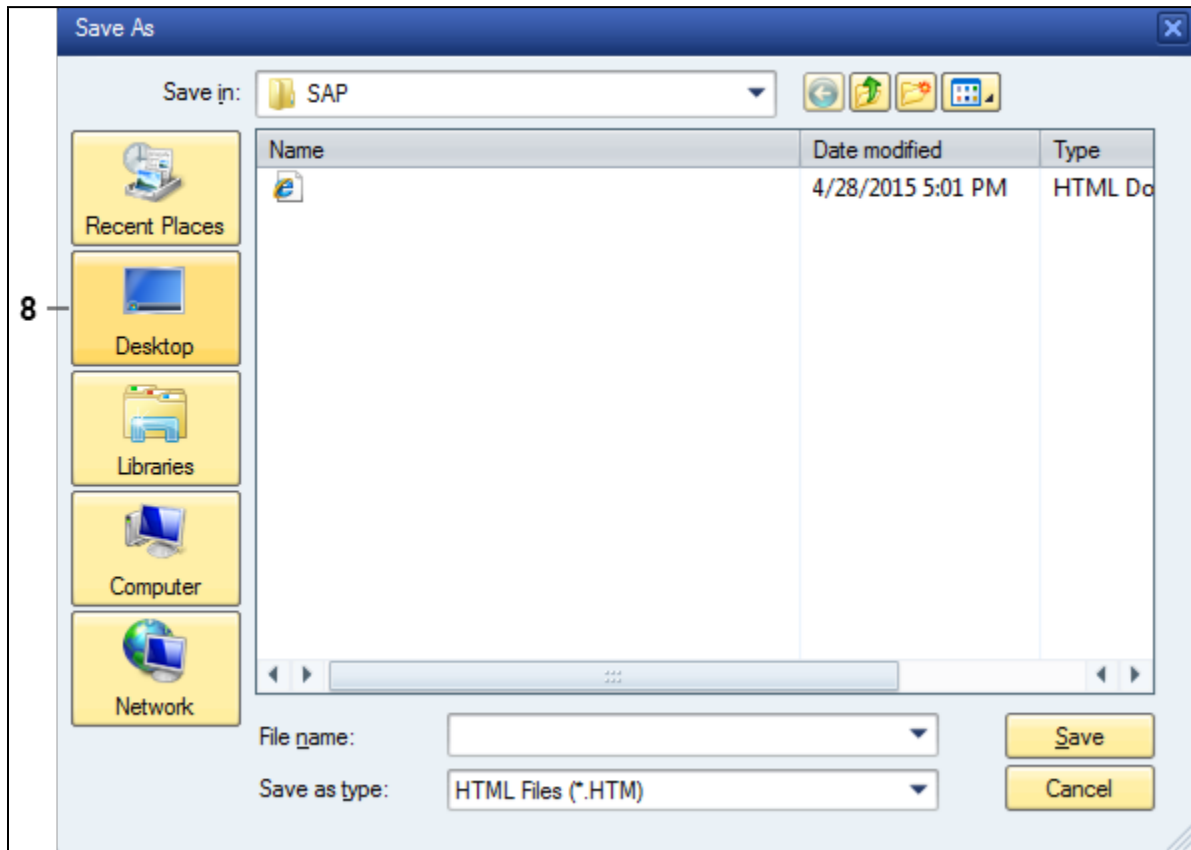


7. Click click the Matchcode button  to the right to save the file to a specific location on your computer.



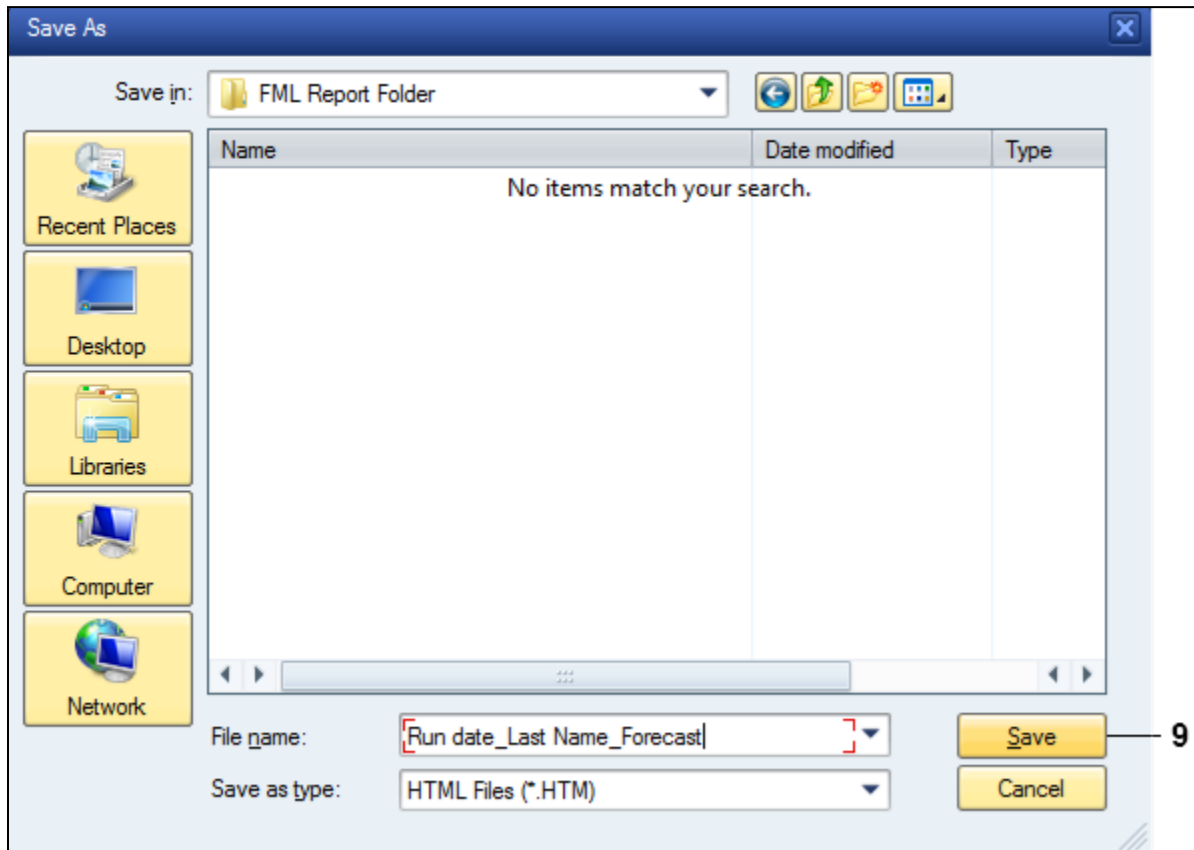
In this example, the file is being saved to the *FML Report Folder* on the *Desktop*.

Save As



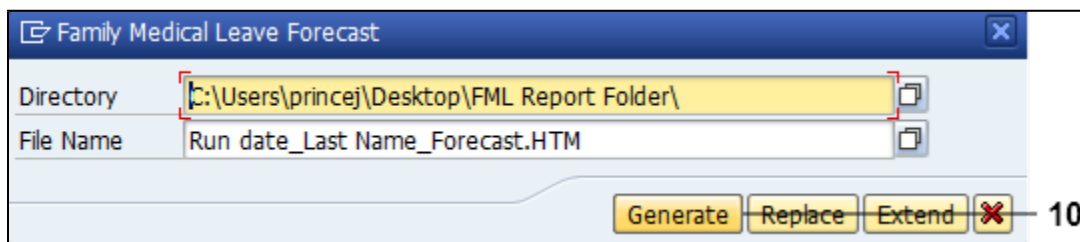
8. Navigate to the location you want to save the file.

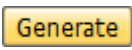

Save As



9. Click **Save** button . The *Family Medical Leave Forecast* screen displays with the location you saved the file.

Family Medical Leave Forecast



10. Click **Generate** button  to save the report.
 You must open the report from the saved location to view or print the report.

Report output

05/04/2015		Dynamic List Display		1
Report Date:	05/04/2015	Employee Name:	Last1276, First1276 (00001276)	
Employee Name:		Timekeeper:	Carmen Schrimpscher	
Timekeeper:		Organizational Unit:	Denver Metro Mtc-Bridge Crew A	
Organizational Unit:		Personnel Subarea:	Maint. Support (1400)	
Personnel Subarea:				
			<p>The "# of FML hours restored" value is determined by the number of approved FML hours used in the prior twelve months. The report does not consider any past FML absences that are in an in process or released status on the timesheet.</p> <p>The "# of FML hours used" column reports any future FML absences entered on the timesheet. All FML absences that are in an in process, released or approved status as of the selected start date are included.</p>	
Date	# of FML Hours Restored	# of FML Hours Used	FML Balance	
05/15/2015	0.00	0.00	432.00	
11/20/2015	8.00	0.00	440.00	
11/21/2015	8.00	0.00	448.00	
11/24/2015	8.00	0.00	456.00	
11/25/2015	8.00	0.00	464.00	
11/26/2015	8.00	0.00	472.00	
11/28/2015	8.00	0.00	480.00	
12/01/2015	8.00	0.00	488.00	
12/02/2015	8.00	0.00	496.00	
12/03/2015	8.00	0.00	504.00	
12/04/2015	8.00	0.00	512.00	
12/05/2015	8.00	0.00	520.00	

11. You have completed this transaction.

Result

You have displayed the details of an Employee's FML.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

Tab 12 – Claim Number Memo



COLORADO

Department of Transportation

Office of Transportation
Safety & Risk Management

Risk Management Unit
4201 E. Arkansas Ave., Room 274
Denver, CO 80222

DATE: MAY 27, 2015

TO: RON HURT

FROM: CDOT RISK MANAGEMENT TEAM

CC: SUPERVISOR, FML LIAISON, EMPLOYEE RELATIONS

RSO/EEO: ANDY OFFICER

SUBJECT: CLAIM NUMBER INCIDENT TO ACCIDENT

CLAIM NUMBER: XXXXXXXXX

DATE OF ACCIDENT: 5/22/15

CDOT COORDINATOR: (SPECIALIST) RISK MANAGEMENT

A workers' compensation claim has been reported to our insurance carrier, Broadspire, due to your recent work related injury/illness.

The Risk Management staff is here to help you with any problems or questions you might have regarding your claim.

Some things you need to be aware of regarding your injury:

- A claim number is not an admission of liability.
- You must be seen by a CDOT Authorized Treating Physician (ATP). Click link for current [ATP list](#).
- You must provide a copy of a completed Work Status Report or supporting documentation to your supervisor **after each appointment** for your injury.
- You must track and report all time use for related medical appointments and reasonable travel time and report this lost time to your supervisor or their designee.
- The first 24 hours are charged to your own leave (Sick, Annual, or LWOP.), and all lost time must be coded to your own leave until Risk Management issues an approval memo.
- Mileage to and from your medical appts. is reimbursable, send all mileage reimbursement claims to Broadspire. Click link for [Mileage Reimbursement](#) form.
- Provide your Authorized Treating Physicians (ATP) and any other medical providers this number.
- Write the claim number on all claim related documents this will reduce confusion, speed up the decision making process and protect your rights.
- Please call myMatrixx (855) 326-3732 for pharmacy locations or used the attached form which is accepted by all major pharmacies.

If you have any questions, need information or requests please call the Risk Management Coordinator above or email them at: dot_risk_management@state.co.us



Tab 13 – Email Confidentiality Disclaimer

Email Confidentiality Disclaimer

This message may contain confidential information and is intended only for individual(s) named. If you are not the intended recipient you are not authorized to disseminate, distribute or copy this email. Please notify the sender immediately if you have received this email by mistake and delete this e-mail from your system. Thank you.

Tab 14 – Questions to Ask and Not to Ask

QUESTIONS THE FML LIAISON SHOULD ASK WHEN INTERVIEWING AN EMPLOYEE

1. Specifics of the leave request
 - a. Who does it concern (the employee or family member)
 - b. What is the need for leave?
 - c. When will leave need to begin
 - d. The duration of the requested leave
 - i. Intermittent
 - ii. Continuous
2. Do you have an open Workers' Comp case?
3. Have you used any FML during the current fiscal year?
4. What are your current leave balances?
 - a. But NOT the reason for absences
5. Personal contact information
 - a. Verify mailing address
 - b. Verify phone number
6. Is anyone authorized to speak in your behalf during incapacity?

QUESTIONS THAT MUST BE AVOIDED

1. What is your age?
2. What is your marital status/family status
3. Anything related to the diagnosis or medical history of the employee
4. Anything about the employee's medications
5. Anything related to disability
6. When did you last see a doctor?
7. Anything about physical or mental health impairments

Tab 15 – CDOT Notice of
Eligibility and Rights and
Responsibilities Form

COLORADO DEPARTMENT OF TRANSPORTATION
 FMLA Notice of Eligibility and Rights and Responsibilities



Employee Name	Personnel Number	Date
FML Liaison Signature		

To be eligible an employee must have worked for the State of Colorado for at least 12 months as of the date leave will begin. A State temporary employee must have also worked 1250 hours within the 12 months prior to the date leave will begin. A fully completed Form provides employees with the information required by 29 CFR 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. PART B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 CFR 825.300(b) and (c).

Part A - Notice of Eligibility

On _____ you informed us that you needed leave beginning on _____ for:

- The birth of a child, or placement of a child with you for adoption or foster care.
- Your own serious health condition.
- Because you are needed to care for your spouse; child; parent; due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on covered active duty or call to covered active duty status with the Armed Forces.
- Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.
- Work related injury.

The attached FML Forecast Report illustrates your current balance of job protection as well as future dates when FML job protection may be restored. You can also log into SAP Employee Self Service to view your personal FML Leave Balance Report at any time.

This Notice is to inform you:

- Are eligible for FMLA leave (See PART B below for Rights and Responsibilities).
- Are BCH eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
 - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months toward this requirement.
 - You are a State temporary employee and have not met the 1250 hours within the 12 months prior to the date leave will begin.
 - You have exhausted your FMLA leave entitlement in the applicable 12-month period.

If you have questions, contact _____, FML Liaison, at phone # _____

or view the FMLA poster located at _____.

Part B - Rights and Responsibilities for Taking FMLA Leave

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request is is not enclosed
- Sufficient documentation to establish the required relationship between you and your family member.
- Other information needed (such as documentation for military family leave):

No additional information requested.

Notice of Eligibility of Rights & Responsibilities (Family Medical Leave Act)

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

Contact **Shawn Eberly** at 303-757-9451 (x7-9451) to make arrangements to continue premium payments on your health insurance to maintain health benefits while you are on leave. During **paid** leave, your portion of the premium will continue to be deducted. During **unpaid** leave, you must pay your portion by the 1st of the month of coverage. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled retroactive to the last month for which full payment was received, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You are required to use your available paid _____ **sick**, _____ **vacation**, and /or _____ **other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

While on leave you are required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation.)

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave, you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 13 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

For a copy of conditions applicable to sick/annual/other leave usage, please refer to Chapter 5 of the State Personnel Board Rules and Personnel Director’s Administrative Procedures (rules) available at: <https://www.colorado.gov/spb/rules> or the human resources office.

Once we obtain the information from you as specified above, we will inform you, within five business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: _____ at _____.

This notice has been discussed with me and I have received a copy. Knowingly providing false information directly, or through another party, may result in corrective or disciplinary action.

Employee Signature

Date

OR
Leave has begun and this notice was mailed (certified, return receipt requested) on _____ to
employee’s home mailing address as listed in SAP records. (date)

FML Liaison Signature

Date

Tab 16 – Short Term Disability Letter



COLORADO
Department of Transportation

Division of Administrative Services

Strategic Workforce Solutions
4201 E. Arkansas Ave., Suite 290
Denver, CO 80222

Date:

To:

Our office has received information indicating that you have an illness or injury which either requires a continuous period of absence with an uncertain return to work date, or that limits you to working 32 hours or less per week. If you are unable to return to work full-time, you are encouraged to apply for Short-Term Disability (STD). You are required to contact Shawn Eberly, CDOT's Benefits Administrator, at 303-757-9451 or dot_benefits@state.co.us to notify her that you have applied for STD.

HOW TO APPLY:

All permanent state employees are entitled to apply for STD. If your date of disability (first date of continuous absence or limited hours) is July 1, 2015 or after, you should apply through UNUM Insurance Company.

The UNUM STD application can be found on the State of Colorado website at <https://www.colorado.gov/pacific/dhr/disability>. (Under STD Claim Forms, select FY 2015-16 State Short-Term Disability {STD} Claim Form (Unum Insurance Company)).

If you do not have access to the internet or a printer, please contact Shawn Eberly at 303-757-9451 to request an application by mail.

Please follow these instructions rather than the instructions printed on the application form itself:

1. You are responsible for completing the Employee Sections on pages 4, 5, and 9. Page 6 should be read and completed at your discretion. You need to sign the last page, Employee / Individual Authorization.
2. CDOT employees should use the Agency Code **118**.
3. Our Group Policy Number is **419127**.
4. When completed, pages 4, 5, 6, and the last page should be sent to UNUM either by fax 1-800-447-2498 or by mail to UNUM at PO Box 100158, Columbia, SC 29202-3158.
5. Do not worry about pages 7-8 of the application. UNUM will notify Employee Relations (ER) that your application has been received. ER will then submit the required information to UNUM.
6. You need to complete Part 1 on page 9 of the application. You are then responsible for providing the Attending Physician section on pages 9-10 to your physician for completion. After completion, your physician should fax or mail pages 9-10 to UNUM.
7. If the information on the application is incomplete, the forms may be returned for completion and delay approval of benefits.



STD SALARY BENEFIT:

If approved by UNUM, the STD Benefit is computed at 60% of your basic pre-disability earnings up to a maximum benefit of \$2,310.00 per week, less income.

- Before STD benefits are payable, a 30-day waiting period applies. The 30 calendar days are measured from the date your disability began, as determined by UNUM.
- In addition, all accrued sick leave must be exhausted before STD benefits are payable.
- If you do not have enough accrued sick leave hours to cover the 30-day waiting period, you must use annual leave during the waiting period.
- If both sick leave and annual leave are exhausted during the 30-day waiting period, then Leave Without Pay applies for the remainder of the waiting period.

YOUR OTHER STATE BENEFITS DURING STD:

- When Leave Without Pay applies, there may be no earnings to cover your regular benefit premium deductions (health, dental, optional life, long term disability) and any contributions to flex spending. It becomes your responsibility to pre-pay these on a monthly basis. Contact Shawn Eberly, CDOT's Benefits Administrator, at dot_benefits@state.co.us or 303-757-9451 to make arrangements.
- Per State rules, any sick leave earned while you are on STD, must be used at the beginning of each month. Be aware that no STD benefit will be paid on the day sick leave is used, but annual leave can be used to make whole on that day.
- There is no requirement to use any remaining annual leave after the 30-day waiting period, because to do so will reduce your STD benefit payment. However, if you would prefer to apply annual leave to prepay benefit premiums that is allowed. Contact Shawn Eberly, CDOT's Benefits Administrator, at dot_benefits@state.co.us or 303-757-9451, to discuss your options.
- Employees on STD do not earn PERA service time for those periods on unpaid leave for the entire month or earning less than PERA's Service Credit minimum. Contact PERA for details at 1-800-759-7372.

STD JOB PROTECTION:

Permanent employees with at least one (1) year of State Service are eligible for STD leave, which is a type of **unpaid leave** of up to six (6) months while either State or PERA STD benefit payments are being made.

- To be eligible for the job protection of STD leave, an STD application must be submitted to UNUM within 30 calendar days of the beginning of the absence, or at least 30 calendar days prior to the exhaustion of all accrued sick leave.
- STD leave runs concurrently with all other types of leave (annual, sick, holiday, injury, make whole, FML). If approved, STD benefits and STD leave (if applicable) can be for up to 180 calendar days within a 12-month period, not per injury/illness.
- An employee receiving a Workers' Compensation salary benefit typically cannot also receive a Short Term Disability salary benefit. However, it is important to apply for STD anyway in order to gain the job protection of STD leave.

PERA DISABILITY PROGRAM:

In addition to the State-provided STD available through Standard, PERA also offers a disability program. For questions or to apply for PERA Short-Term Disability, you will need to contact PERA directly at 1-800-759-7372. The State's STD benefit is offset by PERA's STD benefit; employees are not eligible to receive full payment from both.

Sincerely,
Employee Relations

Rev. 8/2015



Tab 17 - ZH49T Employee Leave Summary Report

Purpose

Use this procedure to view the time and leave summary report for specific employees, and/or a group of employees.

Trigger

Perform this procedure when you need to validate time and leave summary report for specific employees, and/or a group of employees.

Prerequisites

Time entry has been made in CAT2 and approved in CAPP.

Menu Path

None.

Transaction Code

ZH49T

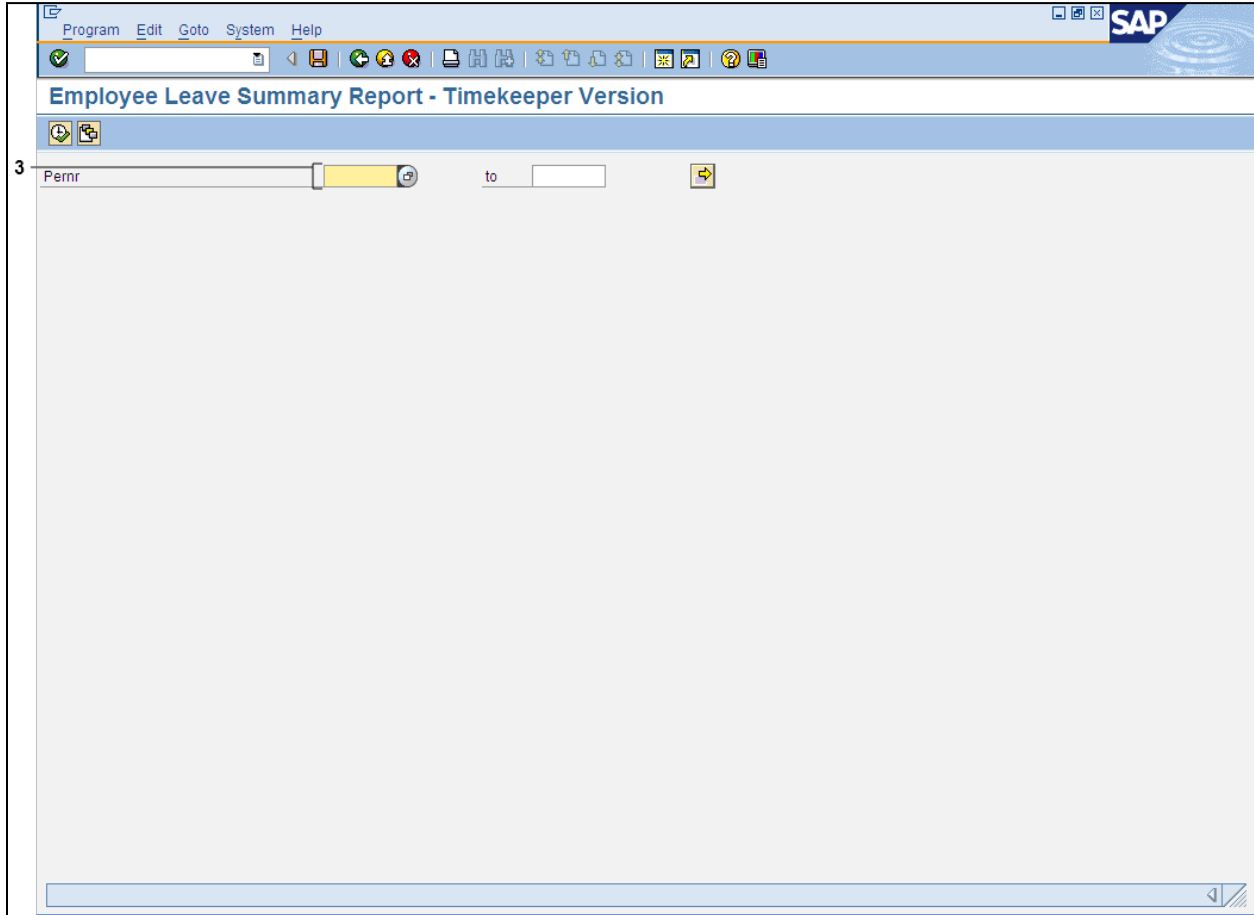
Helpful Hints

None.

Procedure

1. Start the transaction using the menu path or transaction code. SAP displays the *Employee Leave Summary Report - Timekeeper Version* screen.

Employee Leave Summary Report - Timekeeper Version



2. Perform one of the following:

If	Go To
You need to view leave summary report for a single employee	Step 3
You need to view leave summary report for multiple employees	Step 5

3. As required, complete/review the following fields:

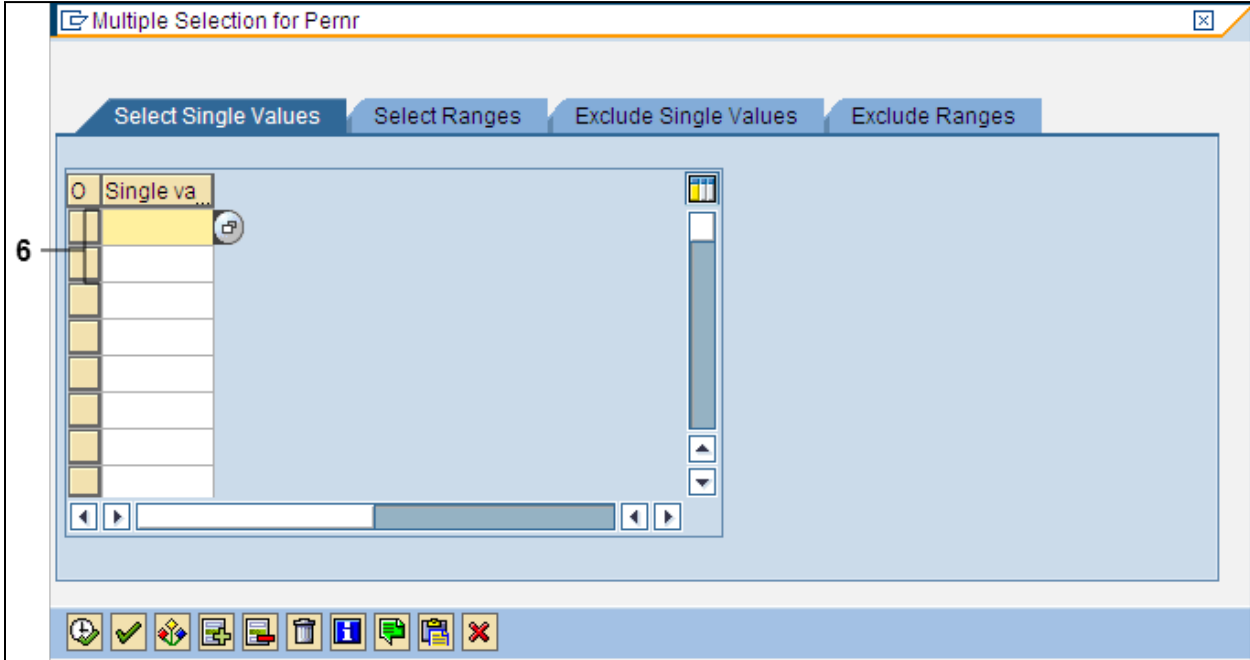
Field	R/O/C	Description
Pernr	Required	Number that identifies an employee. Example: 3492

4. Go to Step [9](#).
5. Click **Multiple Selection**  next to the **Pernr** field. The *Multiple Selection for Pernr* dialog box

displays.


 You do not have to click **Multiple Selection**  if you want to report on all employees you have access to. You can leave the **Pernr** field blank and skip to Step [9](#).


Multiple Selection for Pernr



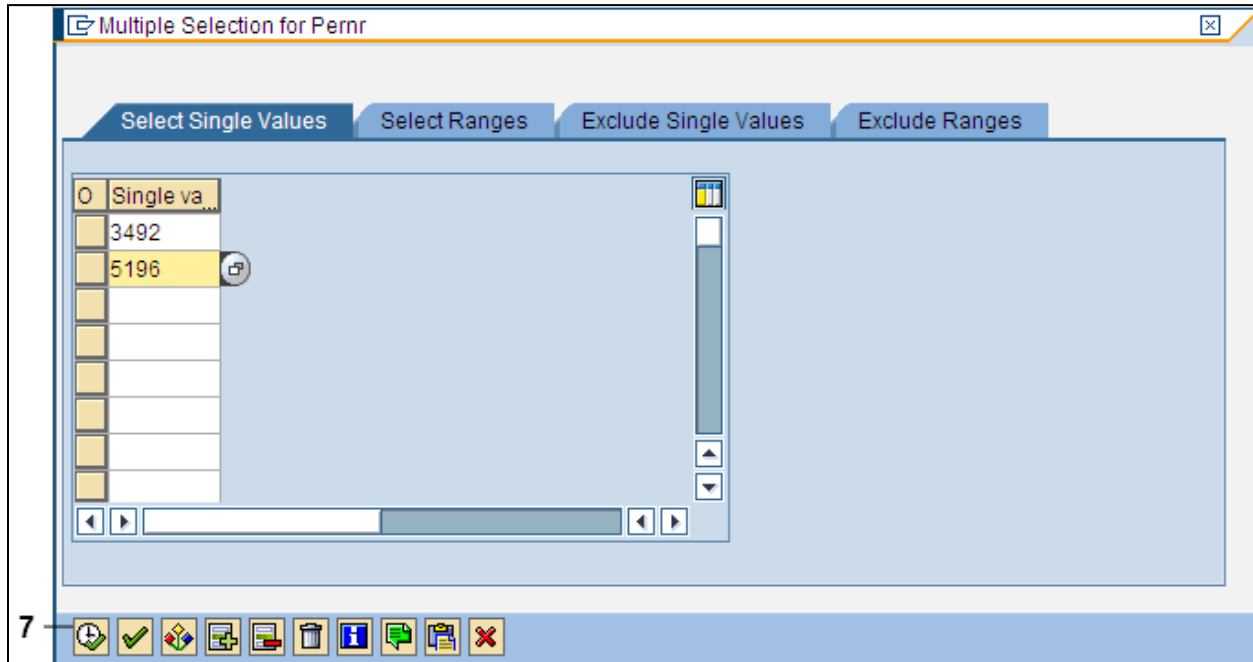
6. As required, complete/review the following fields:


Field	R/O/C	Description
Single value	Required	Single unique value for a field. Example: 3492
Single value	Required	Single unique value for a field. Example: 5196


 Enter the employee Pernr for each employee being reported in a separate cell.

 Multiple Pernr's can be copied and pasted into the single value cells. If you are trying to paste a large quantity of Pernr's press shift+F12 to paste all Pernr's that have been copied.

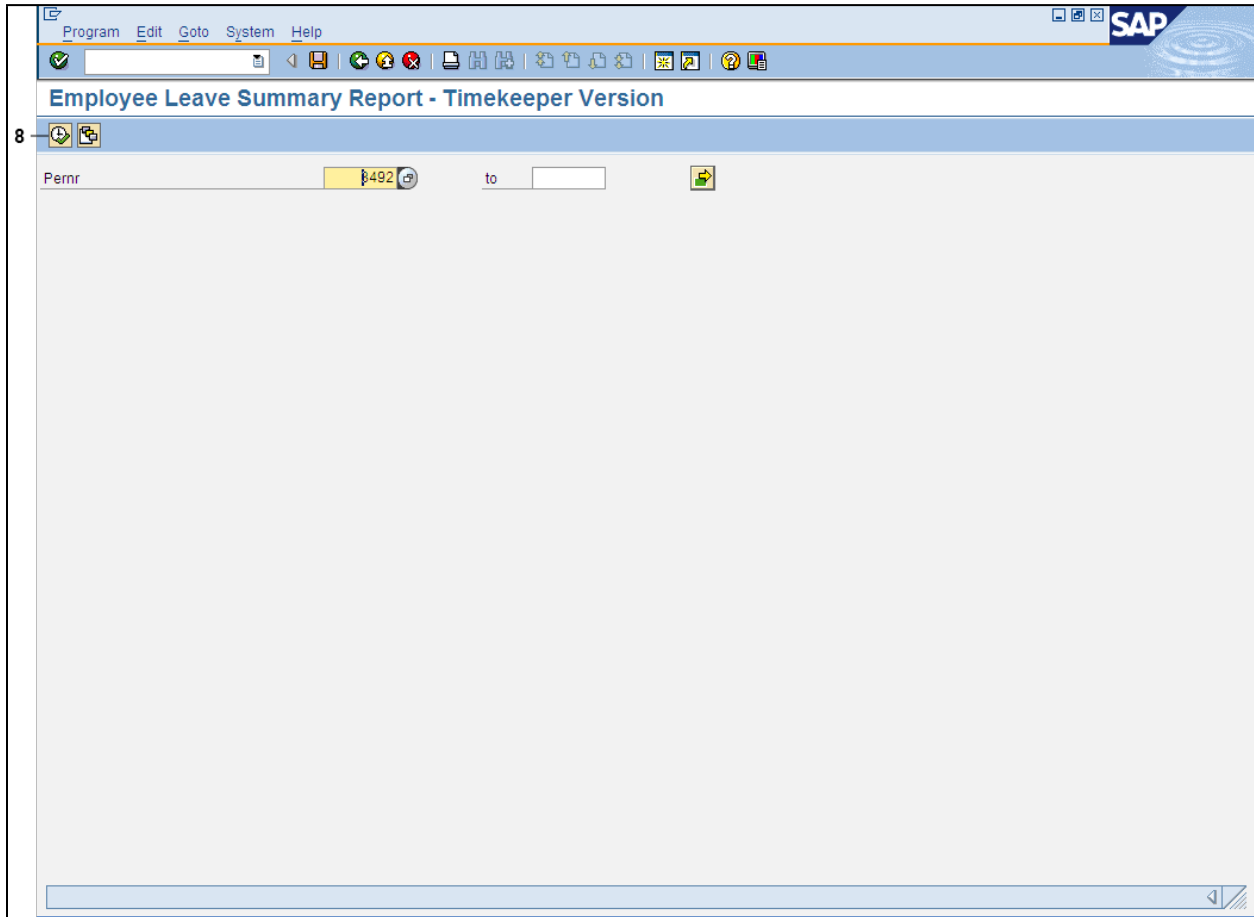
Multiple Selection for Perrn




7. Click **Copy** button  to return to the *Employee Leave Summary Report - Timekeeper Version* screen

 The **Perrn** field will populate with the value entered in the first **Single value** field. The **Multiple Selection** button also turns green when multiple employees are selected.

Employee Leave Summary Report - Timekeeper Version



8. Click **Execute** button  to display employee's leave summary report.



The screen below shows the summary report for multiple employees. If you entered the personnel number for a single employee, you will view the leave summary report for only that employee.

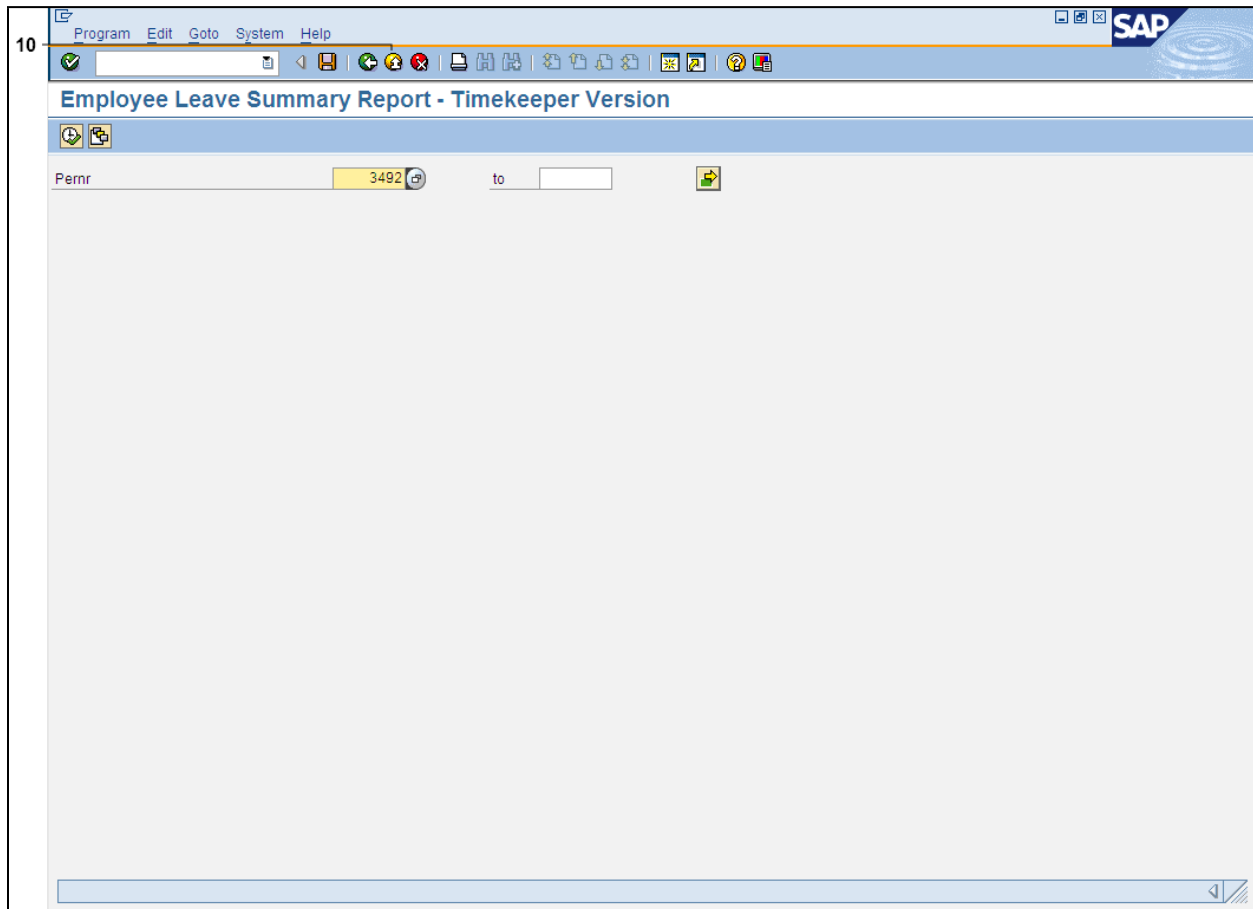
Employee Leave Summary Report


9

Last Na...	First Na...	Org Unit	Leave Quota	Accrued	Used	Remaini...
Last3492	First3492	Staff Eng ITS Maintenance	Annual Leave - Carryover	55.87000	0.00000	55.87000
Last3492, First3492 (3492) : Total Annual Leave				55.87000	0.00000	55.87000
Last3492	First3492	Staff Eng ITS Maintenance	Sick Leave - Carryover	270.66000	0.00000	270.66000
Last3492, First3492 (3492) : Total Sick Leave				270.66000	0.00000	270.66000
Last3492	First3492	Staff Eng ITS Maintenance	Comp Time	9.00000	9.00000	0.00000
Last3492, First3492 (3492) : Comp Time				9.00000	9.00000	0.00000
Last5196	First5196	Staff Mtc Motor Pool Ops	Annual Leave - Carryover	137.49000	0.00000	137.49000
Last5196, First5196 (5196) : Total Annual Leave				137.49000	0.00000	137.49000
Last5196	First5196	Staff Mtc Motor Pool Ops	Sick Leave - Carryover	189.12000	0.00000	189.12000
Last5196, First5196 (5196) : Total Sick Leave				189.12000	0.00000	189.12000
Last5196	First5196	Staff Mtc Motor Pool Ops	Holiday Leave - Alternate	16.00000	0.00000	16.00000
Last5196, First5196 (5196) : Holiday Leave - Alternate				16.00000	0.00000	16.00000
Last5196	First5196	Staff Mtc Motor Pool Ops	Comp Time	170.75000	143.85000	26.90000
Last5196, First5196 (5196) : Comp Time				170.75000	143.85000	26.90000

9. Click **Back** button to return to the *Employee Leave Summary Report - Timekeeper Version* screen.

Employee Leave Summary Report - Timekeeper Version



10. Click **Exit** button  to go back to the *SAP Easy Access* screen.
11. You have completed this transaction.

Result

You have successfully displayed the time and leave summary report for specific employees, and/or a group of employees.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

Tab 18 – SOC Certification of
Health Care Providers for
Employee's Serious Health
Condition

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family Medical Leave Act)



SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the DEPARTMENTS/INSTITUTIONS: Please complete this section before providing this form to your employee. You may attach the job duties from the official Position Description. You are required to use this form and may not ask the employee to provide more information than is allowed under the Family Medical Leave Act (FMLA) regulations, 29 C.F.R. 825.306-825.308. You must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete this section before giving this form to your health care provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification within 15 calendar days may result in a denial of your FMLA request.

Employee's Name: _____ Employee ID: _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER (see definition on last page): Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. 1635.3(f), genetic services, as defined in 29 C.F.R. 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. 1635.3(b). Please be sure to sign the form and return to the employee.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____

PART A: MEDICAL FACTS

1. Does the patient have a serious health condition? No Yes
Please see definitions for a "serious health condition" under the FMLA on the last page of this document.
Does the patient's condition meet one of these categories? If so, please check the applicable category.
(1) (2) (3) (4) (5) (6) or None

Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was medication, other than over-the-counter medication, prescribed? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes

If so, are the treatments or the reduced number of hours of work medically necessary? No Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? No Yes

If so, explain: _____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: (IDENTIFY THE QUESTION THAT PERTAINS TO YOUR ADDITIONAL INFORMATION).

Signature of Health Care Provider: _____ Date: _____

Print name: _____

Definitions for Certification Form

- A. **"Health Care Provider"**, for purposes of the FMLA, is a provider who may provide certification of a serious health condition and is one of the following:
1. A doctor of medicine or osteopathy authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or
 2. A podiatrist, dentist, clinical psychologists optometrist, or chiropractor authorized to practice in the State and performing within the scope of their practice, meaning authorized to diagnose and treat physical or mental health conditions (treatment by a chiropractor is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist); or
 3. A nurse practitioner, nurse-midwife, clinical social workers or a physician's assistant authorized to practice under State law and performing within the scope of their practice, meaning authorized to diagnose and treat physical or mental conditions; or
 4. A Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts; or
 5. Any health care provider recognized by the employer or the employer's group health plan's benefits manager; and,
 6. A health care provider listed above who practices in a country other than the United States and who is authorized to practice under the laws of that country.
- B. **"Incapacity"** is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.
- C. **"Regimen of Continuing Treatment"** includes, for example, a course of prescription medication (e.g., antibiotics) 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.
- D. **"Serious Health Condition"** is an illness, injury, impairment, or physical or mental condition that involves one of the following:
1. Any period of incapacity or treatment connected with Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care; or
 2. Any period of incapacity of more than three consecutive calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
 3. Any period of incapacity due to pregnancy, or for prenatal care; or
 4. Any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy); or
 5. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's, severe stroke, terminal stage of a disease); or,
 6. Any absences to receive multiple treatments (including any period of recovery there from) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than if left untreated (e.g., chemotherapy, physical therapy), dialysis, etc.).
- E. **"Treatment"** includes examinations to determine if a serious health condition exists and evaluations of the condition. It does not include routine examinations.

**Tab 19 – SOC Certification of
Health Care Providers for
Family Member’s Serious
Health Condition**

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family Medical Leave Act)



SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the DEPARTMENTS/INSTITUTIONS: Please complete this section before providing this form to your employee. You must use this form and may not ask the employee to provide more information than allowed under the Family Medical Leave Act (FMLA) regulations, 29 C.F.R. 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete this section before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification within 15 calendar days may result in a denial of your FMLA request.

Employee's Name: _____ Employee ID: _____

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee's Signature: _____ Date: _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER (see definition on last page): The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R 1635.3(f), or genetic services, as defined in 29 C.F.R. 1635.3(e). Please be sure to sign the form and return to the patient or employee.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____

PART A: MEDICAL FACTS

1. Does the patient have a serious health condition? Yes No
Please see definitions for a "serious health condition" under the FMLA on the last page of this document.

Does the patient's condition meet one of these categories? If so, please check the applicable category.

(1) (2) (3) (4) (5) (6) or None

Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

Yes No If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? Yes No

Will the patient need to have treatment visits at least twice per year due to the condition? Yes No

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? Yes No

If so, state the nature of such treatments and expected duration of treatment: _____

2. Is the medical condition pregnancy? Yes No If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? Yes No

If so, estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? Yes No

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? Yes No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?
 Yes No

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from performing his/her job functions? Yes No

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare-ups? Yes No

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: (IDENTIFY THE QUESTION THAT PERTAINS TO YOUR ADDITIONAL INFORMATION).

Signature of Health Care Provider: _____ Date: _____

Print name: _____

Definitions for Certification Form

- A. **"Health Care Provider"**, for purposes of the FMLA, is a provider who may provide certification of a serious health condition and is one of the following:
1. A doctor of medicine or osteopathy authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or
 2. A podiatrist, dentist, clinical psychologists optometrist, or chiropractor authorized to practice in the State and performing with the scope of their practice, meaning authorized to diagnose and treat physical or mental health conditions (treatment by a chiropractor is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist); or
 3. A nurse practitioner, nurse-midwife, clinical social workers or a physician's assistant authorized to practice under State law and performing within the scope of their practice, meaning authorized to diagnose and treat physical or mental conditions; or
 4. A Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts; or
 5. Any health care provider recognized by the employer or the employer's group health plan's benefits manager; and,
 6. A health care provider listed above who practices in a country other than the United States and who is authorized to practice under the laws of that country.
- B. **"Incapacity"** is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from.
- C. **"Regimen of Continuing Treatment"** includes, for example, a course of prescription medication (e.g., antibiotics) 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.
- D. **"Serious Health Condition"** is an illness, injury, impairment, or physical or mental condition that involves one of the following:
1. Any period of incapacity or treatment connected with Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care; or
 2. Any period of incapacity of more than three consecutive calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provide; or
 3. Any period of incapacity due to pregnancy, or for prenatal care; or
 4. Any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy); or
 5. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's, severe stroke, terminal stage of a disease); or,
 6. Any absences to receive multiple treatments (including any period of recovery there from) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than if left untreated (e.g., chemotherapy, physical therapy), dialysis, etc.).
- E. **"Treatment"** includes examinations to determine if a serious health condition exists and evaluations of the condition. It does not include routine examinations.

Tab 20 – SOC Medical
Certification for Qualifying
Exigency for Military Family
Leave Form

A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes No None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced:

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes No

If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency?

Yes No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per event

**Tab 21 – SOC Certification for
Serious Injury or Illness of a
Current Service Member Form**

Certification for Serious Injury or
Illness of a Current Servicemember -
for Military Family Leave
(Family Medical Leave Act)



Notice to the Employer

INSTRUCTIONS to the DEPARTMENTS/INSTITUTIONS: Please complete this section before providing this form to your employee. You may attach the job duties from the official Position Description. You must use this form and may not ask the employee to provide more information than is allowed under the Family Medical Leave Act (FMLA) regulations, 29 C.F.R. 825.310. You must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R 1635.9, if the Genetic Information Nondiscrimination Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave

INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER: Please complete this section before having SECTION II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. Failure to provide a complete and sufficient medial certification within 15 calendar days may result in a denial of your FMLA request.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the 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 injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active 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 that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:

(This section must be completed first before any of the below sections can be completed by a health care provider.)

PART A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for the current servicemember):

Name of employee requesting leave to care for the current servicemember:

First

Middle

Last

Name of the current servicemember (for whom employee is requesting leave to care):

First

Middle

Last

Relationship of employee to the current servicemember:

Spouse Parent Son Daughter Next of Kin

PART B: SERVICEMEMBER INFORMATION

1. Is the servicemember a current member of the Regular Armed Forces, the National Guard, or Reserves?

Yes No

If yes, please provide the servicemember's military branch, rank, and unit currently assigned to:

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? Yes No

If yes, please provide the name of the medical treatment facility or unit:

2. Is the servicemember on the Temporary Disability Retired List (TDRL)? Yes No

PART C: CARE TO BE PROVIDED TO THE SERVICEMEMBER

Describe the care to be provided to the current servicemember and an estimate of the leave needed to provide the care:

SECTION II: For Completion by a United States Department of Defense (“DOD”) Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs (“VA”) health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in PART B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

(Please ensure that SECTION I above has been completed before completing this section. Please be sure to sign the form on the last page.)

PART A: HEALTH CARE PROVIDER INFORMATION

Health care provider’s name and business address:

Type of practice/Medical specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART B: MEDICAL STATUS

1. The current servicemember’s medical condition is classified as (Check One of the Appropriate Boxes):

- (VSI) Very Seriously Ill/Injured** - Illness/injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)
- (SI) Seriously Ill/Injured** - Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)
- OTHER Ill/Injured** - A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank, or rating.
- NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a “serious health condition” under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

2. Is the current servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes No

3. Approximate date condition commenced: _____

4. Probable duration of condition and/or need for care: _____

5. Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition?
 Yes No

If yes, please describe medical treatment, recuperation, or therapy:

PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

1. Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for this period of time: _____

2. Will the servicemember require periodic follow-up treatment appointments? Yes No

If yes, estimate the treatment schedule: _____

3. Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? Yes No

4. Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes No

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

Print name: _____

TAB 22 - SOC Certification for
Serious Injury or illness of a
Veteran for Caregiver Leave
Form

Certification for Serious Injury
or Illness of a Veteran for
Military Caregiver Leave
(Family and Medical Leave Act)



Notice to the Employer

INSTRUCTIONS to the DEPARTMENTS/INSTITUTIONS: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. You are required to use this form and may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 CFR 1635.9, if the Genetic Information Nondiscrimination Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the VETERAN for whom the Employee is Requesting Leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete SECTION I before having SECTION II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before SECTION II can be completed by a health care provider.)

PART A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

Name of employee requesting leave to care for a veteran:

First

Middle

Last

Name of veteran (for whom employee is requesting leave):

First

Middle

Last

Relationship of employee to veteran:

Spouse Parent Son Daughter Next of Kin (please specify relationship): _____

PART B: VETERAN INFORMATION

1. Date of the veteran's discharge:

2. Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes No

3. Please provide the veteran's military branch, rank, and unit at the time of discharge:

4. Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness? Yes No

PART C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in SECTION I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the service 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 servicemember became a veteran, and is:

- (i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the service member's office, grade, rank, or rating; or
- (ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
- (iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

(Please ensure that SECTION I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave; see SECTION I, PART A above. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**)

PART A: HEALTH CARE PROVIDER INFORMATION

Health care provider's name and business address:

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Type of practice/Medical specialty: _____

Please indicate if you are:

- a DOD health care provider
- a VA health care provider
- a DOD TRICARE network authorized private health care provider
- a DOD non-network TRICARE authorized private health care provider
- other health care provider

PART B: MEDICAL STATUS

Note: If you are unable to make certain of the military-related determinations contained in PART B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

1. The Veteran's medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was A member of the Armed Forces and rendered the servicemember unable to perform the duties of the service member's office, grade, rank, or rating.
- A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole Or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- None of the above.

2. Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes No

3. Approximate date condition commenced: _____

4. Probable duration of condition and/or need for care: _____

5. Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes No

If yes, please describe medical treatment, recuperation, or therapy:

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport himself or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

1. Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes No

If yes, estimate the beginning and ending dates for this period of time: _____

2. Will the veteran require periodic follow-up treatment appointments? Yes No

If yes, estimate the treatment schedule: _____

3. Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments? Yes No

4. Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes No

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

Print name: _____

Tab 23 – SOC Medical Leave Form



STATE OF COLORADO Medical Leave Form

**For use of Non-FMLA qualifying Sick Leave in excess of 3 consecutive work days.
This form is to be completed and signed by the Health Care Provider.**

Employee's Name: _____

Patient's Name: _____ Exam Date : _____

PATIENT WAS: Under my professional care FROM _____ TO _____
Seen by my office DATE _____
Not seen by my office REASON _____

Dates of treatment: _____

PERIOD OF INCAPACITY (required) FROM _____ TO _____

During this time, will or did the patient need care? NO YES

If yes, explain the care needed by the patient and why such care is/was medically necessary.

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.

EMPLOYEE LIMITATIONS/RESTRICTIONS (skip if patient was a family member of the employee)

Patient was or may be able to resume full duty employment, with no restrictions in work activities, on:
Date: _____

Physician/Practitioner Information: _____

Name of Practice: _____

Type of Practice/Medical Specialty: _____

Signature: _____

Tab 24 – WC164 Physicians
Report of Injury (Work Status
Report)

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY

A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER AND THE INSURER.

1. REPORT TYPE Initial Progress Closing **EXAM DATE** _____

2. CASE INFORMATION
Date of Injury _____ Insurer Claim # _____
Injured Worker _____ Insurer Name/TPA _____
Social Security # _____ Insurer Phone/Fax _____
Date of Birth _____ Employer Name _____

3. INITIAL VISIT (only)
a. Injured worker's description of accident/injury _____

b. Are your objective findings consistent with history and/or work-related mechanism of injury/illness? Yes No

4. CURRENT WORK STATUS Working Not Working

5. WORK-RELATED MEDICAL DIAGNOSIS(ES) _____

6. PLAN OF CARE
a. **TREATMENT PLAN**
 Diagnostic tools/tests _____
 Procedures _____
 Therapy _____
 Medications _____
 Supplies _____
 Other _____
b. **WORK STATUS**
 Able to return to full duty on _____
 Able to return to modified duty from _____ to _____
 Unable to work from _____ to _____
 Able to return to part time work on _____ for _____ hours per day
c. **LIMITATIONS/RESTRICTIONS** No Restrictions Temporary Restrictions Permanent Restrictions
 Lifting (maximum weight in pounds) _____ lbs. Walking _____ hours per day
 Repetitive lifting _____ lbs. Standing _____ hours per day
 Carrying _____ lbs. Sitting _____ hours per day
 Pushing / Pulling _____ lbs. Crawling _____ hours per day
 Pinching / Gripping _____ Kneeling _____ hours per day
 Reaching over head _____ Squatting _____ hours per day
 Reaching away from body _____ Climbing _____ hours per day
 Repetitive Motion Restrictions _____
 Other _____

7. FOLLOW UP CARE AND REFERRALS - *7c. requires a notice by certified mail to insurer & patient within 3 business days. (See Instructions)
a. Return Appointment Date _____
b. Referral for Treatment (specify) _____ Evaluation (specify) _____
 Impairment Rating _____ Other (specify) _____
 Referred Provider's Name _____ Phone # _____
c. Discharged for Non-Compliance* Discharged from Care for Nonmedical Reasons*

8. MAXIMUM MEDICAL IMPROVEMENT (MMI)
 Injured Worker has reached MMI Date of MMI _____
 Injured Worker is not at MMI, but is anticipated to be at MMI in/on _____
 MMI date unknown at this time because _____

9. MAINTENANCE CARE AFTER MMI Yes No
If yes, specify care: _____

10. PERMANENT MEDICAL IMPAIRMENT (REQUIRED)
 No permanent impairment Permanent Impairment (attached required worksheets and narrative)
 Anticipate permanent impairment Needs referral to Level II physician for impairment rating (see 7b above)

11. PHYSICIAN'S SIGNATURE _____ Date of Report _____
Print Name _____ License # _____ Phone # _____

**PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY
INSTRUCTIONS / DEFINITIONS**

This form is required by the Workers' Compensation Rules of Procedure Rule 16-7(E)(1), 7 CCR 1101-3 to report all information specific to this workers' compensation injury.

Complete all applicable fields and attach your narrative report that further describes and supports your findings. Your narrative report does not replace this form.

1. **Report Type and Exam Date:** Check "Initial" if this is the first visit related to this described injury. Check "Progress" when a change in condition, diagnosis, or treatment occurs. Check "Closing" if the injured worker is at MMI, requires an impairment rating, or is discharged from care. On "Exam Date," include the date of the office visit, if applicable.
2. **Case Information:**
 - ♦ **Date of Injury:** Date of this injury.
 - ♦ **Injured Worker:** Name of the injured worker.
 - ♦ **Social Security #:** The injured worker's social security number.
 - ♦ **Date of Birth:** The injured worker's date of birth.
 - ♦ **Insurer Claim #:** The name of the insurance carrier or self-insured employer associated with the claim.
 - ♦ **Employer Name:** The name of the employer associated with the claim.
3. **Initial Visit:**
 - a. Describe how the accident or injury occurred in the injured worker's words.
 - b. Check the applicable box regarding physician's objective findings.
4. **Current Work Status:** Current work status as related by injured worker.
5. **Work-Related Medical Diagnosis(es):** State the injured worker's work-related medical diagnosis(es).
6. **Plan of Care:**
 - a. **Treatment Plan:** Complete all applicable portions regarding treatment. Indicate frequency and duration.
 - ♦ **Diagnostic tools/tests:** EMG, MRI, CT-scan, etc.
 - ♦ **Procedures:** Any medical procedure including surgical procedures, castings, etc.
 - ♦ **Therapy:** Physical therapy, occupational therapy, home exercise, etc. Include plan specifications.
 - ♦ **Medications:** Antibiotics, analgesics, anti-inflammatory drugs, etc.
 - ♦ **Supplies:** Durable medical equipment, splints, braces, etc.
 - ♦ **Other:** Any treatment not covered above.
 - b. **Work Status:** Check the applicable work status box(es). List date(s) and hours as appropriate.
 - c. **Limitations/Restrictions:** Check the applicable box(es) regarding any medical or physical limitations or restrictions including temporary or permanent restrictions.
7. **Follow-up Care and Referrals:**
 - a. Provide the date of the next scheduled appointment
 - b. If a referral was made to another provider, supply that provider's name and phone number. Designate who is to make the referral appointment.
 - c. If the authorized physician refuses to provide medical treatment to an injured worker or discharges the injured worker from medical care for nonmedical reasons when the injured worker requires medical treatment to cure and relieve the effects of the work injury, then the physician must, within three (3) business days from the refusal or discharge, provide written notice of the refusal or discharge by certified mail, return receipt requested, to the injured worker and insurer. The notice must explain the reasons for the refusal or discharge and must offer to transfer the injured worker's medical records to any new authorized physician upon receipt of a signed authorization to do so from the injured worker. For a template letter, flowchart, and information on reimbursement, refer to Desk Aid #15 on the Division website.
8. **Maximum Medical Improvement (MMI):** Check the applicable box(es). List additional information as appropriate. MMI means a point in time when any impairment resulting from the injury has become stable and when no further treatment is reasonably expected to improve the condition.
9. **Maintenance Care after MMI:** In some cases, MMI may be unknown because the injured worker has not returned for care.
10. **Permanent Medical Impairment:** Check the applicable box(es). If the injury will cause a permanent impairment, an impairment rating performed by a Level II accredited physician is required. If an impairment rating is given, attach the worksheets required by the Division and a report describing the extent of the injured worker's impairment rating.
11. **Physician Information:** List the name, license number, and telephone number of the physician responsible for the report.
The physician responsible for the report must sign and date the report.

Tab 25 – WH-380-E Form

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___ No ___ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___ No ___ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
___ No ___ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___ No ___ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
___ No ___ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

TAB 26 – WH-380-F Form

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider’s name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___ No ___ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___ No ___ Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

**TAB 27 – CDOT FML
Designation Notice Form**

COLORADO DEPARTMENT OF TRANSPORTATION
FMLA Designation Notice



Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer requests that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

Employee Name	Personnel Number	Date

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on _____.

It shows your need for leave beginning on _____ and continuing until _____.

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave. Based on your available FML leave entitlement, you are designated to use job-protected leave beginning _____.

The attached FML Forecast Report illustrates your current balance of job protection as well as future dates when FML job protection may be restored. You can also log into SAP Employee Self Service to view your personal FML Leave Balance Report at any time.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____.

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

You are required to use all accrued paid leave subject to the conditions for use of such leave before being placed on unpaid leave during your FMLA leave. All paid and unpaid leave taken for this reason will count against your FMLA leave entitlement. While you are using FML intermittent leave, you remain responsible to complete your own timesheet using the appropriate FML absence codes as listed in SAP and to notify your FML Liaison of your FML entries. If you are on an extended period of continuous FML leave, your FML Liaison will enter your FML absences.

You will be required to present a fitness-to-return certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is is not attached. If attached, the fitness-to-return certification must address your ability to perform these functions (not applicable for family member).

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____ (seven calendar days from receipt of this Notice), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Your medical certification form was not received by the date required in the eligibility letter. You must provide the completed medical certification form no later than _____ (seven calendar days from receipt of this notice), or your leave will not be considered family/medical leave.

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is **not approved** because _____

The FMLA **does not apply** to your leave request because _____

You have **exhausted** your FMLA leave entitlement in the applicable 12-month period.

Authorized Signature _____

Date _____

Revised Aug 2016, Expires 5/31/2018

TAB 28 – Sample Designation Communication

SAMPLES OF DESIGNATION COMMUNICATIONS TO APPOINTING AUTHORITY and SUPERVISORS

Ron Hurt presented the State of Colorado Medical Certification Form for the new fiscal year to recertify his ongoing chronic condition. No period of extended incapacity is expected. Flare-ups may be anticipated twice monthly. Recertification will be required every six months. Please sign the FML Designation form and I will notify the appropriate individuals.

Recent medical certification states that Bill Skates' lumbar condition continues. This will qualify his absences related to the condition as FML beginning July 1, 2011 for a six month period when a recertification will be required. Absences will be intermittent.

Brenda Baby presented the State of Colorado Medical Certification form for Employee's Health Condition on July 14, 2011. The physician requires Brenda to reduce her work schedule to 6 hours per day during the prenatal period, effective immediately. Please meet with Brenda to accomplish this schedule.

Delivery date is estimated around January 9, 2012, after which she will need a six week recovery period. The 520 hour FML entitlement should cover the entire reduced schedule and recovery. She will likely exhaust all paid leave around December 22, 2011 and need to use FML LWOP for the duration of the condition.

Brenda questioned whether she might use non-FML leave without pay after that time for a bonding period with her newborn. I advised she will need to petition the Appointing Authority who has sole discretion on that.

I have prepared a designation form for your signature. CDOT received medical certification from the physician attending Debbie Devine's parents in Vermont. She is needed to assist with end of life care for her father and physical/psychological care for her mother. The projected FML absence is up to 4 weeks beginning July 29, 2011. FML Leave Without Pay is anticipated.

Ms. Minerva McGonagall presented the State of Colorado Medical Certification form to document her chronic lumbar condition (beginning 7/1/14). Flare-ups may be anticipated one to two times per month for episodes lasting two days, during which time it will be medically necessary for her to be absent from work. Recertification will be required every six months.

Mr. Albus Dumbledore presented the State of Colorado Medical Certification Form for the new fiscal year to recertify his ongoing chronic respiratory condition. Flare-ups may be anticipated monthly for up to four days per episode. Recertification will be required every six months.

TAB 29 - PTFMLA Create FML Workbench

Purpose

Use this procedure to determine eligibility for FML hours and to track those hours with other absences for a specified 12 month period.

Trigger

Perform this procedure when an employee has been designated for FML or to establish a new validity period.

Prerequisites

- Employee must meet eligibility guidelines
- Type of leave must be determined to meet FMLA guidelines only if sufficient document is received

Menu Path

None.

Transaction Code

PTFMLA

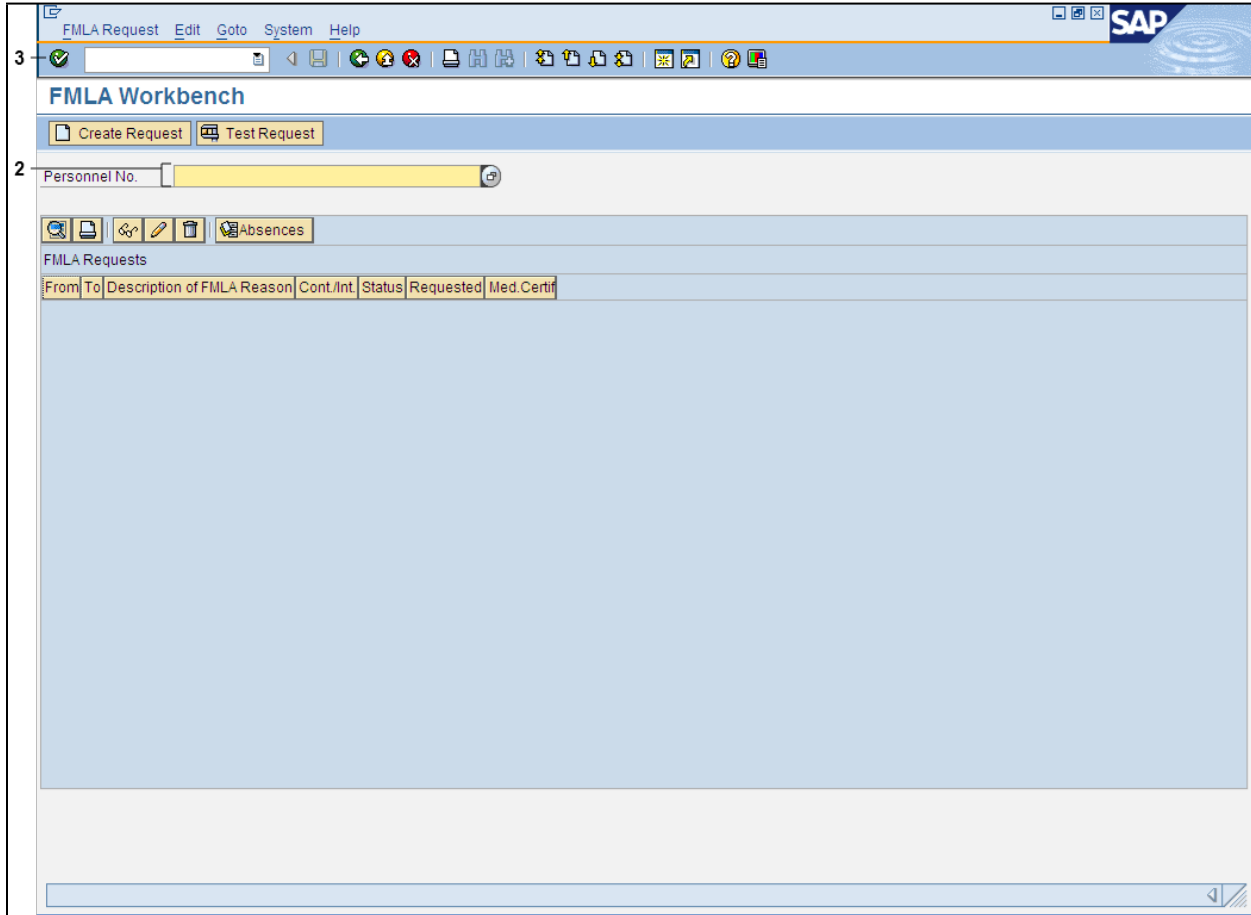
Helpful Hints

- If an absence meets the FML requirements it needs to be tracked in SAP.
- Overlapping of time periods for multiple FML requests is permitted
- If the Intermittent radio button is changed to Continuous, any number in the Planned Hours field must be deleted, or the system will default back to Intermittent.
- PA20 can be used to verify that the absence exists on infotype 2001 (Absences).
- The Family Military Caregiver leave occurrence spreads over a 12 month period looking forward where all other occurrences span over a unique 12 month period.
- You should not create a Family Military Caregiver leave occurrence with a validity period longer than 12 months looking forward.

Procedure

1. Start the transaction using the transaction code. SAP displays the *FMLA Workbench* screen.

FMLA Workbench



The screenshot shows the SAP 'FMLA Workbench' interface. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu is a toolbar with various icons. The main content area is titled 'FMLA Workbench' and includes a 'Personnel No.' input field. Below this is a toolbar with icons for 'Absences' and other functions. At the bottom, there is a table header for 'FMLA Requests' with columns: 'From', 'To', 'Description of FMLA Reason', 'Cont./Int', 'Status', 'Requested', and 'Med. Certif.'. The table body is currently empty.

2. As required, complete/review the following fields:

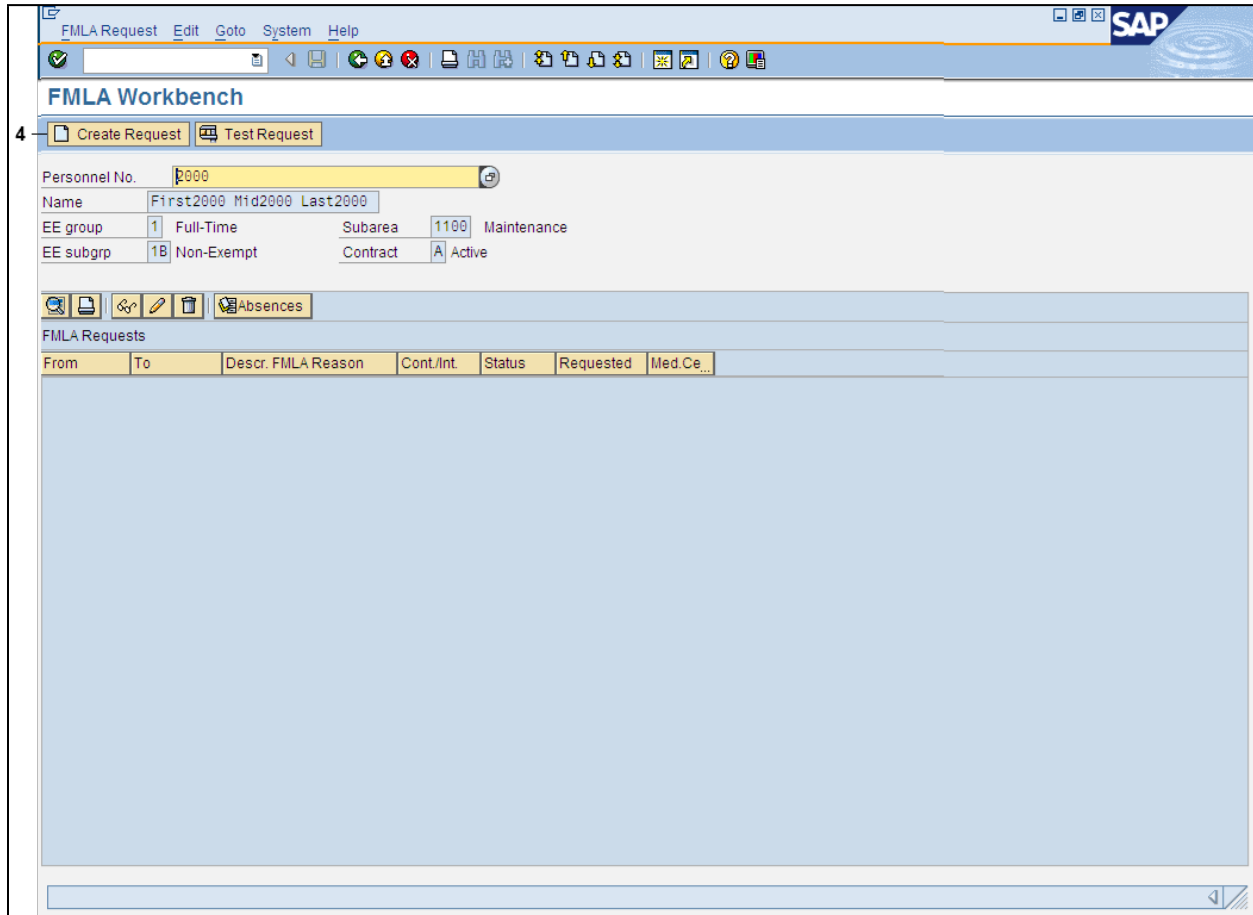
Field	R/O/C	Description
Personnel No.	Required	Number that identifies an employee. Example: 2000

3. Click **Enter** button  to display the *FMLA Workbench* screen.



Any previous FML requests for this employee will display on this screen.

FMLA Workbench



FMLA Request Edit Goto System Help

FMLA Workbench

4

Personnel No. 0000

Name First2000 Mid2000 Last2000

EE group 1 Full-Time Subarea 1100 Maintenance

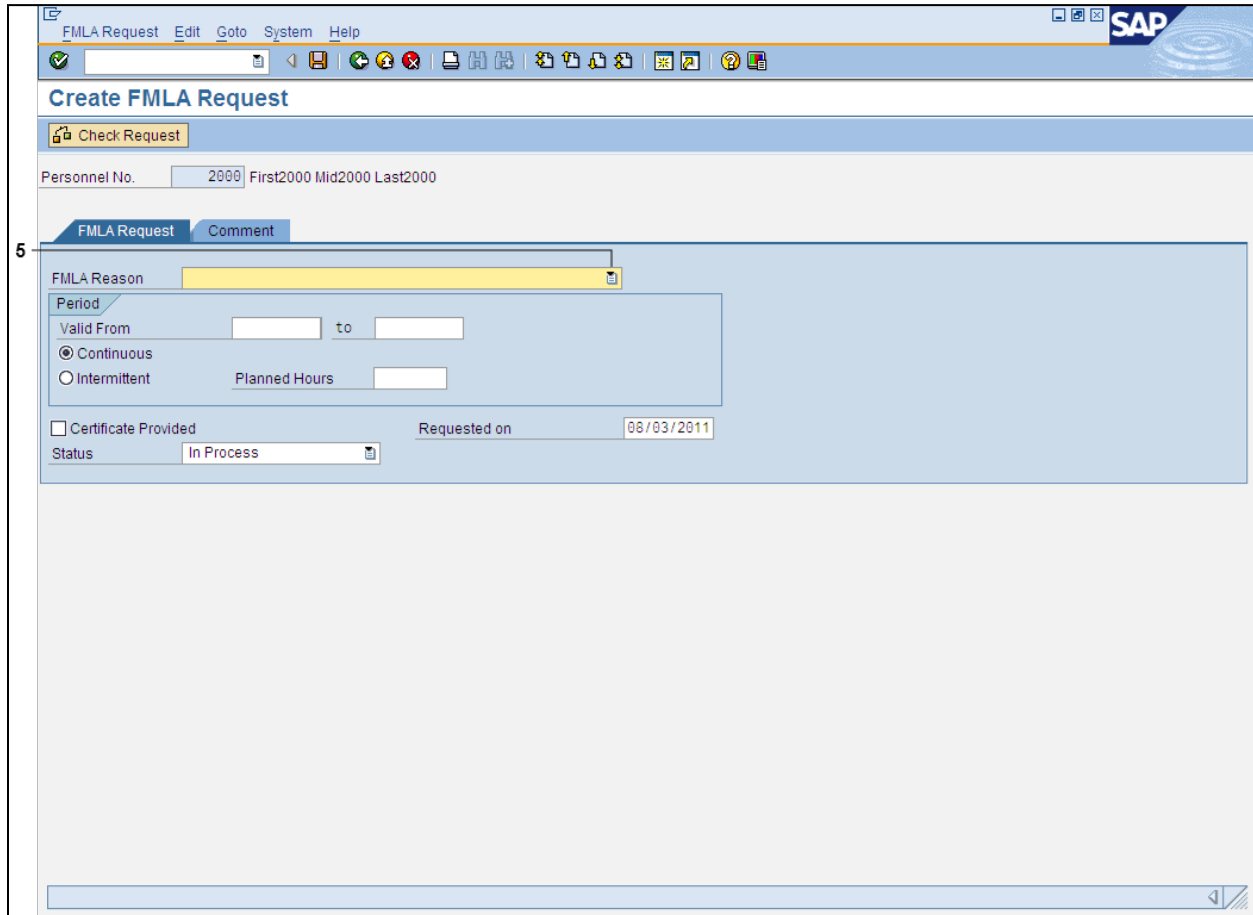
EE subgrp 1B Non-Exempt Contract A Active

FMLA Requests

From	To	Descr. FMLA Reason	Cont./Int.	Status	Requested	Med.Ce...
------	----	--------------------	------------	--------	-----------	-----------

4. Click **Create Request** button

Create FMLA Request



FMLA Request Edit Goto System Help

Create FMLA Request

Personnel No. First2000 Mid2000 Last2000

FMLA Request **Comment**

5 **FMLA Reason**

Period

Valid From to

Continuous

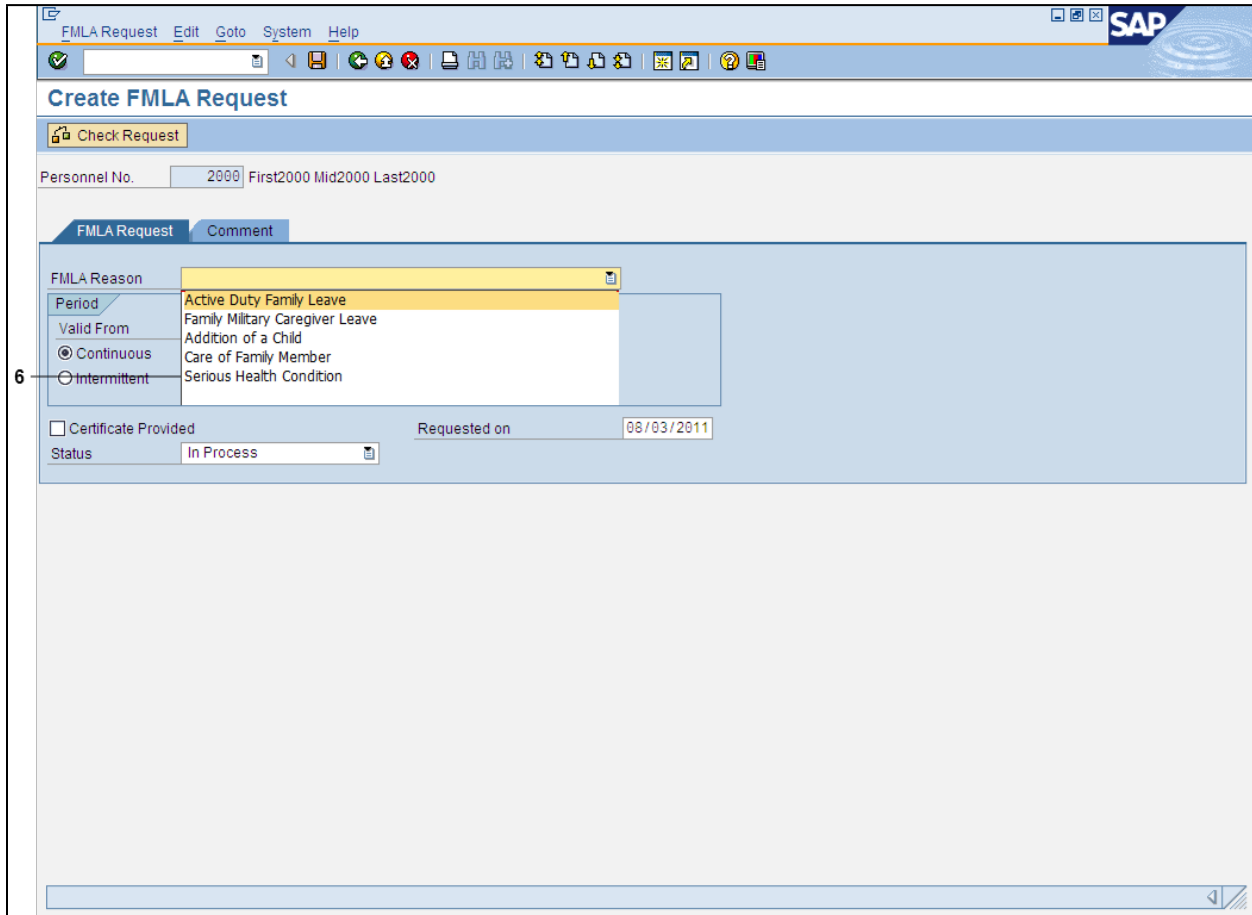
Intermittent Planned Hours

Certificate Provided Requested on

Status

5. Click **FMLA Reason** drop-down button.

Create FMLA Request



FMLA Request Edit Goto System Help

Create FMLA Request

Personnel No. First2000 Mid2000 Last2000

FMLA Request **Comment**

FMLA Reason

Period

Valid From

Continuous Intermittent

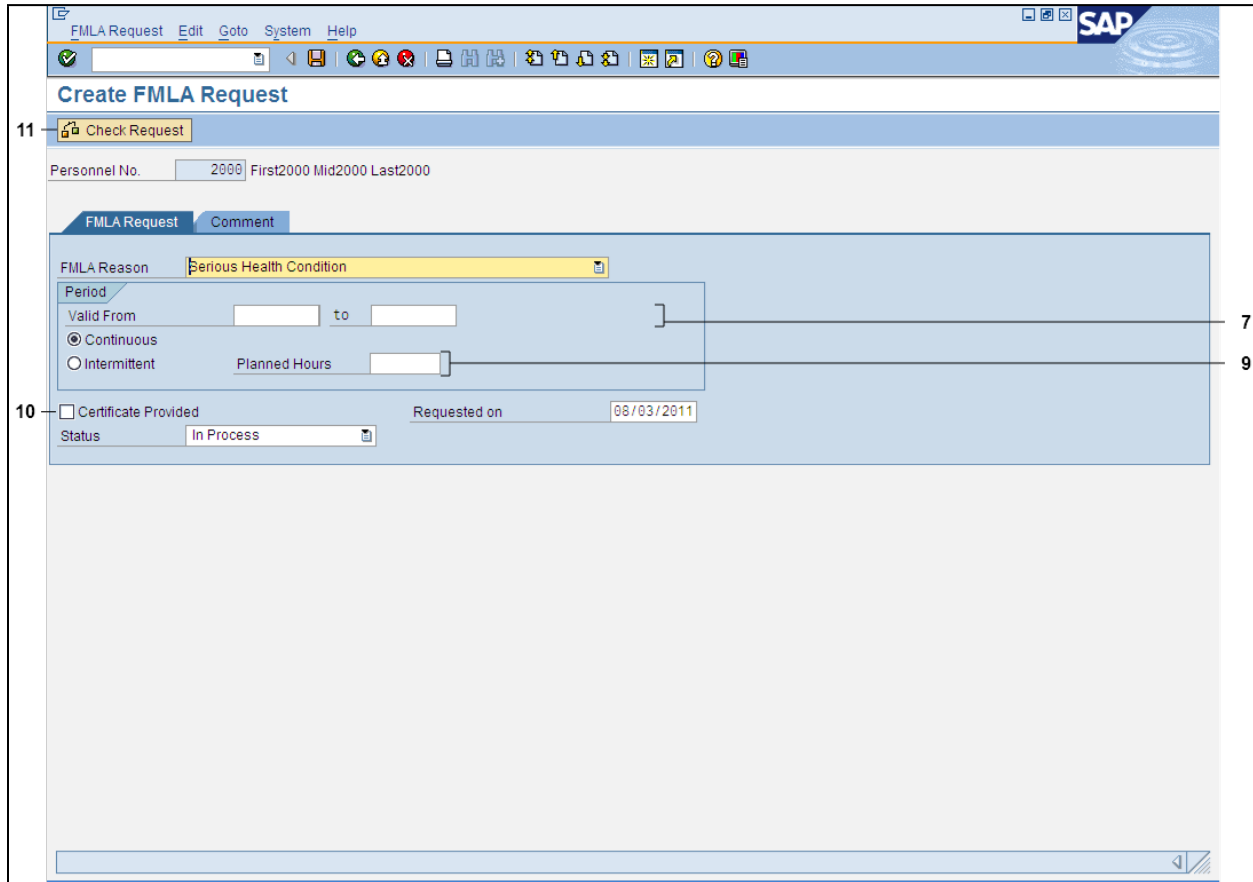
Certificate Provided Requested on

Status


6. Select reason from the **FMLA Reason** drop-down menu.

Example: Serious Health Condition

Create FMLA Request



7. As required, complete/review the following fields:


Field	R/O/C	Description
Valid From	Required	Beginning date of the leave period. Example: 07/01/2011
to	Required	Upper limit of the range. Example: 08/01/2011  The 'Valid From' and 'to' dates must exist within the same fiscal year since the eligible employee is granted 520 hours each new fiscal year, for this type of FML.

8. Perform one of the following:


If	Then
Employee will be off for the entire FML period	Select <input checked="" type="radio"/> Continuous radio button.


Employee will be working but have some hours that are eligible for FML coding. Select **Intermittent** radio button.

9. As required, complete/review the following fields:


Field	R/O/C	Description
Planned Hours	Conditional	<p>Number of planned hours expected to be used during the FML.</p> <p>Example:</p> <p> If Continuous is selected in Step 6, leave this field blank. If Intermittent is selected in Step 6, this field is optional.</p>


10. De-select **Certificate Provided** checkbox .


 This can be done at the time of request, or later as an update.



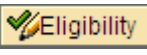
 If documentation is provided for the leave, select the **Certificate Provided** checkbox. Otherwise, ensure **Certificate Provided** checkbox is not selected. Documentation and certificate must be submitted prior to the approval of FML for both medical and military leave.

11. Click **Check Request** button  to check the FML eligibility status.

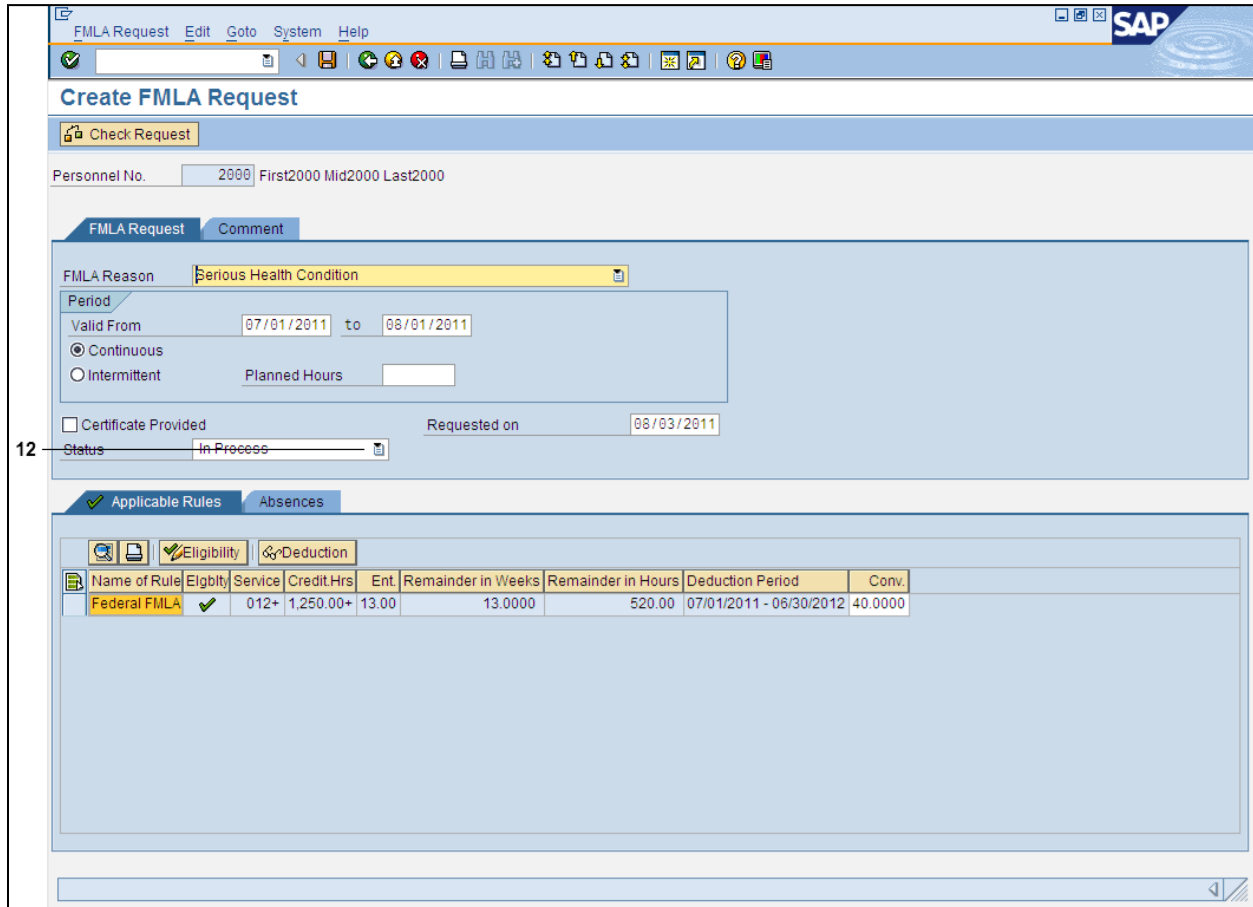
 SAP verifies employee eligibility based on Federal guidelines, employee seniority, and hours worked.

 If the employee is eligible, a checkmark  will appear under the Eagerly column in the resulting screen.

 If the employee is not eligible, a red 'X' will appear under the Eligibility column.

 If SAP identifies the employee as ineligible, but the Employee Relations office has declared the employee as eligible, the timekeeper can override the eligibility by clicking  to select the FML request, then clicking Grant Eligibility . This should only be done after speaking to the Employee Relations department.

Create FMLA Request

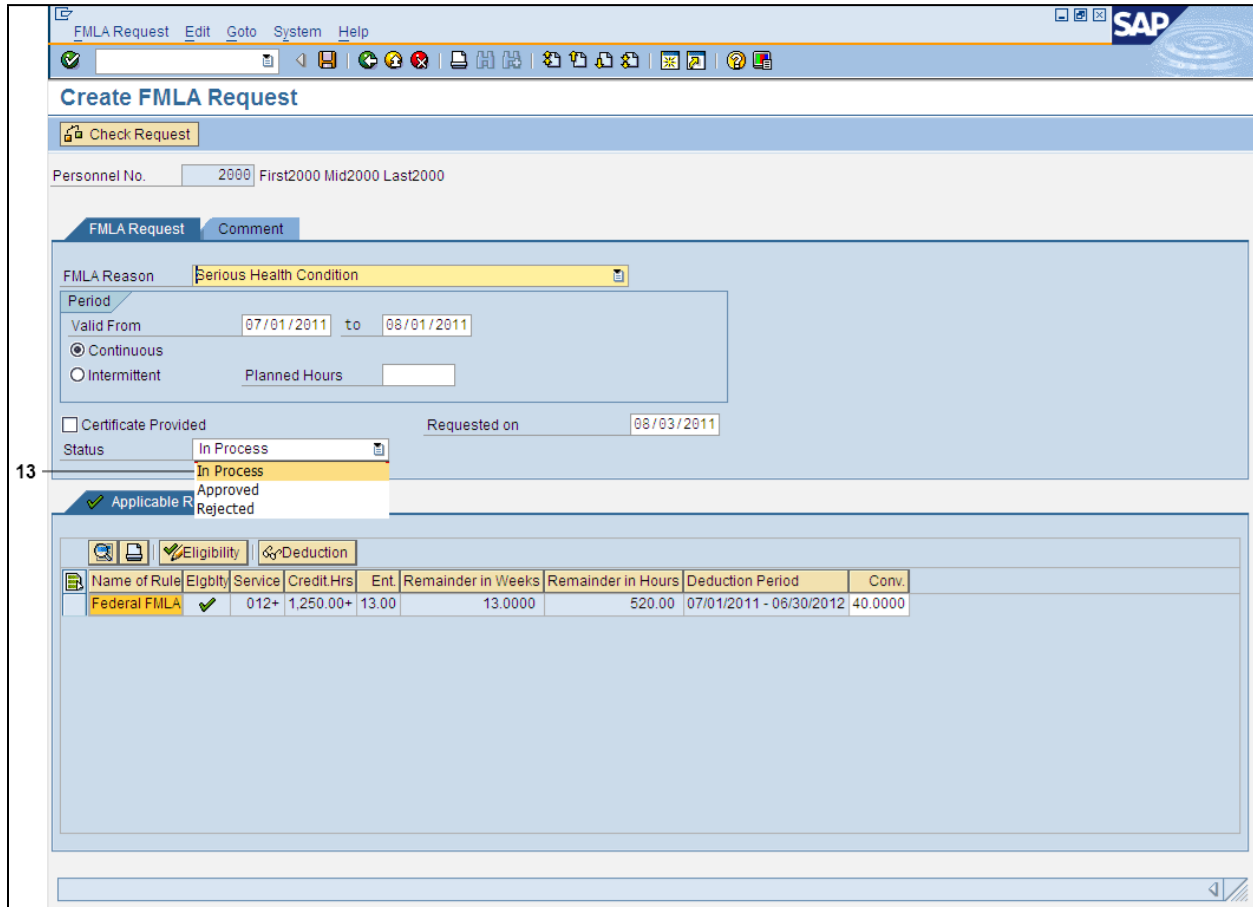


The screenshot shows the SAP 'Create FMLA Request' form. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu is a toolbar with various icons. The main title is 'Create FMLA Request'. A 'Check Request' button is visible. The 'Personnel No.' field contains '2000' and has sub-fields for 'First2000', 'Mid2000', and 'Last2000'. There are two tabs: 'FMLA Request' (selected) and 'Comment'. The 'FMLA Reason' dropdown is set to 'Serious Health Condition'. The 'Period' section includes 'Valid From' (07/01/2011) and 'to' (08/01/2011). There are radio buttons for 'Continuous' (selected) and 'Intermittent' (with a 'Planned Hours' field). A 'Certificate Provided' checkbox is unchecked. The 'Requested on' field is 08/03/2011. A 'Status' dropdown is currently set to 'In Process'. Below this is the 'Applicable Rules' section with an 'Absences' tab. It contains a table with columns: Name of Rule, Eligblty, Service, Credit.Hrs, Ent, Remainder in Weeks, Remainder in Hours, Deduction Period, and Conv.

Name of Rule	Eligblty	Service	Credit.Hrs	Ent	Remainder in Weeks	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	✓	012+	1,250.00+	13.00	13.0000	520.00	07/01/2011 - 06/30/2012	40.0000

12. Click **Status** drop-down button.

Create FMLA Request



Personnel No. 2000 First2000 Mid2000 Last2000

FMLA Reason: Serious Health Condition

Valid From: 07/01/2011 to 08/01/2011

Continuous
 Intermittent Planned Hours: _____

Certificate Provided Requested on: 08/03/2011

Status: **In Process**

Applicable Rules:

Name of Rule	Eligibility	Service	Credit.Hrs	Ent	Remainder in Weeks	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	✓	012+	1,250.00+	13.00	13.0000	520.00	07/01/2011 - 06/30/2012	40.0000

13. Select status from the drop-down menu.

Example: In Process

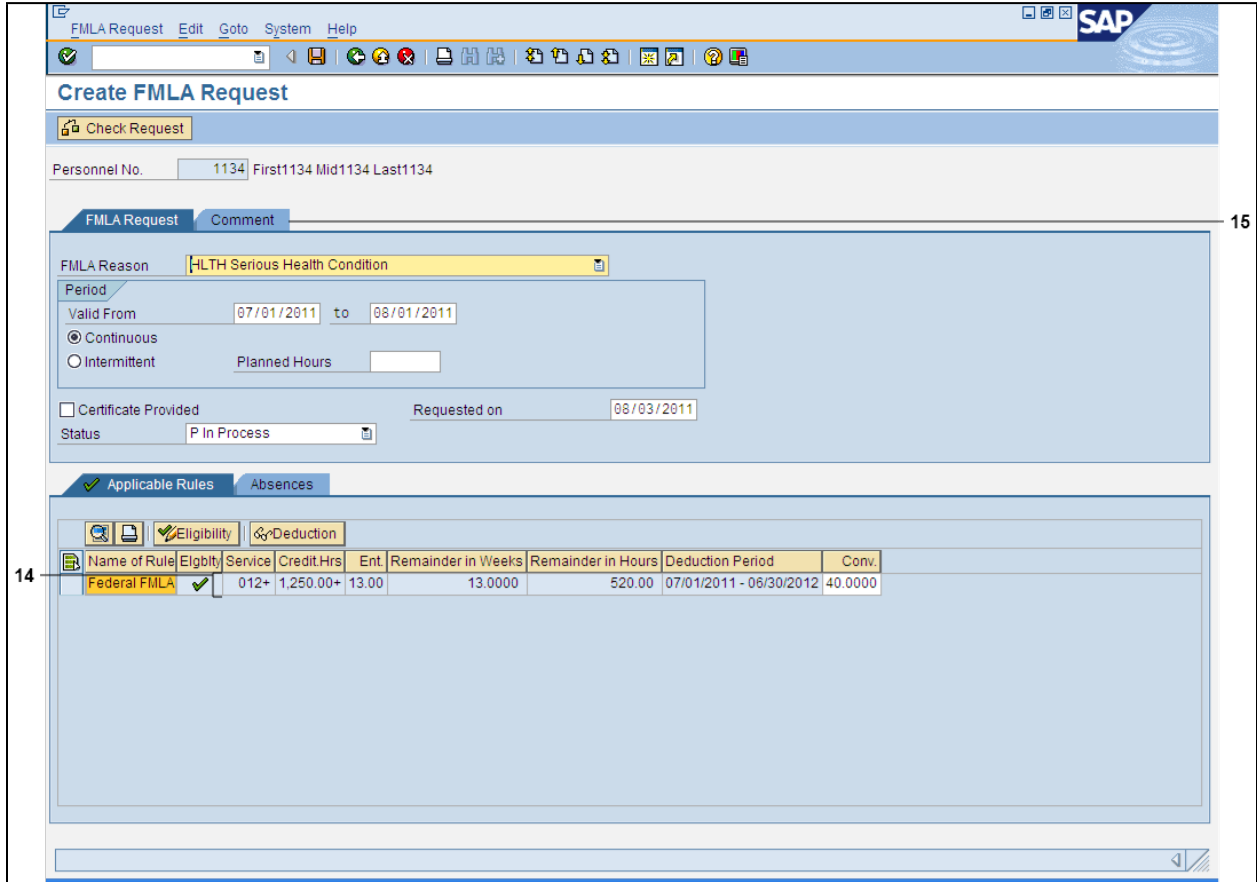


If 'Rejected' is selected, you cannot attach or check absences against the request.




The FML request should never be placed in "in process"



Create FMLA Request



The screenshot shows the SAP 'Create FMLA Request' interface. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu is a toolbar with various icons. The main form area is titled 'Create FMLA Request' and includes a 'Check Request' button. A 'Personnel No.' field contains '1134' with sub-fields for 'First1134', 'Mid1134', and 'Last1134'. There are two tabs: 'FMLA Request' (selected) and 'Comment'. The 'FMLA Reason' dropdown is set to '-HLTH Serious Health Condition'. A 'Period' section contains 'Valid From' (07/01/2011) and 'to' (08/01/2011) fields, with radio buttons for 'Continuous' (selected) and 'Intermittent'. Below this is a 'Planned Hours' field. A 'Certificate Provided' checkbox is unchecked, and a 'Requested on' field shows '08/03/2011'. The 'Status' dropdown is set to 'P In Process'. Below the form is an 'Applicable Rules' section with an 'Absences' tab. It contains a table with columns: Name of Rule, Eligbty, Service, Credit.Hrs, Ent, Remainder in Weeks, Remainder in Hours, Deduction Period, and Conv. A single row is visible for 'Federal FMLA' with a checkmark in the 'Eligbty' column and values: 012+, 1,250.00+, 13.00, 13.0000, 520.00, 07/01/2011 - 06/30/2012, 40.0000. A callout number '14' points to the 'Service' column, and another callout '15' points to the 'FMLA Reason' dropdown.

14. As required, complete/review the following fields:

Field	R/O/C	Description
Service	Optional	<p>Number of months of service employee has earned, up to 12 months. If employee has less than 12 months, the number of months required are listed in parentheses.</p> <p>Example: 012+</p>  <p>Once satisfied, there will be no number in parentheses and the service will also read 12, the minimum months required.</p>

Field	R/O/C	Description
Credit.Hrs	Optional	<p>Number of worked hours the employee has achieved within the designated time period.</p> <p>Example: 1,250.00+</p>  <p>This is based on the planned hours (40 for full time, etc). Hours in parenthesis are the hours the employee has, or should have as the date of the leave.</p>
Ent.	Optional	<p>Shows the number of FML weeks eligible.</p> <p>Example: 13.00</p>
Remainder in Weeks	Optional	<p>Shows the number of FML weeks remaining for the employee in the 12-month period.</p> <p>Example: 13.0000</p>
Remainder in Hours	Optional	<p>Shows the number of FML hours remaining for the employee in the 12-month period.</p> <p>Example: 520.00</p>
Deduction Period	Optional	<p>Specifies the start date of the period in which an employee can deduct a time quota.</p> <p>Example: 07/01/2009 - 06/30/2010</p>
Conv.	Optional	<p>Base hours per week used to determine total FML hours for the employee.</p> <p>Example: 40.0000</p>  <p>The hours in the conversion field is multiplied by the hours in the entitlement weeks to determine total entitlement hours. Manually changing this value will cause the total FML entitlement weeks to be adjusted accordingly.</p>

15. Click [Comment](#) to display the details in the **Comment** tab.



If you need assistance with appropriate comments, seek advice from the Employee Relations office. Be careful with what is entered in the comments section because it is part of the employee's record.



You can skip this step if comments are not required.



Review the fields in the **Applicable Rules** tab and update if needed.

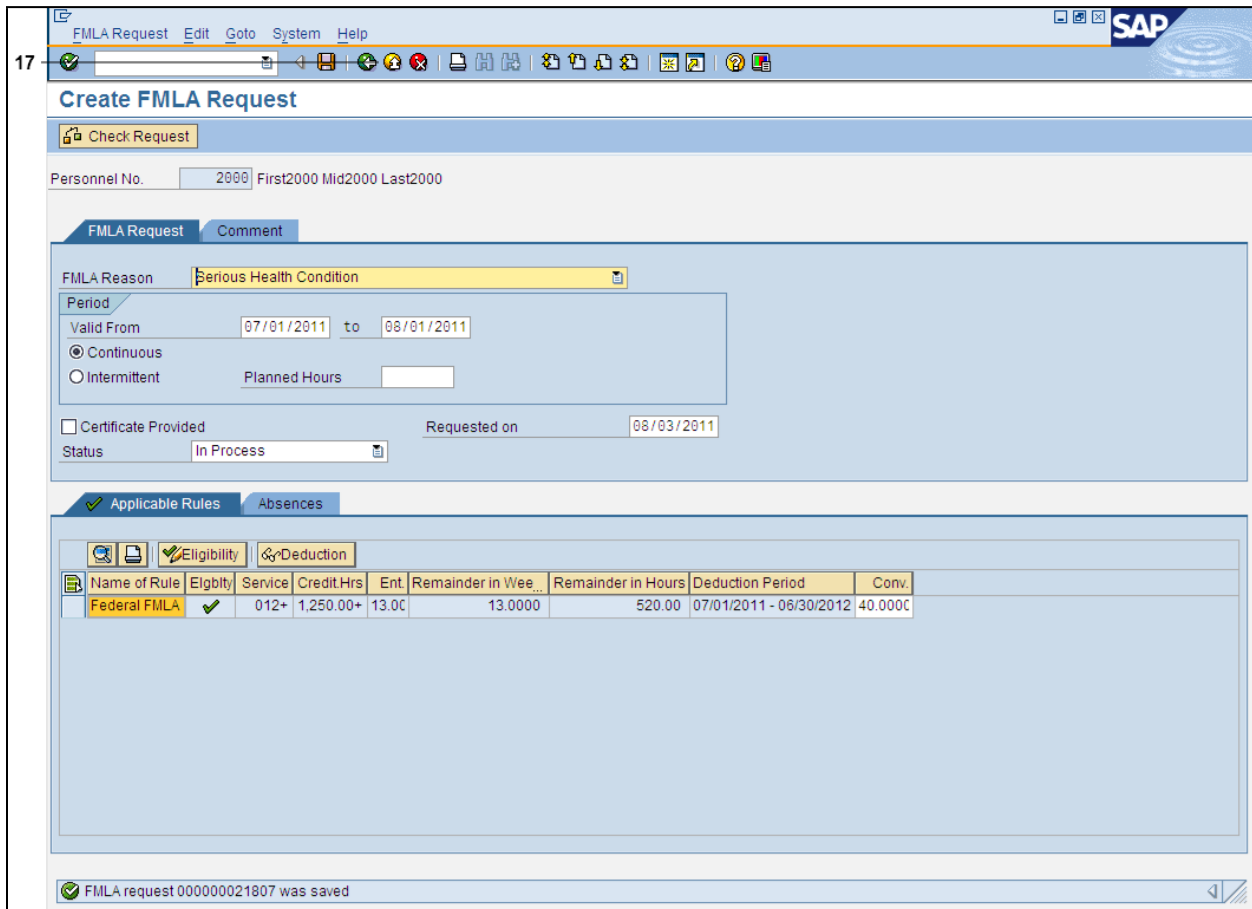
Create FMLA Request

16. Click **Save** button  to save the FMLA request.



SAP displays the message, 'FMLA request XXXXXXXXXXXX was saved'.

Create FMLA Request

17. 

Personnel No. 2000 First2000 Mid2000 Last2000

FMLA Request Comment

FMLA Reason Serious Health Condition

Period

Valid From 07/01/2011 to 08/01/2011

Continuous

Intermittent Planned Hours


Certificate Provided Requested on 08/03/2011



Status In Process

Applicable Rules Absences

Name of Rule	Elgblty	Service	Credit Hrs	Ent	Remainder in Wee..	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	✓	012+	1,250.00+	13.00	13.0000	520.00	07/01/2011 - 06/30/2012	40.0000

✓ FMLA request 000000021807 was saved

17. Click **Exit** button  to go back to the *SAP Easy Access* screen.

 You will need to click **Exit**  twice to return to the *SAP Easy Access* screen.

18. You have completed this transaction.

Result

You have successfully created an FML Workbench for a CDOT employee.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

TAB 30 - PTFMLA Change FML Workbench

Purpose

Use this procedure to change an existing FML request.

Trigger

Perform this procedure when there is a need to change an existing FML request.

Prerequisites

- Employee must meet eligibility guidelines
- Type of leave must meet FML guidelines

Transaction Code

PTFMLA

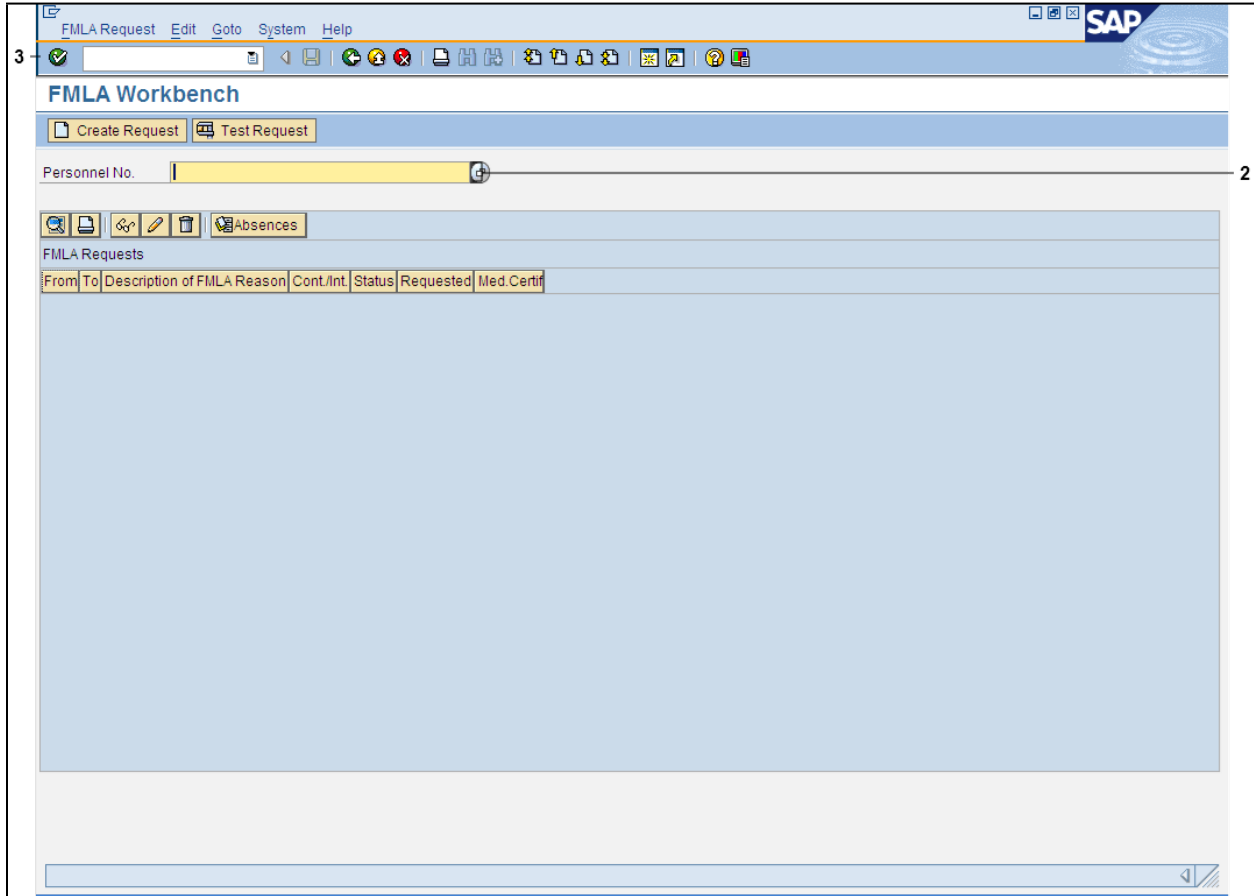
Helpful Hints

- If an absence meets the FML requirements it needs to be tracked in SAP.
- Once an FML request has been entered and approved, absences entered CAT2 and approved.
- PA20 can be used to verify that the absence exists on infotype 2001 (Absences).
- The Family Military Caregiver leave occurrence spreads over a 12 month period where all other occurrences span over a unique 12 month period.
- You should not create an event with a validity Family Military Caregiver occurrence with a validity period longer than 12 month period looking forward.

Procedure

1. Start the transaction using the transaction code. SAP displays the *FMLA Workbench* screen.

FMLA Workbench

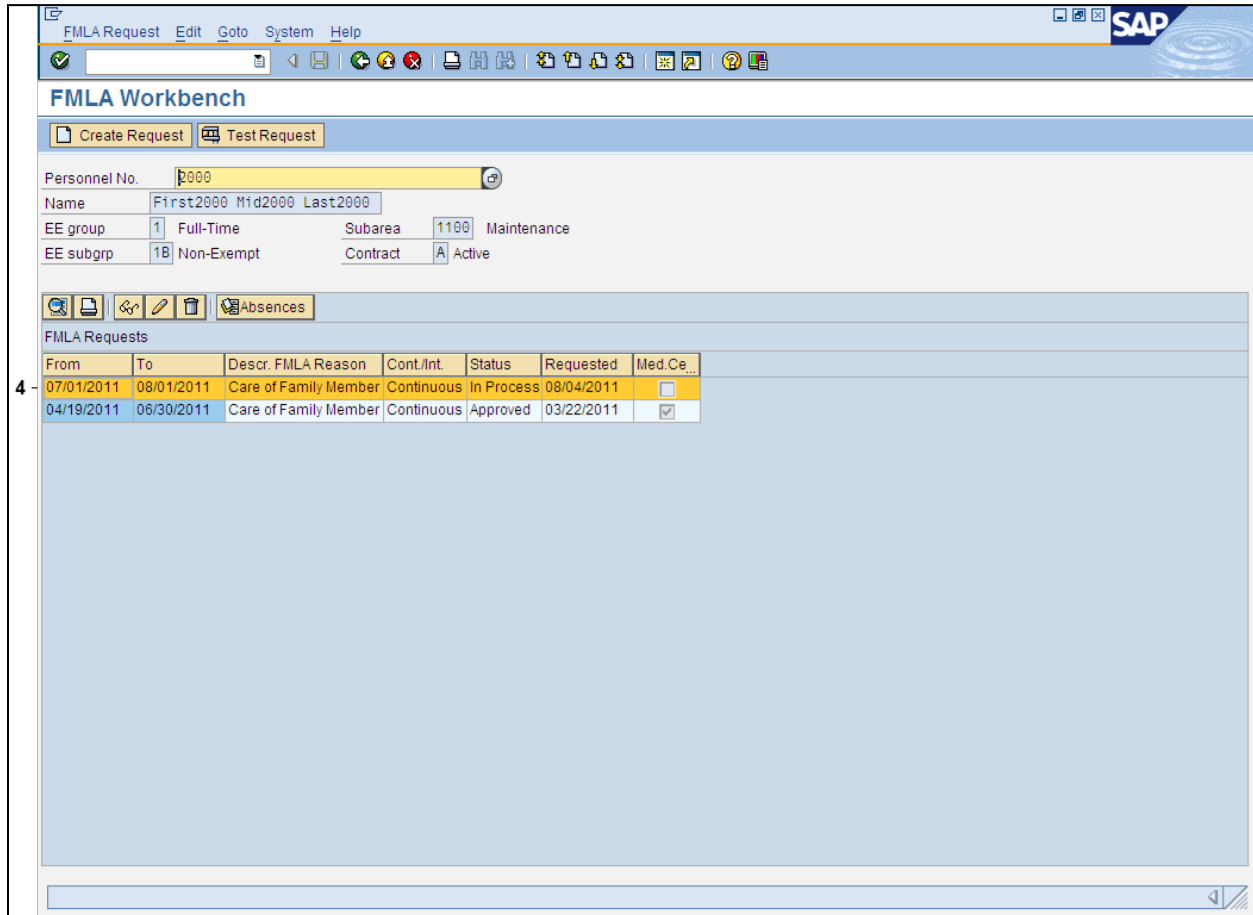


2. As required, complete/review the following fields:

Field	R/O/C	Description
Personnel No.	Required	Number that identifies an employee. Example: 2000

3. Click **Enter** button .

FMLA Workbench



Personnel No.

Name

EE group Full-Time Subarea Maintenance

EE subgrp Non-Exempt Contract Active

Absences

FMLA Requests

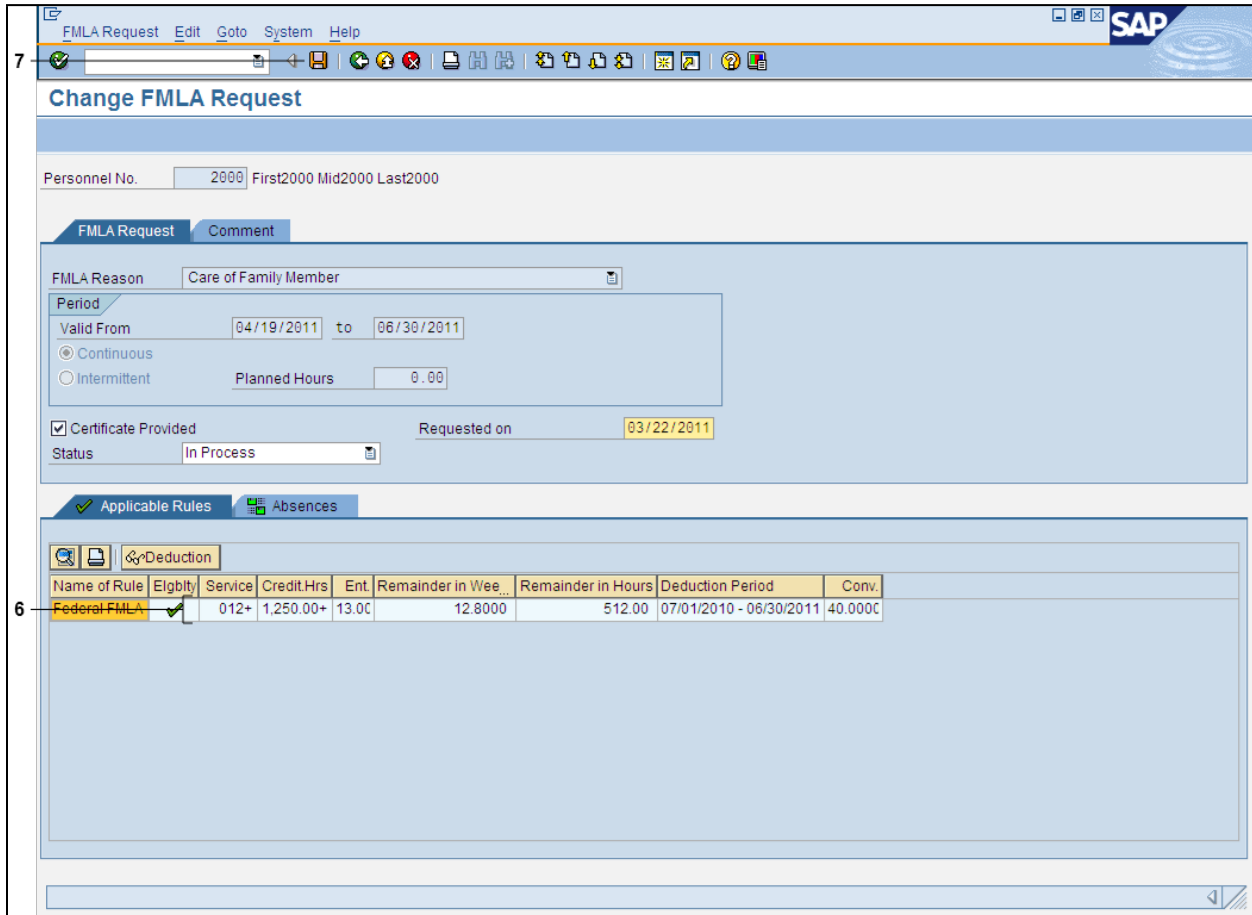
From	To	Descr. FMLA Reason	Cont./Int.	Status	Requested	Med.Ce...
07/01/2011	08/01/2011	Care of Family Member	Continuous	In Process	08/04/2011	<input type="checkbox"/>
04/19/2011	06/30/2011	Care of Family Member	Continuous	Approved	03/22/2011	<input checked="" type="checkbox"/>

- Click on the line item to select the FML request you want to change.



The line item you select will highlight in orange.

Change FMLA Request



The screenshot shows the SAP 'Change FMLA Request' interface. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu is a toolbar with various icons. The main form area is titled 'Change FMLA Request' and contains several sections:

- Personnel No.:** A field with '2000' and buttons for 'First2000', 'Mid2000', and 'Last2000'.
- Navigation:** 'FMLA Request' and 'Comment' tabs.
- FMLA Reason:** A dropdown menu set to 'Care of Family Member'.
- Period:** A section with 'Valid From' (04/19/2011) and 'to' (06/30/2011). It includes radio buttons for 'Continuous' (selected) and 'Intermittent', and a 'Planned Hours' field set to '0.00'.
- Certificate Provided:** A checked checkbox and a 'Requested on' field set to '03/22/2011'.
- Status:** A dropdown menu set to 'In Process'.
- Applicable Rules:** A section with a 'Deduction' button and a table of rules.

Name of Rule	Elgblty	Service	Credit.Hrs	Ent.	Remainder in Wee...	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	<input checked="" type="checkbox"/>	012+	1,250.00+	13.00	12.8000	512.00	07/01/2010 - 06/30/2011	40.0000

5. Perform one of the following:

<p>If</p> <p>You want to add comments</p>	<p>Then</p> <p>Click Comment and type in your comments.</p>
--	---



If you need assistance with appropriate comments, seek advice from the HR FML Coordinator.

<p>You want to change the status of the FML request</p>	<p>Select from the dropdown list in the Status field.</p>
---	--


Example : Approved

<p>The Medical Certificate has been received</p>	<p>Ensure <input checked="" type="checkbox"/> Certificate Provided is enabled.</p>
--	---

6. As required, complete/review the following fields:

Field	R/O/C	Description
-------	-------	-------------

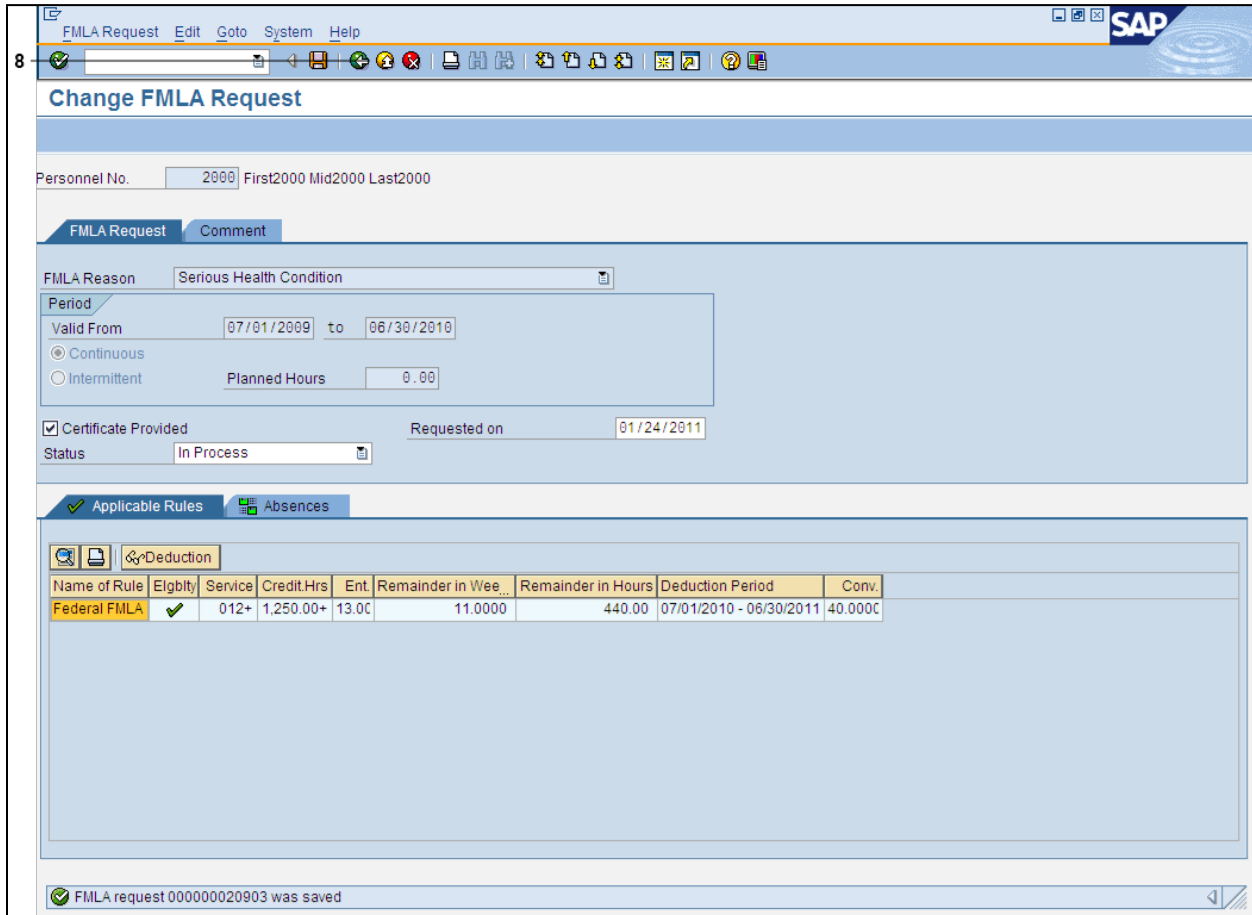
Field	R/O/C	Description
Service	Optional	Number of months of service employee has earned, up to 12 months. If employee has less than 12 months, the number of months required are listed in parentheses. Example: 012+
Credit.Hrs	Optional	Number of worked hours the employee has achieved within the designated time period. Example: 1,250.00+
Ent.	Optional	Shows the number of FML weeks eligible. Example: 13.00
Remainder in Weeks	Optional	Shows the number of FML weeks remaining for the employee in the 12-month period. Example: 11.0000
Remainder in Hours	Optional	Shows the number of FML hours remaining for the employee in the 12-month period. Example: 518.00
Deduction Period	Optional	Specifies the start date of the period in which an employee can deduct a time quota. Example: 07/01/2009 - 06/30/2010
Conv.	Optional	Base hours per week used to determine total FML hours for the employee. Example: 40.0000

7. Click **Save** button  to save the changes made in the FMLA request.



SAP displays the message, 'FMLA request XXXXXXXXXXXX was saved'.

Change FMLA Request



8

FMLA Request Edit Goto System Help

Change FMLA Request

Personnel No. 2000 First2000 Mid2000 Last2000

FMLA Request Comment

FMLA Reason Serious Health Condition

Period

Valid From 07/01/2009 to 06/30/2010


Continuous
 Intermittent Planned Hours 0.00

Certificate Provided Requested on 01/24/2011
 Status In Process

Applicable Rules Absences

Name of Rule	Elgblty	Service	Credit.Hrs	Ent.	Remainder in Wee...	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	✓	012+	1,250.00+	13.00	11.0000	440.00	07/01/2010 - 06/30/2011	40.0000

✓ FMLA request 000000020903 was saved

8. Click **Exit** button  to return to the *SAP Easy Access Menu* screen.
9. You have completed this transaction.

Result

You have successfully changed an FML request and determined eligibility.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

TAB 31 – PTFMLA Delete FML Workbench

Purpose

Use this procedure to delete an FML workbench request.

Trigger

Perform this procedure when there is a need to delete an FML workbench.

Prerequisites

- FML workbench must exist

Menu Path

None.

Transaction Code

PTFMLA

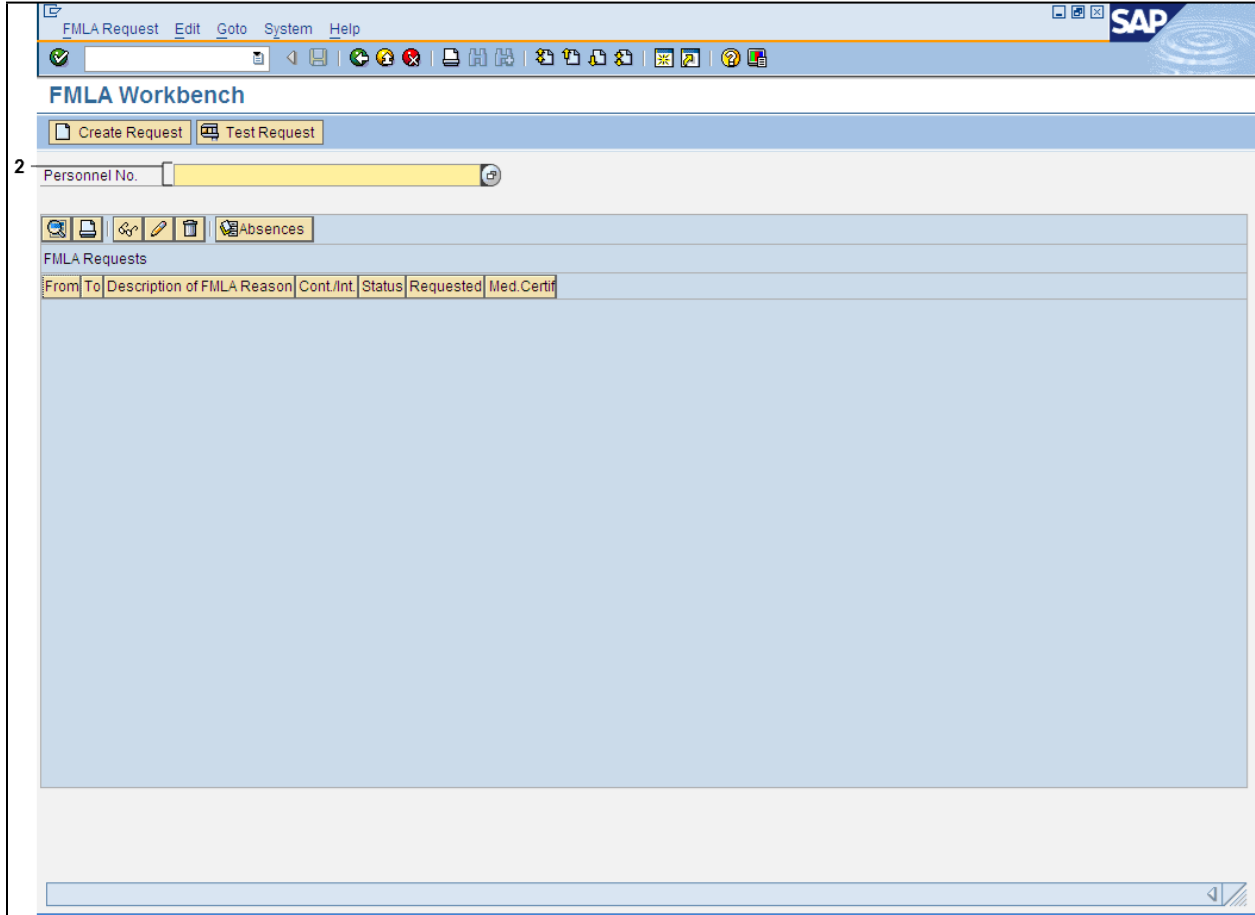
Helpful Hints

- Workbenches should only be deleted when:
 - Workbench was set up prematurely (before med cert approved) and situation is not FML qualified
 - Multiple workbenches exist for the same event
 - Workbench was created for the wrong employee

Procedure

1. Start the transaction using the menu path or transaction code. SAP displays the *FMLA Workbench* screen.

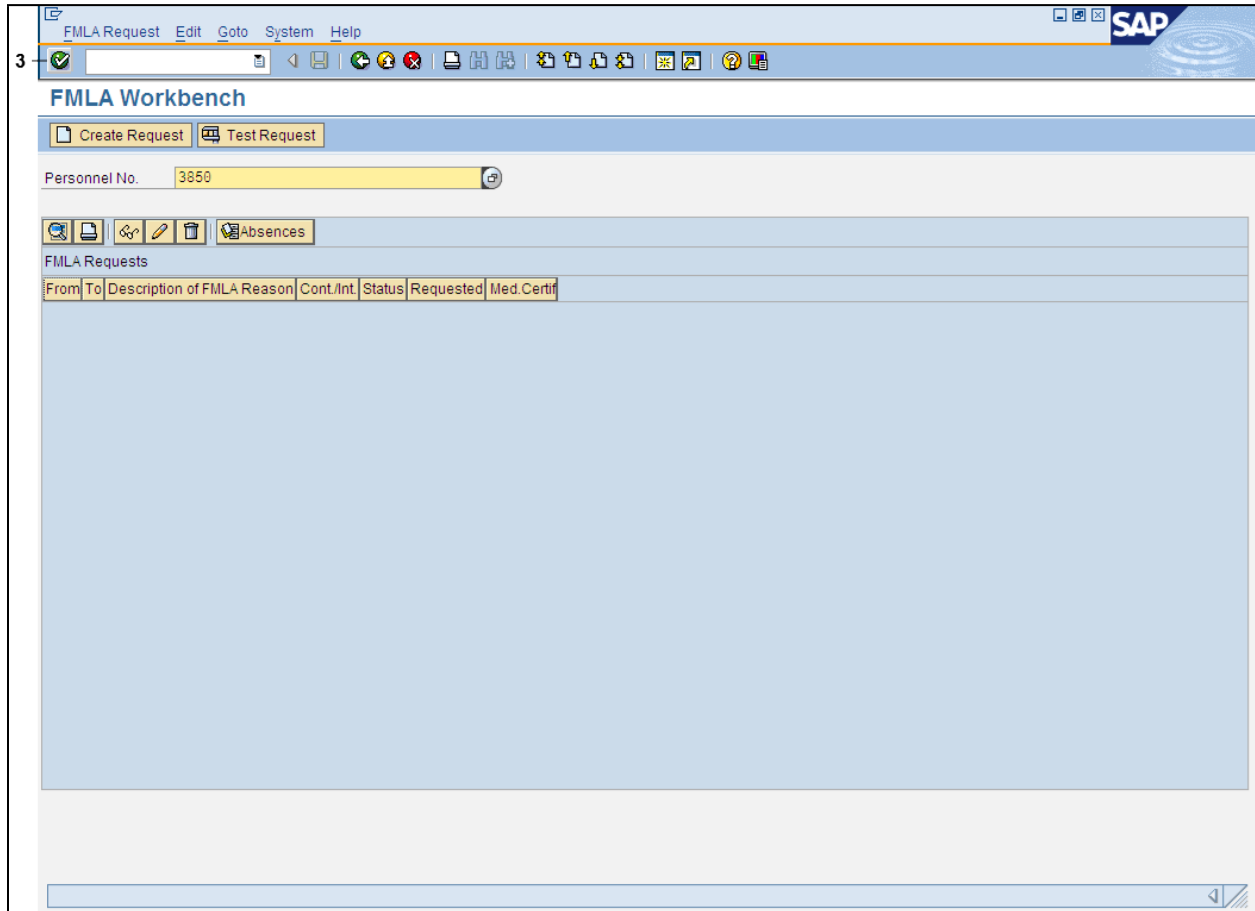
FMLA Workbench




2. As required, complete/review the following fields:

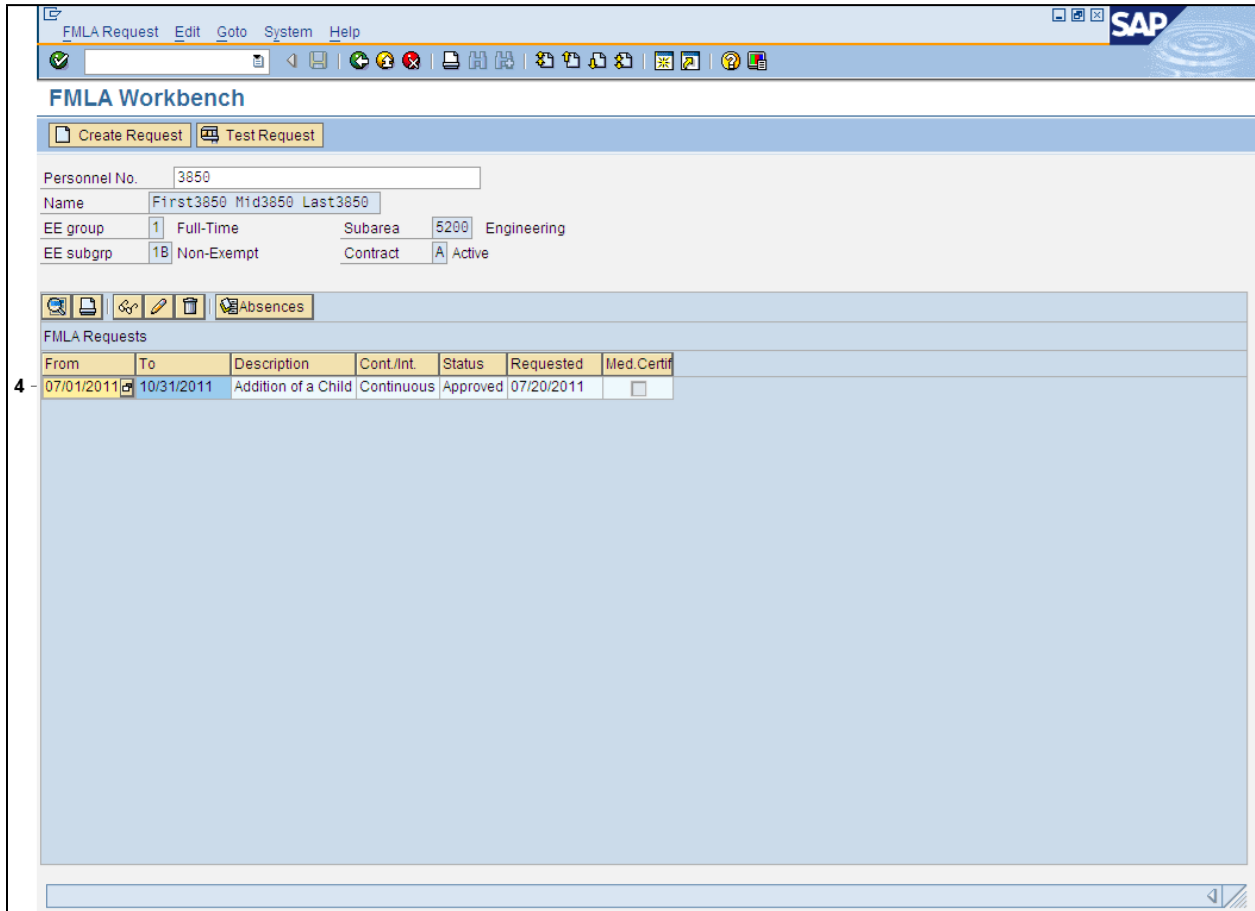
Field	R/O/C	Description
Personnel No.	Required	Number that identifies an employee. Example: 3850

FMLA Workbench



3. Click **Enter** button  to display the FMLA workbench for the desired personnel number.

FMLA Workbench



The screenshot shows the SAP FMLA Workbench interface. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu bar is a toolbar with various icons. The main area is titled 'FMLA Workbench' and contains several input fields for personnel information:

- Personnel No.: 3850
- Name: F1rst3850 M1d3850 Last3850
- EE group: 1 Full-Time
- Subarea: 5200 Engineering
- EE subgrp: 1B Non-Exempt
- Contract: A Active

Below these fields is a section for 'FMLA Requests' with a table. The table has the following columns: From, To, Description, Cont./Int., Status, Requested, and Med. Certif. The first row is highlighted in orange:

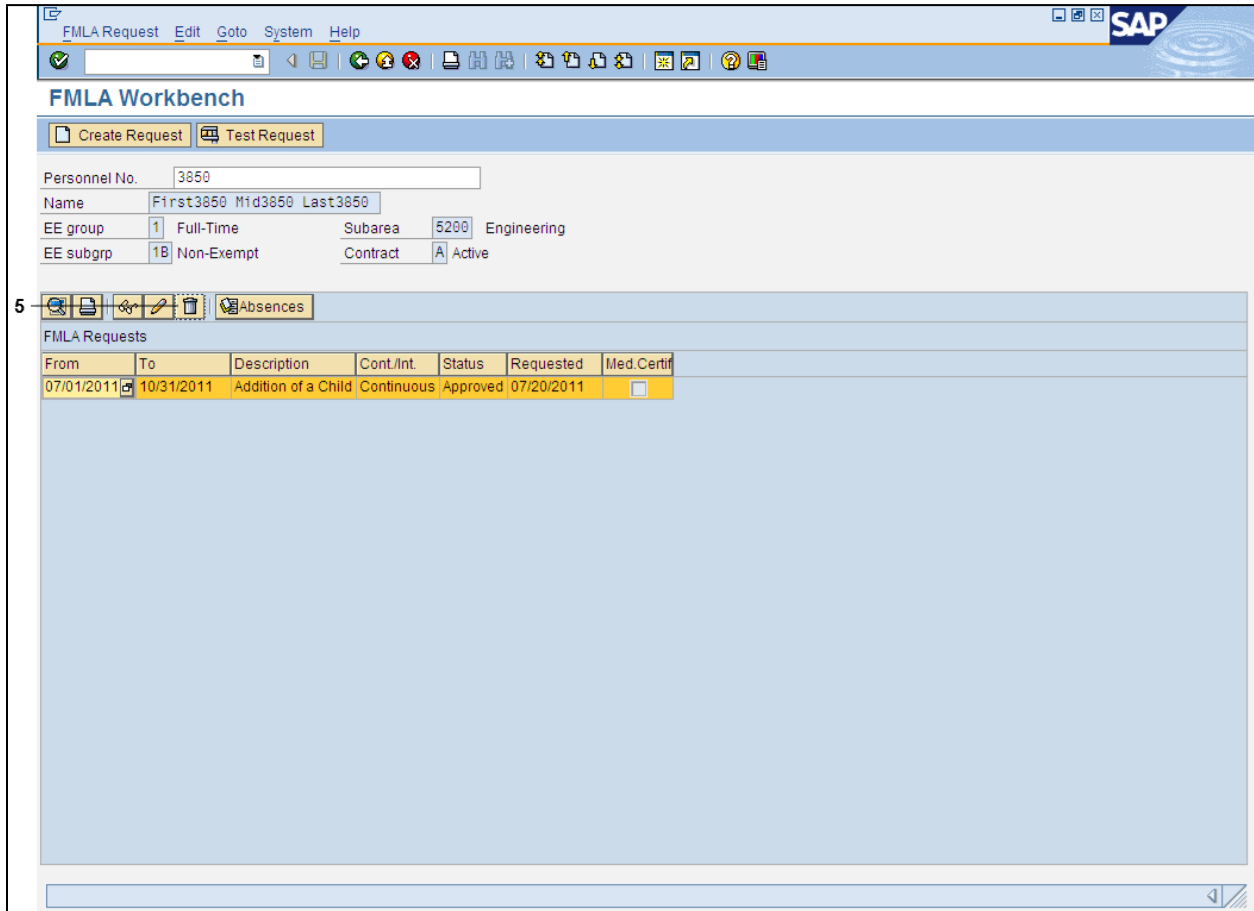
From	To	Description	Cont./Int.	Status	Requested	Med. Certif.
07/01/2011	10/31/2011	Addition of a Child	Continuous	Approved	07/20/2011	<input type="checkbox"/>

- Single-click on the line item to select the FML workbench request you want to delete.



This employee has only one FML workbench request, you may have more than one request in an FML workbench. You will need to click on the line item to select the FMLA request you wish to delete. The line item you select will highlight in orange.

FMLA Workbench

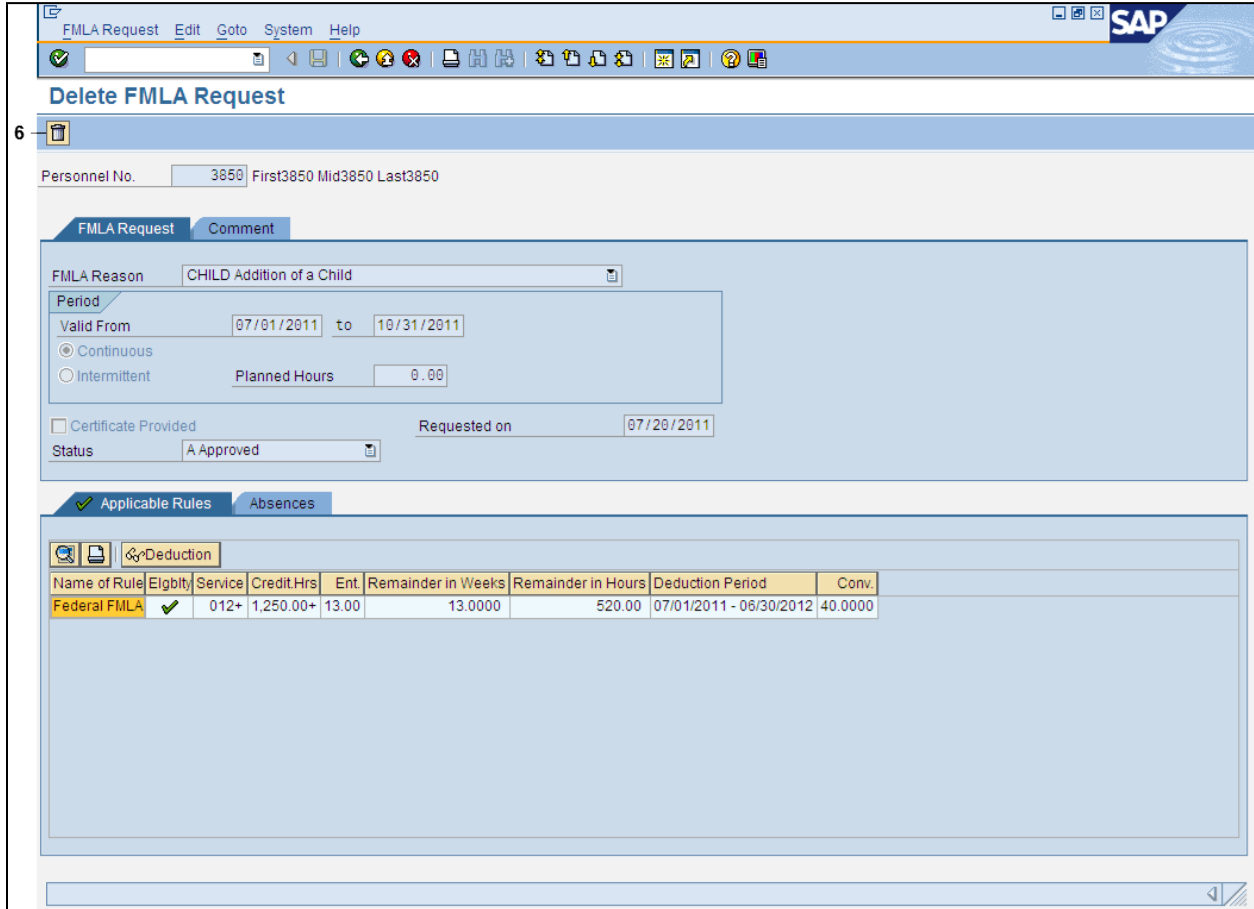


5

From	To	Description	Cont./Int.	Status	Requested	Med. Certif.
07/01/2011	10/31/2011	Addition of a Child	Continuous	Approved	07/20/2011	<input type="checkbox"/>

5. Click **Delete FMLA Request** button .

Delete FMLA Request



Personnel No. 3850 First3850 Mid3850 Last3850

FMLA Request | Comment

FMLA Reason: CHILD Addition of a Child

Period: Valid From 07/01/2011 to 10/31/2011

Continuous
 Intermittent Planned Hours 0.00

Certificate Provided Requested on 07/29/2011

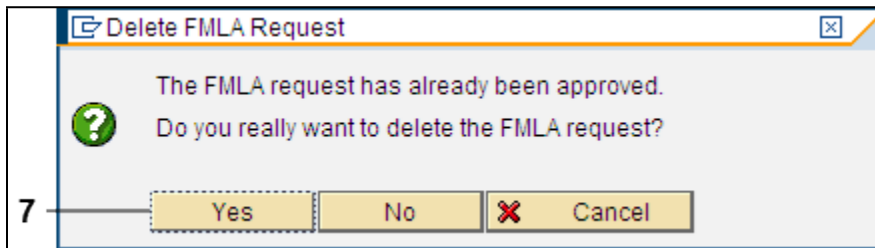
Status: A Approved

Applicable Rules | Absences

Name of Rule	Elgblt	Service	Credit.Hrs	Ent	Remainder in Weeks	Remainder in Hours	Deduction Period	Conv.
Federal FMLA	✓	012+	1,250.00+	13.00	13.0000	520.00	07/01/2011 - 06/30/2012	40.0000

- Click **Delete** button .

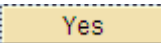
Delete FMLA Request


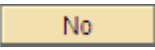
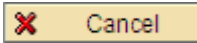


Delete FMLA Request

The FMLA request has already been approved.
 Do you really want to delete the FMLA request?

Yes No Cancel

- Click **Yes** button  to verify the deletion.

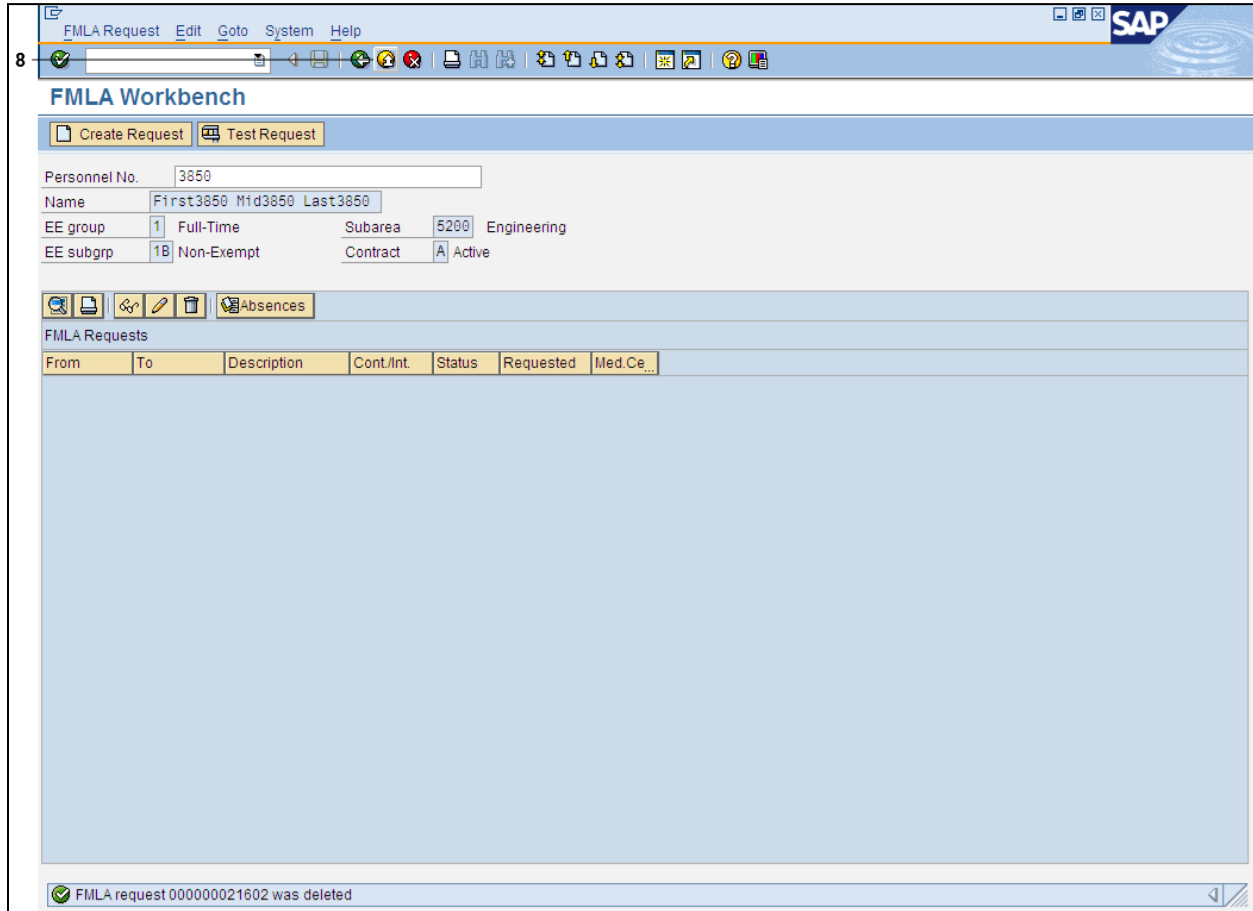
 Click  if you decide not to delete the FMLA request or click  if you wish to cancel the deletion request.

 SAP displays the message, 'FMLA request XXXXXXXXXXXX was deleted'.




You will notice that the FMLA request you deleted is no longer listed in the workbench.

FMLA Workbench



The screenshot shows the SAP FMLA Workbench interface. At the top, there is a menu bar with 'FMLA Request', 'Edit', 'Goto', 'System', and 'Help'. Below the menu bar is a toolbar with various icons. The main area is titled 'FMLA Workbench' and contains two buttons: 'Create Request' and 'Test Request'. Below these buttons are input fields for 'Personnel No.' (3850), 'Name' (First3850 Mid3850 Last3850), 'EE group' (1 Full-Time), 'Subarea' (5200 Engineering), 'EE subgrp' (1B Non-Exempt), and 'Contract' (A Active). There is also an 'Absences' button. Below the input fields is a table titled 'FMLA Requests' with columns: 'From', 'To', 'Description', 'Cont./Int.', 'Status', 'Requested', and 'Med.Ce...'. The table is currently empty. At the bottom of the screen, a status bar displays a message: 'FMLA request 000000021602 was deleted'.

8. Click **Exit** button  to go back to the *SAP Easy Access* screen.
9. You have completed this transaction.

Result

You have successfully deleted an FML workbench request.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

TAB 32 – CAT2 Maintain Timesheet - General



Purpose

Use this procedure to maintain your time entry data.

Trigger

Perform this procedure when you need to review, enter or edit time entry data.

Prerequisites

None.

Menu Path



Use the following menu path to begin this transaction:

- Select **Human Resources** → **Time Management** → **Time Sheet** → **CATS Classic** → **Record Working Times** to go to the *Time Sheet: Initial Screen*.

Transaction Code

CAT2

Helpful Hints

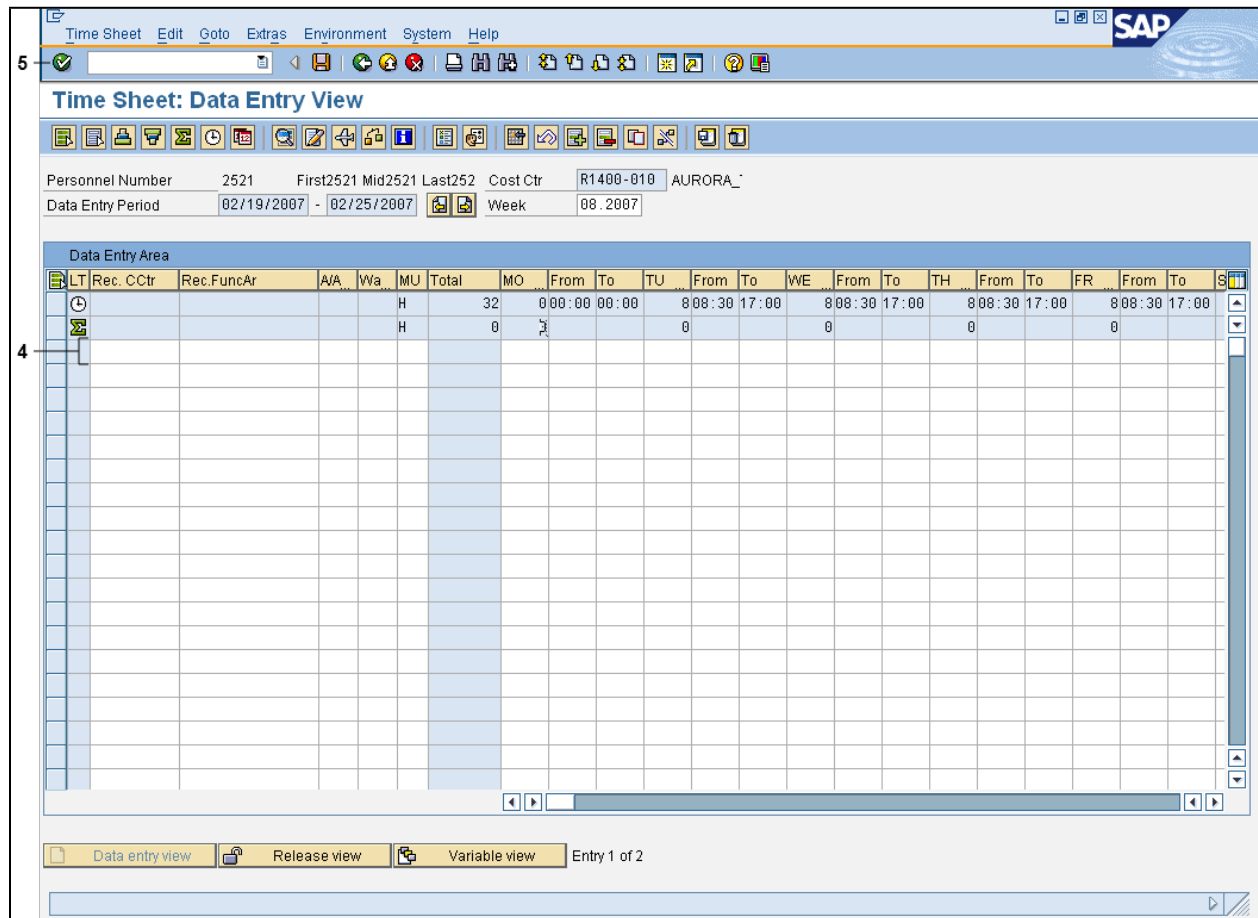
- Use **Weekdays On/Off**  to toggle column headings between day of week and actual date
- Use **Check Entries**  to check data entry errors while editing



Procedure

1. Start the transaction using the menu path or transaction code. SAP displays the *Time Sheet: Data Entry View* screen.

Time Sheet: Data Entry View



2. Review time entry records for accuracy (if any exist).



Your timesheet is automatically displayed for the current week.



Use the scroll bar to move to other days within the week.



Use the **Previous Screen/Next Screen**   to move to past or future weeks.

3. Perform one of the following:

If	Go To
You want to add a record	Step4
You want to edit an existing record	Step7
You want to add a record for Absence time	Step10
You want to delete an existing record	Step14





Records are complete or you are finished editing [Step 17](#)



To **add a record**, you will need to complete and review the fields mentioned in [Step 4](#).

4. As required, complete/review the following fields:

Field	R/O/C	Description
Rec. CCtr	Required	Receiving Cost Center. The cost center the time is being charged to. Example: R32MS-010
Rec.FuncAr	Required	Receiving Functional Area has been defined by CDOT to represent the fund for Federal-Aid Billing (FAB). Example: 1100 – ADMINISTRATION
A/A Type	Required	Attendance/Absence Type. Type of time worked or leave taken. Example: 011N – N-Time Worked-Regular.
Workday	Conditional	Workday abbreviation. Monday through Sunday time entry fields. Contains hours worked for corresponding workday. Example: 6
From	Conditional	Start date for the applicable period. Example: 0830  Use military time.
To	Conditional	Upper limit of the range. Example: BLANK  Clear the existing End Time to allow the system to re-calculate.

5. Click **Enter** . The *Time Sheet: Data Entry View* screen updates.



As long as two of the three fields (Workday, From, To) listed above are populated, the third will calculate based on the hours and/or times entered.

Review time entry records for accuracy.

Time Sheet: Data Entry View




6. Go to Step 3.

To **edit an existing record**, you will need to complete and review the fields mentioned in Step 7.


7. As required, complete/review the following fields:


Field	R/O/C	Description
-------	-------	-------------



Field	R/O/C	Description
Workday	Conditional	Workday abbreviation. Monday through Sunday time entry fields. Contains hours worked for corresponding workday. Example: 8  Any of the fields can be edited not just the hours worked.
From	Conditional	Start date for the applicable period. Example: 0830  Use military time.
To	Conditional	Upper limit of the range. Example: BLANK  Clear the existing End Time to allow the system to re-calculate.

8. Click **Enter** . *The Time Sheet: Data Entry View* screen updates.

 As long as two of the three fields (Workday, From, To) listed above are populated, the third will calculate based on the hours and/or times entered.

 Review time entry records for accuracy.



Time Sheet: Data Entry View

9. Go to Step 3.







To add a record for **Absence** time, you will need to complete and review the fields mentioned in Step 10.


10. As required, complete/review the following fields:

Field	R/O/C	Description
A/A Type	Required	Attendance/Absence Type. Type of time worked or leave taken. Example: 120P – Sick Leave

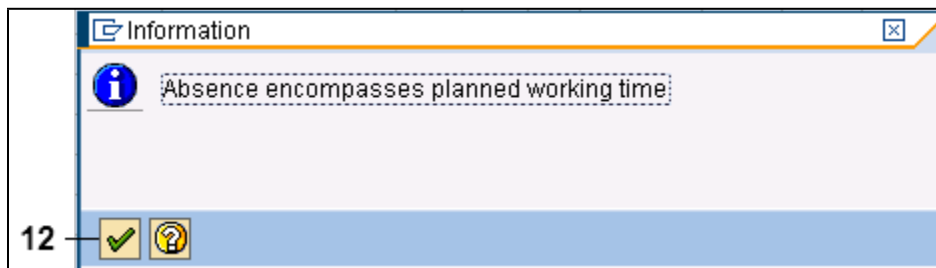


Field	R/O/C	Description
Workday	Required	Workday abbreviation. Monday through Sunday time entry fields. Contains hours worked for corresponding workday. Example: 8
From	Conditional	Start date for the applicable period. Example: 0800  You must complete this field if your time entry is for a partial day.  If you are coding an absence for the entire day, this field is optional. SAP will calculate the hours for you.  Use military time.
To	Conditional	Upper limit of the range. Example: BLANK  Clear the existing End Time to allow the system to re-calculate.

11. Click **Enter** . The *Information* dialog box displays.


 SAP displays this informational message if you enter Start and End times on a full day absence.

Information

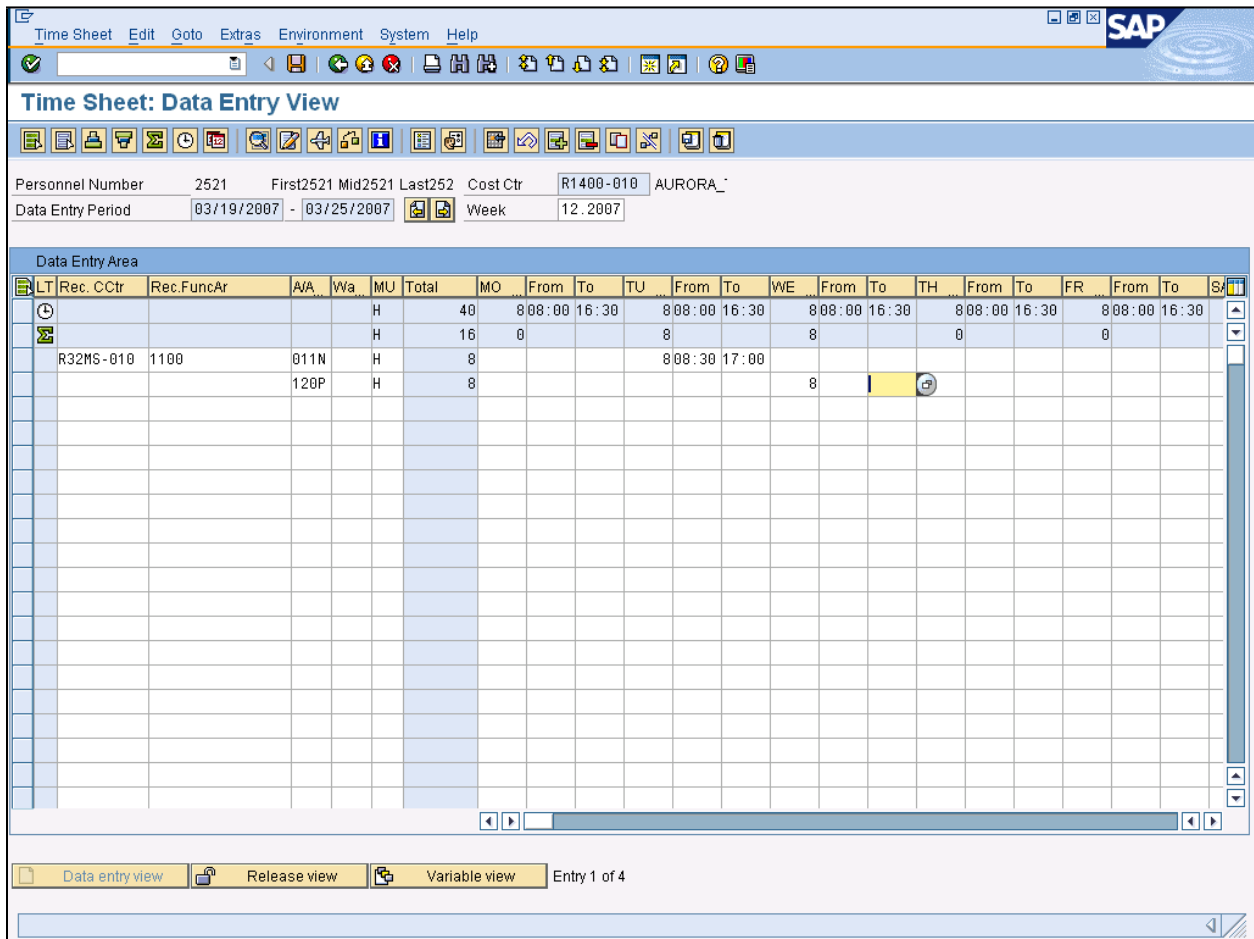




- 12. Click **Enter** . The *Time Sheet: Data Entry View* screen displays.


 Review time entry records for accuracy.

Time Sheet: Data Entry View



The screenshot shows the SAP 'Time Sheet: Data Entry View' window. At the top, there is a menu bar with 'Time Sheet', 'Edit', 'Goto', 'Extras', 'Environment', 'System', and 'Help'. Below the menu is a toolbar with various icons. The main area contains input fields for 'Personnel Number' (2521), 'First2521', 'Mid2521', 'Last2521', 'Cost Ctr' (R1400-010), and 'AURORA_'. Below these are fields for 'Data Entry Period' (03/19/2007 - 03/25/2007) and 'Week' (12.2007). The central part of the screen is a table titled 'Data Entry Area' with columns for days of the week (MO, TU, WE, TH, FR, SA, SU) and time slots (From, To). The table contains several rows of data, including a row with 'R32MS-010' and '1100' in the 'Rec. CCtr' and 'Rec. FuncAr' columns, and '011N' and '120P' in the 'AVA' and 'Wa' columns. The 'Total' column shows values of 40, 16, 8, and 8. The bottom of the window has a status bar with 'Data entry view', 'Release view', and 'Variable view' buttons, and 'Entry 1 of 4'.

- 13. Go to Step [3](#).

 To **delete** an existing record, you will need to complete Steps [14](#) through [15](#).

- 14. Select the record you wish to delete.




Time Sheet: Data Entry View


15

Personnel Number 2521 First2521 Mid2521 Last252 Cost Ctr R1400-010 AURORA_
Data Entry Period 03/19/2007 - 03/25/2007 Week 12.2007

LT	Rec. Cctr	Rec. FuncAr	A/A	Wa	MU	Total	MO	From	To	TU	From	To	WE	From	To	TH	From	To	FR	From	To	S
					H	40		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30	
					H	16		0			8		8			0			0			
	R32MS-010	1100		011N	H	8					8:08:30	17:00										
				120P	H	8							8									

15. Click **Delete Line** . The *Time Sheet: Data Entry View* screen updates.

 Selected line is deleted, no message is generated.

 Review time entry records for accuracy.



Time Sheet: Data Entry View

LT	Rec. CCtr	Rec.FuncAr	A/A	Wa	MU	Total	MO	From	To	TU	From	To	WE	From	To	TH	From	To	FR	From	To	Sa	Su
					H	40		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		
					H	16		0			8			8			0			0			
	R32MS-010	1100			H	8					8:08:30	17:00											

16. Go to Step 3.



To **Release and Save** the entries when records are complete or you are finished editing, you will need to complete Steps 17 through 20.

17. Click  **Release view**. The *Time Sheet: Release View* screen displays.



Time Sheet: Release View

LT	Rec. CCtr	Rec.FuncAr	A/A	Wa	MU	Total	MO	From	To	TU	From	To	WE	From	To	TH	From	To	FR	From	To	SU
					H	40		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30	
					H	8		8			8									0		
	R32MS-010	1100			H	8					8:08:30	17:00:00										

18. Select lines you wish to release for approval.

Use **Select All** if you wish to release ALL the lines.

19. Click **Release** . The *Time Sheet: Release View* screen updates.

SAP displays the message, "X times were released".





Time Sheet: Release View



Personnel Number 2521 First2521 Mid2521 Last252 Cost Ctr R1400-010 AURORA_
Data Entry Period 03/19/2007 - 03/25/2007 Week 12.2007

LT	Rec. CCtr	Rec. FuncAr	A/A	Wa	MU	Total	MO	From	To	TU	From	To	WE	From	To	TH	From	To	FR	From	To	Sa	Su
					H	40		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		8:08:00	16:30		
					H	8		8			8			8						0			
	R32MS-010	1100			H	8					8:08:30	17:00											

Data entry view Release view Variable view Entry 1 of 3
1 times were released

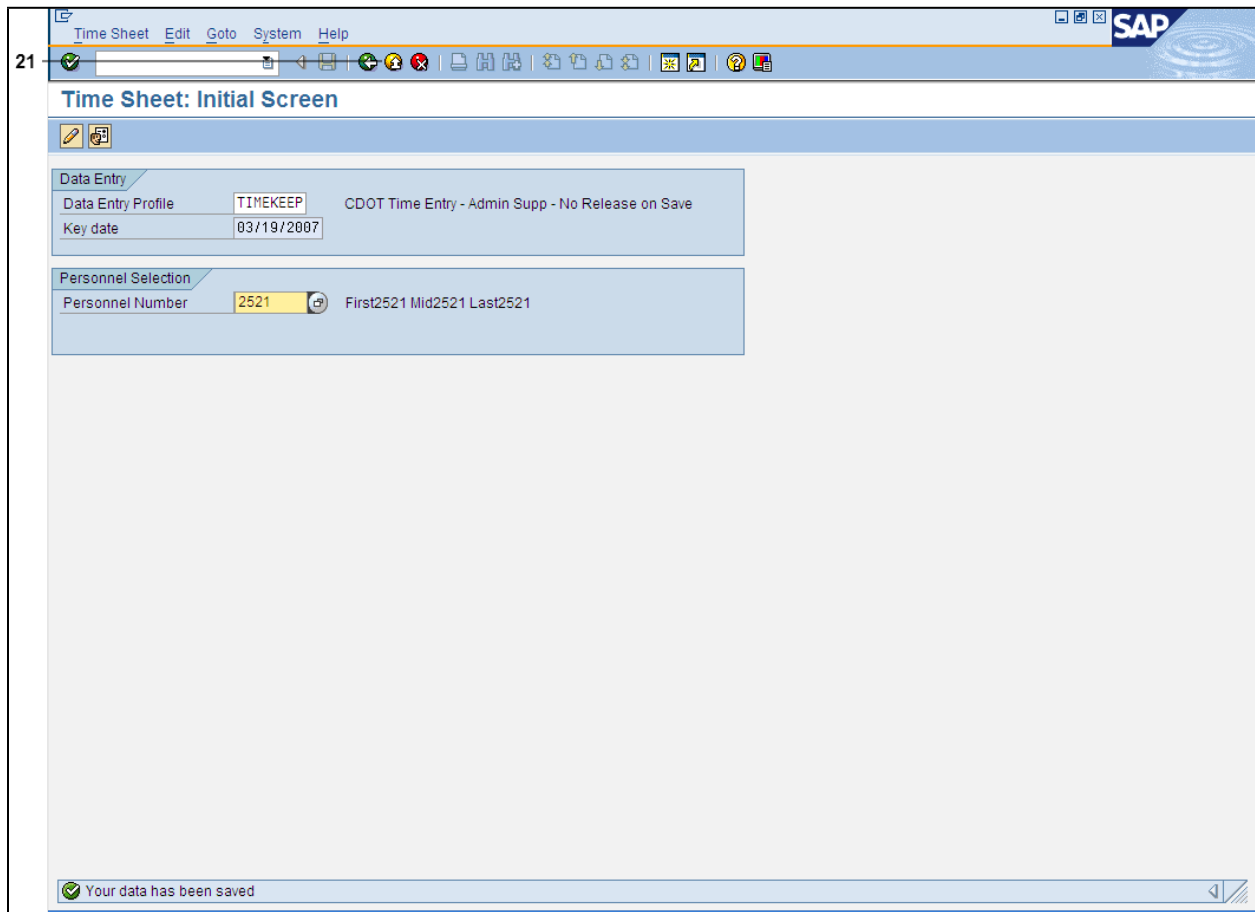
20. Click **Save** . The *Time Sheet: Initial Screen* displays.


 SAP displays the message, "Your data has been saved".

 A warning message will display if hours worked in a day exceeds the planned work schedule hours for that day. Click **Enter**  to continue.



Time Sheet: Initial Screen



21. Click **Exit**  to go back to the *SAP Easy Access* screen.
22. You have completed this transaction.



Result

You have successfully maintained Time Entry data for your personnel number.

Comments

This process releases time to your supervisor for approval.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

TAB 33 – Attendance Absence Types

Attendance/Absence Types

Emp Type			A/A Type	A/A Type Text	Definition
E N G	M T N C	G E N			
	√		010N	N–Time Worked	Time worked that will not be billed to a Federal Grant
	√		010P	P–Time Worked	Time worked that will be billed to a Federal Grant
√		√	011N	N–Time Worked	Time worked that will not be billed to a Federal Grant
√		√	011P	P–Time Worked	Time worked that will be billed to a Federal Grant
√	√	√	014N	N–Over Time	For non-exempt employees; additional time worked by the employee outside of the scheduled 40-hour work week that will result in an additional payment.
√	√	√	014P	P– Over Time	For non-exempt employees; additional time worked by the employee outside of the scheduled 40-hour work week that will result in an additional payment.
√	√	√	031N	N–Comp Time OT	Non-exempt employees who work more than 40 hours in work week are entitled to additional pay or hours off for each hour after 40. Compensatory time allows employees to take time off in lieu of payment at a later date.
√	√	√	031P	P–Comp Time OT	Non-exempt employees who work more than 40 hours in work week are entitled to additional pay or hours off for each hour after 40. Compensatory time allows employees to take time off in lieu of payment at a later date.
√	√	√	051N	N–Add'l Time–Regular	For non-exempt Full Time employees; time worked outside scheduled working time that does not result in an accumulation of more than 40 hours for the established week.
√	√	√	051P	P– Add'l Time–Regular	For non-exempt Full Time employees; time worked outside scheduled working time that does not result in an accumulation of more than 40 hours for the established week.
√	√	√	061N	N–Time Worked–Alt Holiday	Time worked on a holiday by a Full Time employee in order to take additional time off at a later date. Part time employees are automatically paid holiday hours based on number of hours worked.
√	√	√	061P	P–Time Worked–Alt Holiday	Time worked on a holiday by a Full Time employee in order to take additional time off at a later date. Part time employees are automatically paid holiday hours based on number of hours worked.
√	√	√	110P	Use Comp Time	Use of compensatory time employee has banked.
√	√	√	111P	Exempt Hours	For exempt employees who have continuously exceeded 45 hours of work time per week for a special project, time off can be granted by the appointing authority.
√	√	√	120P	Sick Leave	For permanent employees; leave granted for the health needs of the employee, their spouse, parent, or legal dependent
√	√	√	130P	Annual Leave	For permanent employees; leave granted for personal needs; should be requested in advance and subject to approval

Attendances

N = Non-Participating in Federal
P = Participating in Federal

Absences

P=Paid
U=Unpaid

Emp Type			A/A Type	A/A Type Text	Definition
E N G	M T N C	G E N			
√	√	√	131P	Leave Grant	Paid leave granted to a qualifying permanent employee experiencing an unforeseeable life-altering event beyond the control of an employee; Employee must apply and be approved for Leave Grant program prior to using leave
√	√	√	141P	Holiday–Alternate	Time taken after Alternate Holiday has been banked by the employee.
√	√	√	150P	Bereavement Leave	For permanent employees; leave up to 40 hours is provided upon the death of a family member or other person; amount granted is based on relationship of employee to deceased, the distance and required mode of transportation.
√	√	√	160P	Jury Leave	For permanent employees; time off is provided for jury duty. For temporary employees, up to three days of jury leave are granted.
√	√	√	170P	Administrative Leave	Leave granted by appointing authority which releases an employee from their official duties for the good of the state; for example, granting 2 hours of leave to employee to participate in general election voting.
√	√	√	180P	Military 15 Days Paid/Yr	Up to 15 paid work days (maximum of 120 hours) of leave in the fiscal year is provided to permanent, full time employees who are members of the National Guard, Military Reserves, or National Disaster Medical Service. This leave can be used to attend annual encampment or equivalent training, or for active service, including declared emergencies.
√	√	√	181U	Military Leave Unpaid	After paid military leave is exhausted, unpaid military leave is granted. The employee may request the use of annual leave before being placed on unpaid leave.
√	√	√	182P	Military–Administrative	Used only to make up the difference between an employee's base salary and total gross military pay, a department head may grant a period of administrative leave for the initial call up to active military service in the war against terrorism or other military operations. Leave shall not exceed 90 calendar days and applies after exhaustion of paid military leave. Employee must furnish proof of military pay and allowances; does not apply to regular military obligations such as annual encampment or training.
√	√	√	183P	Military Leave Grant	Paid Leave granted to a qualifying permanent employee to minimize financial hardship due to absences related to military leave; Employee must apply and be approved for Leave Grant program prior to using leave
√	√	√	189P	FML–Leave Grant	Paid leave granted to a qualifying permanent employee experiencing an unforeseeable life-altering event beyond the control of an employee used during FML when FML is applicable and approved; Employee must apply and be approved for Leave Grant program prior to using leave
√	√	√	190P	FML–Sick Leave	Paid Sick leave used during FML when FML is applicable and approved.
√	√	√	191P	FML–Annual Leave	Paid Annual leave used during FML when FML is applicable and approved.

Attendances

N = Non-Participating in Federal
P = Participating in Federal

Absences

P=Paid
U=Unpaid

Emp Type			A/A Type	A/A Type Text	Definition
E N G	M T N C	G E N			
√	√	√	193P	FML–Bereavement Leave	Paid Bereavement leave used during FML when FML is applicable and approved.
√	√	√	194P	FML–Jury Leave	Paid Jury leave used during FML when FML is applicable and approved.
√	√	√	195P	FML–Administrative Leave	Paid Administrative leave used during FML when FML is applicable and approved.
√	√	√	196P	FML–Military Leave Paid	Paid Military leave used during FML when FML is applicable and approved.
√	√	√	197U	FML–Unpaid Leave	Unpaid leave used during FML when FML is applicable and approved. All paid leave must be exhausted prior to use.
√	√	√	198P	FML–Holiday Alt	Time taken after Alternate Holiday has been banked by the employee AND FML applies.
√	√	√	199P	FML–Use Comp Time	Used when FML is applicable and approved. Use of compensatory time employee has banked.
√	√	√	201U	Make Whole–Unpaid Leave	After the employee has exhausted all Injury leave, and he/she is still unable to work, then Make-Whole Unpaid leave is used in conjunction with available leaves with the approval of Risk Management. CDOT Risk Management will provide approval letter for use of Make-Whole to the supervisor and employee. Refer to the approval letter for the correct Make-Whole calculations. This unpaid leave does not reduce earned accruals.
√	√	√	202U	FML–Make Whole–Unpaid	Used when FML is applicable and approved. See 201U.
√	√	√	210P	Injury Leave Paid	Eligible employees who suffer an injury/illness that is compensable under the Workers' Compensation Act may be granted injury leave (up to 90 occurrences). CDOT Risk Management provides approval letter to the supervisor and employee, indicating the approved Injury leave by Risk Management.
√	√	√	212P	FML–Injury Leave	Used to code Injury leave when approved by Risk Management and when FML is applicable and approved.
√	√	√	220U	Leave Without Pay	For employees who have exhausted their sick and annual leave, unpaid leave may be granted by the appointing authority.
√	√	√	230U	Victim Protect Unpaid	After one year of state service, and after exhausting all annual and, if applicable, sick leave, a permanent, full time employee is granted up to 24 hours (pro-rated for part time employees) of unpaid leave per fiscal year for being the victim of stalking, sexual assault, or domestic abuse or violence.
√	√	√	253P	FML–SL Military Caregiver	Paid Sick leave used during FML when FML type Military Caregiver is applicable and approved.
√	√	√	254P	FML–AL Military Caregiver	Paid Annual leave used during FML when FML type Military Caregiver is applicable and approved.
√	√	√	255U	FML–UL Military Caregiver	Unpaid leave used during FML when FML type Military Caregiver is applicable and approved. All paid leave must be exhausted prior to using 255U.

Attendances

N = Non-Participating in Federal
P = Participating in Federal

Absences

P=Paid
U=Unpaid

Wage Types

Emp Type			A/A Type	A/A Type Text	Definition
E N G	M T N C	G E N			
√	√	√	4099	On Call	Pay Premium which may be granted to an employee at the Appointing Authority's discretion during an absence to ensure the employee's availability to report to work if needed. Rate is determined each year by DPA.
√	√	√	7002	Work Sched. Prem. 2 nd	Pay Premium which may be granted to an employee at the Appointing Authority's discretion to an employee regularly scheduled to work 2 nd shift when required to attend official functions during 1 st shift.
√	√	√	7003	Work Sched. Prem. 3 rd	Pay Premium which may be granted to an employee at the Appointing Authority's discretion to an employee regularly scheduled to work 3 rd shift when required to attend official functions during 1 st shift.

Attendances

N = Non-Participating in Federal
P = Participating in Federal

Absences

P=Paid
U=Unpaid

TAB 34 – Claim Status Update

COLORADO DEPARTMENT OF TRANSPORTATION WORKER'S COMPENSATION CLAIM STATUS UPDATE (CSU)

Claim Number	Employee LAST NAME, FIRST NAME	Last 4 SSN	PRNR
		XXX-XX-	
Date of Injury (DOI)	Always coded as work time and does not count as an injury leave occurrence		
24th hour begins	Coded to the employee's SL, AL, Compensatory time or LWOP		
25th hour begins on	Annual Leave Balance		as of
81st hour begins on	Sick Leave Balance		as of
90th Occurrence on	FML begins		ends
Make Whole begins	Pre- Injury Payrate <input type="radio"/> YES <input type="checkbox"/> NO		
MMI			

Occurrence	DATE OF EVENT	Reason	Hours	SUM	NOTE CRITICAL EVENT
1				0	
2				0	
3				0	
4				0	
5				0	
6				0	
7				0	
8				0	
9				0	
10				0	
11				0	
12				0	
13				0	
14				0	
15				0	
16				0	
17				0	
18				0	
19				0	
20				0	
21				0	
22				0	
23				0	
24				0	
25				0	
26				0	
27				0	
28				0	
29				0	
30				0	
31				0	
32				0	
33				0	
34				0	
35				0	
36				0	
37				0	
38				0	
39				0	
40				0	

Helpful 'REASON' for absence shortcuts:
DR - Authorized Treating Provider (ATP) appointment
DX - Diagnostic appointments (MRI, Lab work, x-rays, etc.)
SP - Specialist appointments (Orthopedists, surgeon, etc.)
PT - Physical Therapist
OT - Occupational Therapist
OFF - Taken off work due to restrictions
MD - Full Time Modified Duty
PMD - Partial Modified Duty
RTW - Return to Work
LDW - Last Date Worked

41				0	
42				0	
43				0	

TAB 35 – Approval Letter for Injury Leave



COLORADO
Department of Transportation

Office of Transportation
 Safety & Risk Management

DATE: June 9, 2015
 TO: SUPERVISOR, TIMEKEEPER, and FML LIAISON
 FROM: (SPECIALIST), Risk management
 SUBJECT: approval for injury leave

Employee and Claim Information:
 Employee: Ron Hurt
 PERN #: #####
 Claim #: XXXXXXXXX
 Date of Accident: 5/22/15

Approved Leave Dates and Hours:

Time Period	TIME
05/29/2015 Thru 06/05/2015 - Injury Leave	1 1/7 Weeks

Charge time to the applicable coding.

- Injury Leave 210P
- Injury Leave FML 212P

Payroll - FML Liaisons and/or Timekeepers must ensure that employees on Make Whole Unpaid Leave or LWOP have completed and approved timesheets to payroll by the 15th of the month in which there is Make Whole Unpaid Leave or LWOP. If Make Whole Unpaid Leave or LWOP occurs after the 15th, please complete the timesheet, have it approved immediately and notify payroll as soon as this process is complete.

Short Term Disability (STD) - An Employee, who suffers a personal injury/illness, has the right and responsibility to apply for Short Term Disability (STD). After gaining knowledge of employee's need to use leave, their office personnel - who are part of the STD Users Group - should send the employee the STD Information Letter and STD Application (if necessary). The employee is responsible for completing his/her sections of the STD application, forwarding the application to their attending physician, and advising attending physician to fax the completed application to UNUM Insurance. The employee's average weekly wage (AWW) may exceed the statutory cap. Below is the maximum wage and AWW. AWW is 2/3's of the weekly salary.

EFFECTIVE DATE	WEEKLY WAGE MAX	AVERAGE WEEKLY WAGE MAX
07/01/2015 - 06/30/2016	\$1371.41	\$914.27
07/01/2014 - 06/30/2015	\$1322.48	\$881.65
07/01/2013 - 06/30/2014	\$1313.13	\$875.42

Family Medical Leave (FML) - The FML Liaison is responsible for verifying employee's eligibility and issuing the FMLA "Notice of Eligibility and Rights and Responsibilities" within 5 business days after knowledge of employee's need to take leave. Notification must include the FML Medical Certification form. Employee has the right and responsibility for assuring the medical certification is received by attending physician, and advising attending physician to return completed medical certification within the time frame stated on the FML notification.

When the employee returns back to full or modified duty or a critical event occurs the FML Liaison must notify the Risk Management Office on a Claim Status Update form. Once the employee returns back to work any additional lost time must be reported to the Risk Management Office on a Claim Status Update Form, admitted by Broadspire, and approved by Risk Management before further charges to injury leave will be allowed.

For questions regarding the time sheet coding, please contact Payroll 303.757.9300.

For questions regarding workers' compensation or injury leave, please contact Risk Management 303.757.9340.

cc: Supervisor, Timekeeper, FML Liaison, Payroll, Employee Relations and Legal, Employee



TAB 36 – Approval Letter for
Injury Make Whole or Leave
without Pay



COLORADO

Department of Transportation

Office of Transportation
Safety & Risk Management

DATE: September 30, 2015
TO: SUPERVISOR, TIMEKEEPER, AND FML LIAISON
FROM: (SPECIALIST), RISK MANAGEMENT
SUBJECT: APPROVAL FOR MAKE WHOLE OR LEAVE WITHOUT PAY

Employee and Claim Information:

Employee: Ron Hurt
PERN #: #####
Claim #: XXXXXXXXX
Date of Accident: 5/22/15

Approved Leave Dates and Hours:

Time Period	TIME
05/29/2015 THRU 09/25/2015 INJURY LEAVE	18 WKS
09/28/2015 THRU UNDET MAKE WHOLE	

Charge time to the applicable coding.

- Make Whole 201U
- Make Whole FML 202U
- FML LWOP 197U
- Leave Without Pay 220U

The listed employee has exhausted the 90 occurrences of Injury Leave and is no longer approved to charge time to Injury Leave. Make Whole is based on the salary reported to the Workers' Compensation Insurance carrier. Employee's authorized leave usage rate is listed below.

Make Whole Leave Usage [CHANGEABLE BASED ON THE INDIVIDUAL EMPLOYEE'S SALARY]

Weekly Leave: 13.30 } weekly Leave charged by employee to pay self
Daily Leave: 2.70 } daily Leave charged by employee to pay self
Hourly Leave: .30 } hourly Leave charged by employee to pay self
Make Whole LWOP (201U): 0.7 } hourly paid directly to employee by Broadspire
(typically 0.7 but could vary based on employee salary/tenure)

When an employee has exhausted all paid leave, the entire timesheet is coded to Leave Without Pay.

Payroll - FML Liaisons and/or Timekeepers must ensure that employees on Make Whole Unpaid Leave or LWOP have completed and approved timesheets to payroll by the 15th of the month in which there is Make Whole Unpaid Leave or LWOP. If Make Whole Unpaid Leave or LWOP occurs after the 15th, please complete the timesheet, have it approved immediately and notify payroll as soon as this process is complete.

Short Term Disability (STD) - An Employee, who suffers a personal injury/illness, has the right and responsibility to apply for Short Term Disability (STD). After gaining knowledge of employee's need to use leave, their office personnel - who are part of the STD Users Group - should send the employee the STD Information Letter and STD Application (if necessary). The employee is responsible for completing his/her sections of the STD application, forwarding the application to their attending physician, and advising attending physician to fax the completed application to UNUM Insurance.

The employee's average weekly wage (AWW) may exceed the statutory cap. Below is the maximum wage and AWW. AWW is 2/3's of the weekly salary.

EFFECTIVE DATE	WEEKLY WAGE MAX	AVERAGE WEEKLY WAGE MAX
07/01/2015 - 06/30/2016	\$1371.41	\$914.27



07/01/2014 - 06/30/2015	\$1322.48	\$881.65
07/01/2013 - 06/30/2014	\$1313.13	\$875.42

Family Medical Leave (FML) - The FML Liaison is responsible for verifying employee's eligibility and issuing the FMLA "Notice of Eligibility and Rights and Responsibilities" within 5 business days after knowledge of employee's need to take leave. Notification must include the FML Medical Certification form. Employee has the right and responsibility for assuring the medical certification is received by attending physician, and advising attending physician to return completed medical certification within the time frame stated on the FML notification.

When the employee returns back to full or modified duty or a critical event occurs the FML Liaison must notify the Risk Management Office on a Claim Status Update form. Once the employee returns back to work any additional lost time must be reported to the Risk Management Office on a Claim Status Update Form, admitted by Broadspire, and approved by Risk Management before further charges to injury leave will be allowed.

For questions regarding the time sheet coding, please contact Payroll 303.757.9300.

For questions regarding workers' compensation or injury leave, please contact Risk Management 303.757.9340.

cc: Supervisor, Timekeeper, FML Liaison, Payroll, Employee Relations and Legal, Employee

TAB 37 – Maximum Medical Improvement Letter



DATE: October 2, 2015
TO: SUPERVISOR, TIMEKEEPER, AND FML LIAISON
FROM: (SPECIALIST), RISK MANAGEMENT
SUBJECT: APPROVAL FOR INJURY LEAVE OR MAKE WHOLE AND MMI

The employee has been placed at Maximum Medical Improvement (MMI) effective 9/30/2015. NO additional lost time can be charged to Injury Leave per C.R.S. 8-42-105 (3)a for this claim on or after the MMI date.

Employee and Claim Information:

Employee: Ron Hurt
PERN #: ####
Claim #: XXXXXXXXX
Date of Accident: 5/22/15

Approved Leave Dates and Hours:

Time Period	TIME
05/29/2015 THRU 09/25/2015 INJURY LEAVE	18 WKS
09/28/2015 THRU 09/29/2015 MAKE WHOLE	2/7 WKS

When an employee has exhausted all paid leave, the entire timesheet is coded to Leave Without Pay.

Payroll - FML Liaisons and/or Timekeepers must ensure that employees on Make Whole Unpaid Leave or LWOP have completed and approved timesheets to payroll by the 15th of the month in which there is Make Whole Unpaid Leave or LWOP. If Make Whole Unpaid Leave or LWOP occurs after the 15th, please complete the timesheet, have it approved immediately and notify payroll as soon as this process is complete.

Short Term Disability (STD) - An Employee, who suffers a personal injury/illness, has the right and responsibility to apply for Short Term Disability (STD). After gaining knowledge of employee's need to use leave, their office personnel - who are part of the STD Users Group - should send the employee the STD Information Letter and STD Application (if necessary). The employee is responsible for completing his/her sections of the STD application, forwarding the application to their attending physician, and advising attending physician to fax the completed application to Standard Life Insurance.

The employee's average weekly wage (AWW) may exceed the statutory cap. Below is the maximum wage and AWW. AWW is 2/3's of the weekly salary.

EFFECTIVE DATE	WEEKLY WAGE MAX	AVERAGE WEEKLY WAGE MAX
07/01/2015 - 06/30/2016	\$1371.41	\$914.27
07/01/2014 - 06/30/2015	\$1322.48	\$881.65

Family Medical Leave (FML) - The FML Liaison is responsible for verifying employee's eligibility and issuing the FMLA "Notice of Eligibility and Rights and Responsibilities" within 5 business days after knowledge of employee's need to take leave. Notification must include the FML Medical Certification form. Employee has the right and responsibility for assuring the medical certification is received by attending physician, and advising attending physician to return completed medical certification within the time frame stated on the FML notification.

When the employee returns back to full or modified duty or a critical event occurs the FML Liaison must notify the Risk Management Office on a Claim Status Update form. Once the employee returns back to work any additional lost time must be reported to the Risk Management Office on a Claim Status Update Form, admitted by Broadspire, and approved by Risk Management before further charges to injury leave will be allowed.

For questions regarding the time sheet coding, please contact Payroll 303.757.9300.

For questions regarding workers' compensation or injury leave, please contact Risk Management 303.757.9340.



cc: Supervisor, Timekeeper, FML Liaison, Payroll, Employee Relations and Legal, Employee

TAB 38 – Example of Low Balance Report

Fwd: FML Low Balance Report -2015-08-05-07-30-11

Kiziuk - CDOT, Len <len.kiziuk@state.co.us>
To: Jason Prince - CDOT <jason.prince@state.co.us>

Tue, Aug 25, 2015 at 4:18 PM

Len Kiziuk
Employee Relations



P 303.757.9683 | F 303.757.9718
4201 E. Arkansas Ave., Room 290, Denver, CO 80222
Len.Kiziuk@state.co.us | www.codot.gov | www.cotrip.org

----- Forwarded message -----

From: <CDOT.Reporting.D@state.co.us>
Date: Wed, Aug 5, 2015 at 7:31 AM
Subject: FML Low Balance Report -2015-08-05-07-30-11
To: LEN.KIZIUK@state.co.us

This is a monthly report. If you have employees on the report, there are two attached files. The Excel file contains a list of employees that have low FML balances as of 2015-08-05-07-30-11. The Word file contains the "FML Balance Advisory" letter for each employee on the report. FML Liaisons should notify all employees listed on this report within three business days from the report run date.

Note: The Excel report is only generated if there are employees in your division or region on the Low Balance Report.

Notification by CDOT email or hand delivery is appropriate for employees on intermittent FML. Certified postal mail is necessary for employees on continuous FML.

For questions, contact the FML Program Manager at [303-757-9683](tel:303-757-9683).

2 attachments

 **FML Low Balance Report-2015-08-05-07-30-11.xls**
52K

 **FML Low Balance Report-2015-08-05-07-30-11.rtf**
7776K



FML Low Balance Report Data

Report Run Date / Time: 8/5/2015 / 7:30:32AM

PERSON	First Name	Last Name	Organizational Unit	Email Address	Mailing Address 1	Mailing Address 2	City	State	Zip	Remaining FML Hours	Sick Leave Available	Annual Leave Available	Other Leave Available
9999	COREY	FLINTOFF	Denver Metro Mac-King Thornton 36-770	COREY.FLINTOFF@STATE.CO.US	626 N. OLD KING COLE		NEVERLAND	CO	80555	56.00	12.06	242.67	0.00

Fwd: FML Low Balance Report -2015-08-05-07-30-11

Kiziuk - CDOT, Len <len.kiziuk@state.co.us>
To: Jason Prince - CDOT <jason.prince@state.co.us>

Tue, Aug 25, 2015 at 4:18 PM

Len Kiziuk
Employee Relations



P 303.757.9683 | F 303.757.9718
4201 E. Arkansas Ave., Room 290, Denver, CO 80222
Len.Kiziuk@state.co.us | www.codot.gov | www.cotrip.org

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Date: Wed, Aug 5, 2015 at 7:31 AM
Subject: FML Low Balance Report -2015-08-05-07-30-11
To: LEN.KIZIUK@state.co.us

This is a monthly report. If you have employees on the report, there are two attached files. The Excel file contains a list of employees that have low FML balances as of 2015-08-05-07-30-11. The Word file contains the "FML Balance Advisory" letter for each employee on the report. FML Liaisons should notify all employees listed on this report within three business days from the report run date.

Note: The Excel report is only generated if there are employees in your division or region on the Low Balance Report.

Notification by CDOT email or hand delivery is appropriate for employees on intermittent FML. Certified postal mail is necessary for employees on continuous FML.

For questions, contact the FML Program Manager at [303-757-9683](tel:303-757-9683).

2 attachments

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52K

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7776K

FML Low Balance Report

1 of your Employees are at the low balance threshold at time of report run!

Report Run Date / Time: 8/5/2015 / 7:30:32AM

Strategic Workforce Solutions
4201 E Arkansas Ave, Room 290
Denver, CO 80222-3400
COREY FLINTOFF
626 N. OLD KING COLE
NEVERLAND, CO 80555

RE: FML Job Protection Remaining

As of this date, 8/5/2015, you have 56.00 hours of FML job protection remaining.

Please continue to log into Employee Self Service to view your personal FML Leave Balance Report to see when additional FML job protection will be earned back.

Your current accrued paid leave balances are:

Sick Leave:	12.06
Annual Leave:	242.67
Other Paid Compensation:	0.00

If you have any questions regarding your FML entitlement, please contact your FML Liaison.

4201 E Arkansas Ave, Room 290, Denver, CO 80222-3400 P 303.757.9217 F 303.757.9081 www.codot.gov

TAB 39 – Case Study Materials



DATE: October 2, 2015
TO: SUPERVISOR, TIMEKEEPER, AND FML LIAISON
FROM: (SPECIALIST), RISK MANAGEMENT
SUBJECT: APPROVAL FOR INJURY LEAVE OR MAKE WHOLE AND MMI

The employee has been placed at Maximum Medical Improvement (MMI) effective 9/30/2015. NO additional lost time can be charged to Injury Leave per C.R.S. 8-42-105 (3)a for this claim on or after the MMI date.

Employee and Claim Information:

Employee: Ron Hurt
PERN #: ####
Claim #: XXXXXXXXX
Date of Accident: 5/22/15

Approved Leave Dates and Hours:

Time Period	TIME
05/29/2015 THRU 09/25/2015 INJURY LEAVE	18 WKS
09/28/2015 THRU 09/29/2015 MAKE WHOLE	2/7 WKS

When an employee has exhausted all paid leave, the entire timesheet is coded to Leave Without Pay.

Payroll - FML Liaisons and/or Timekeepers must ensure that employees on Make Whole Unpaid Leave or LWOP have completed and approved timesheets to payroll by the 15th of the month in which there is Make Whole Unpaid Leave or LWOP. If Make Whole Unpaid Leave or LWOP occurs after the 15th, please complete the timesheet, have it approved immediately and notify payroll as soon as this process is complete.

Short Term Disability (STD) - An Employee, who suffers a personal injury/illness, has the right and responsibility to apply for Short Term Disability (STD). After gaining knowledge of employee’s need to use leave, their office personnel - who are part of the STD Users Group - should send the employee the STD Information Letter and STD Application (if necessary). The employee is responsible for completing his/her sections of the STD application, forwarding the application to their attending physician, and advising attending physician to fax the completed application to Standard Life Insurance.

The employee’s average weekly wage (AWW) may exceed the statutory cap.

Below is the maximum wage and AWW. AWW is 2/3’s of the weekly salary.

EFFECTIVE DATE	WEEKLY WAGE MAX	AVERAGE WEEKLY WAGE MAX
07/01/2015 - 06/30/2016	\$1371.41	\$914.27
07/01/2014 - 06/30/2015	\$1322.48	\$881.65

Family Medical Leave (FML) - The FML Liaison is responsible for verifying employee’s eligibility and issuing the FMLA “Notice of Eligibility and Rights and Responsibilities” within 5 business days after knowledge of employee’s need to take leave. Notification must include the FML Medical Certification form. Employee has the right and responsibility for assuring the medical certification is received by attending physician, and advising attending physician to return completed medical certification within the time frame stated on the FML notification.

When the employee returns back to full or modified duty or a critical event occurs the FML Liaison must notify the Risk Management Office on a Claim Status Update form. Once the employee returns back to work any additional lost time must be reported to the Risk Management Office on a Claim Status Update Form, admitted by Broadspire, and approved by Risk Management before further charges to injury leave will be allowed.

For questions regarding the time sheet coding, please contact Payroll 303.757.9300.

For questions regarding workers’ compensation or injury leave, please contact Risk Management 303.757.9340.



cc: Supervisor, Timekeeper, FML Liaison, Payroll, Employee Relations and Legal, Employee

TAB 40 – Print a Single Letter from the FML Leave Balance Report

Purpose

Use this procedure to print a specific page of the FML Low Balance report. This is done to send a letter to the Employee notifying them that they have a low FML Balance.

Trigger

Perform this procedure when you need to print a specific page of the FML Low Balance Report .

Prerequisites

- The current FML low balance report is sent by email on the fifth of every month.

Menu Path

Use the following menu path to begin this transaction:

- None

Transaction Code

None

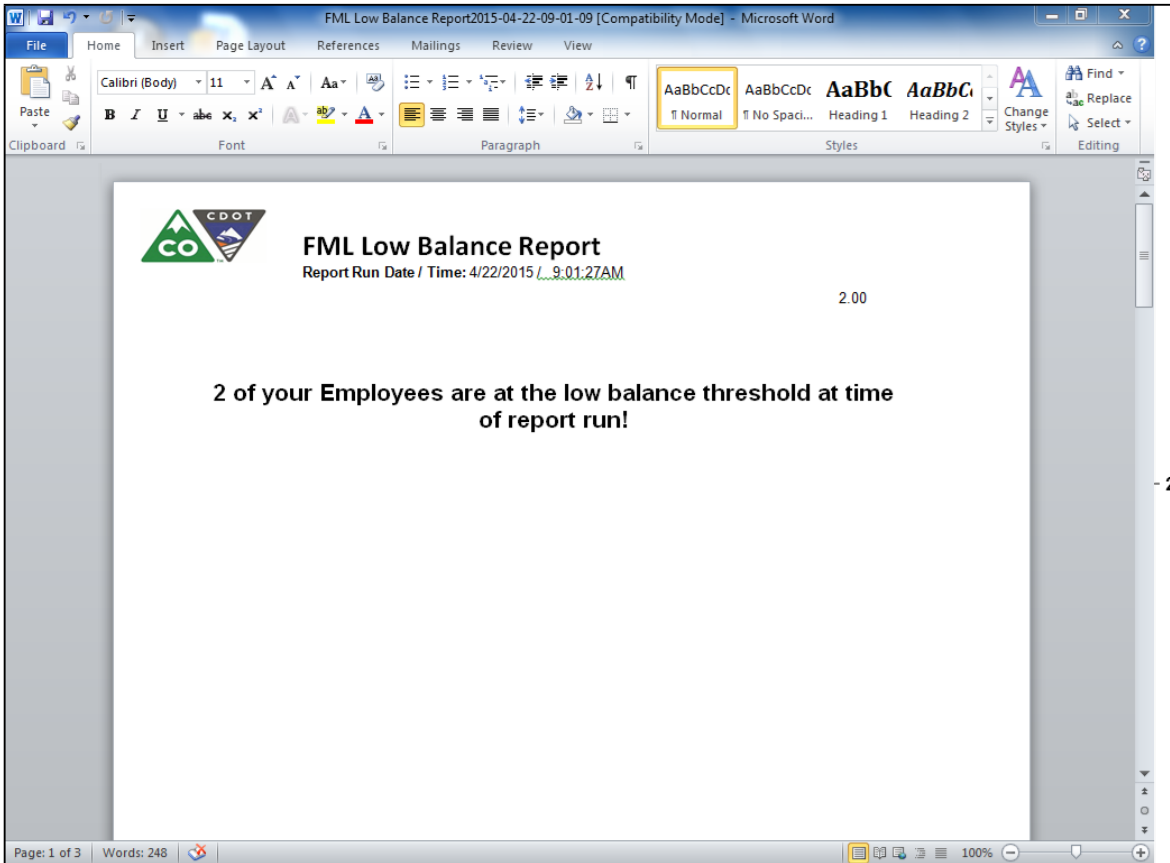
Helpful Hints


- You can select print as PDF from the print option to create PDF version of the letter.
- Addresses for sending the letter are sent in a separate Excel file.
- The address of all of the employees is included in the letter and has been formatted to use a window envelope to mail the letter.
- You will receive an email even if you do not have employees in the report.
- The report will contain all employees in you region and/or division even if you are not the primary FML Liaison for the employee.

Procedure

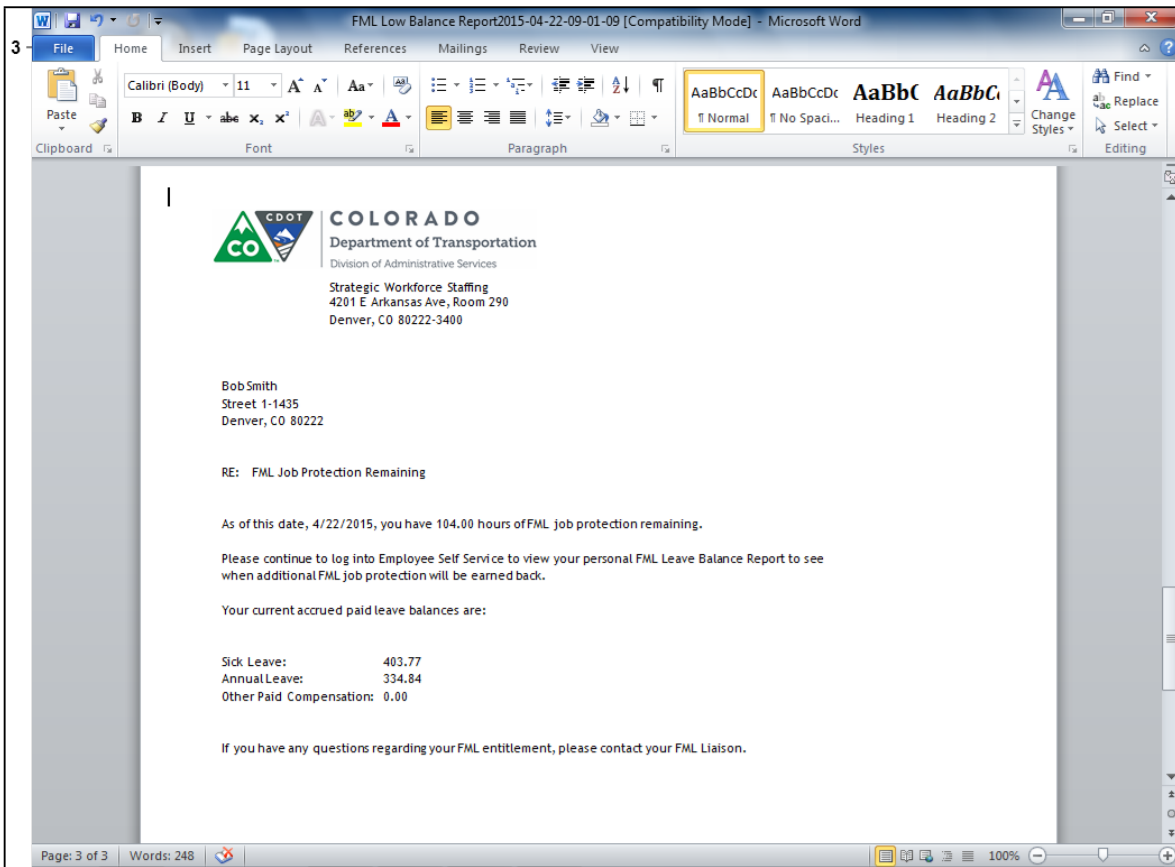
1. Start the transaction from the open FML Low Balance Report from your email.

FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word




2. Navigate to the page that contains the letter you want to print.
 In this example, the second letter of the report for Bob Smith is going to be printed.

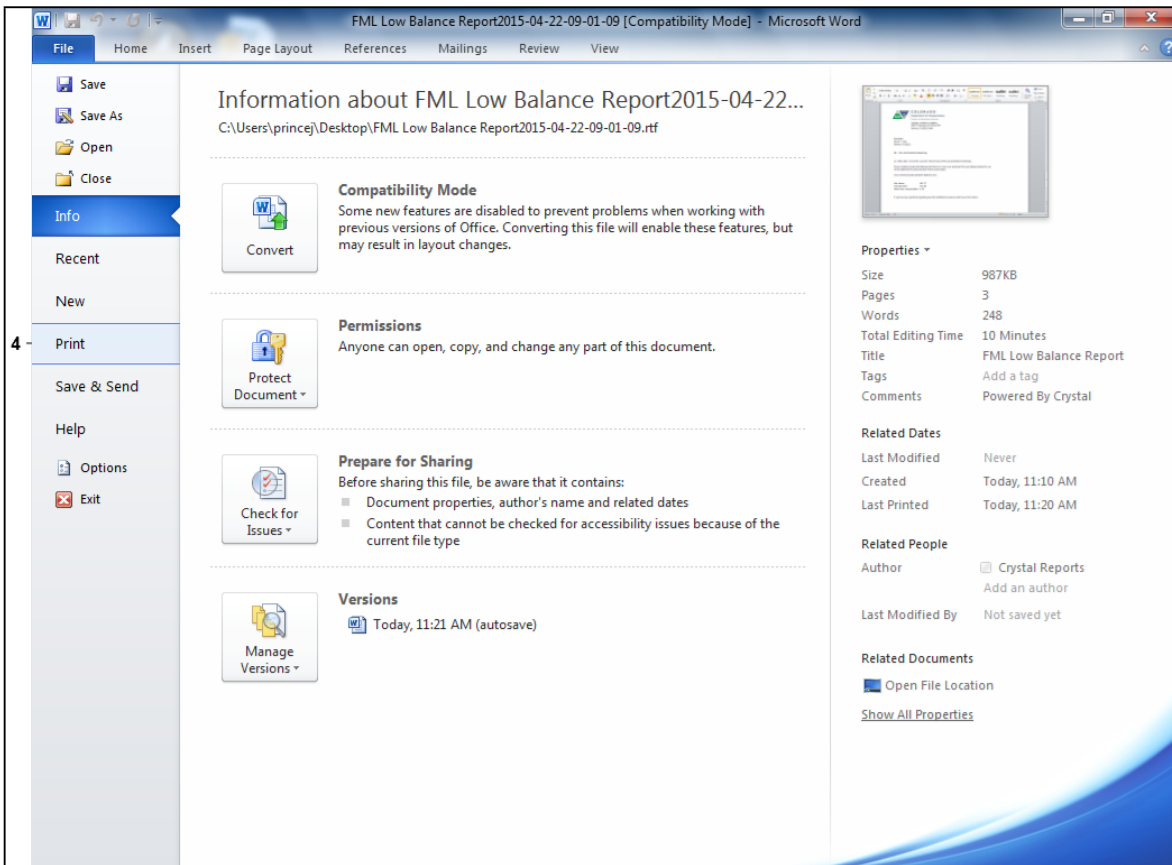
FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



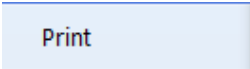
3. Click **File Tab** button .

 The print button is only available from the *File* tab.

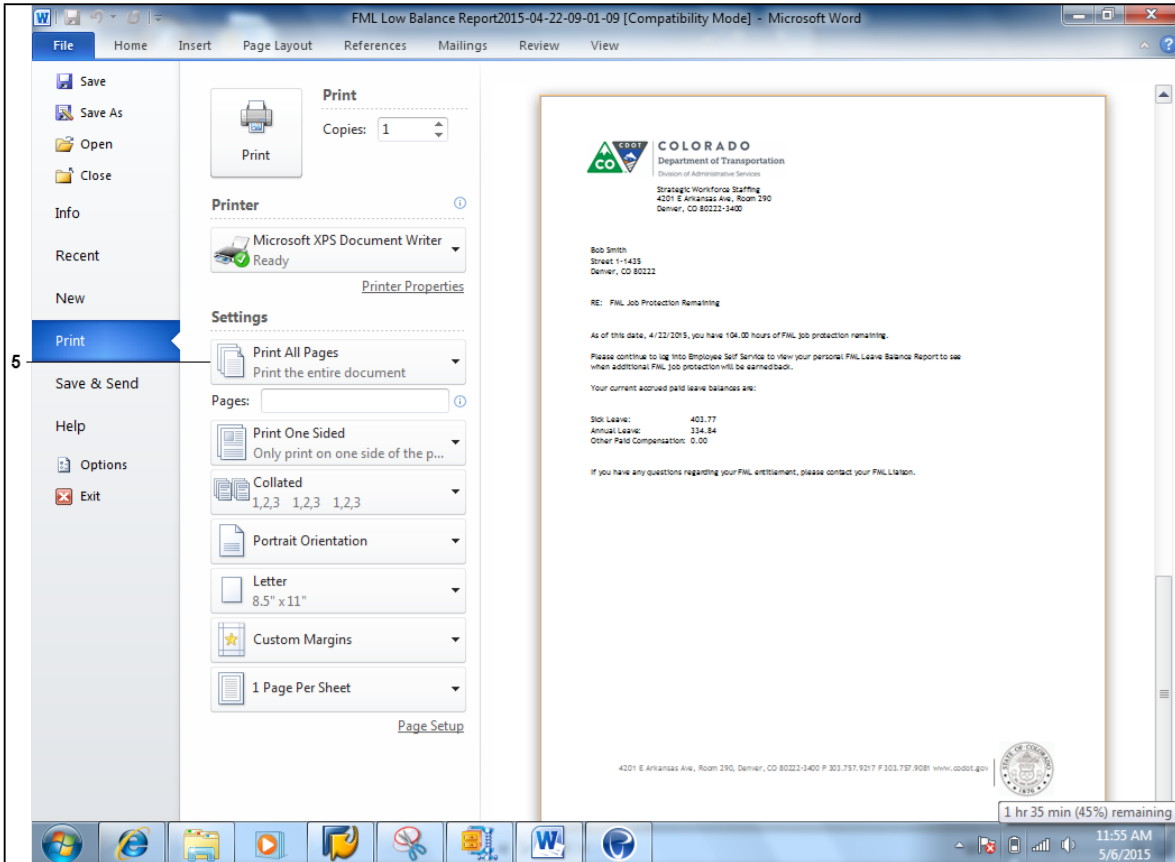
FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



4.

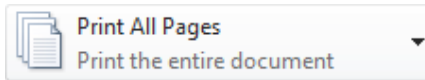
Click **Print** tab control  to display the print options for the document.

FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word

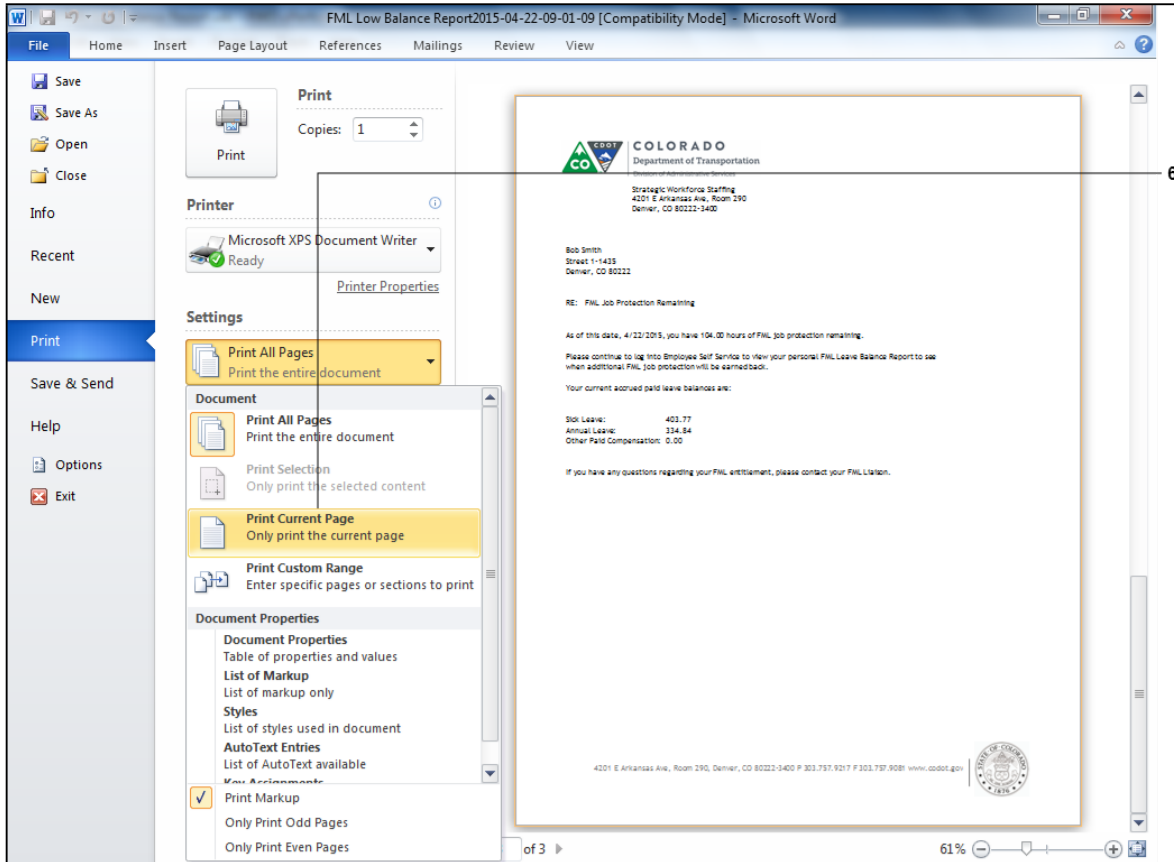


5.

Click the **Print All Pages** drop-down

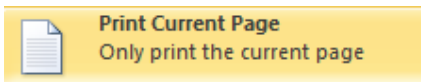


FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word

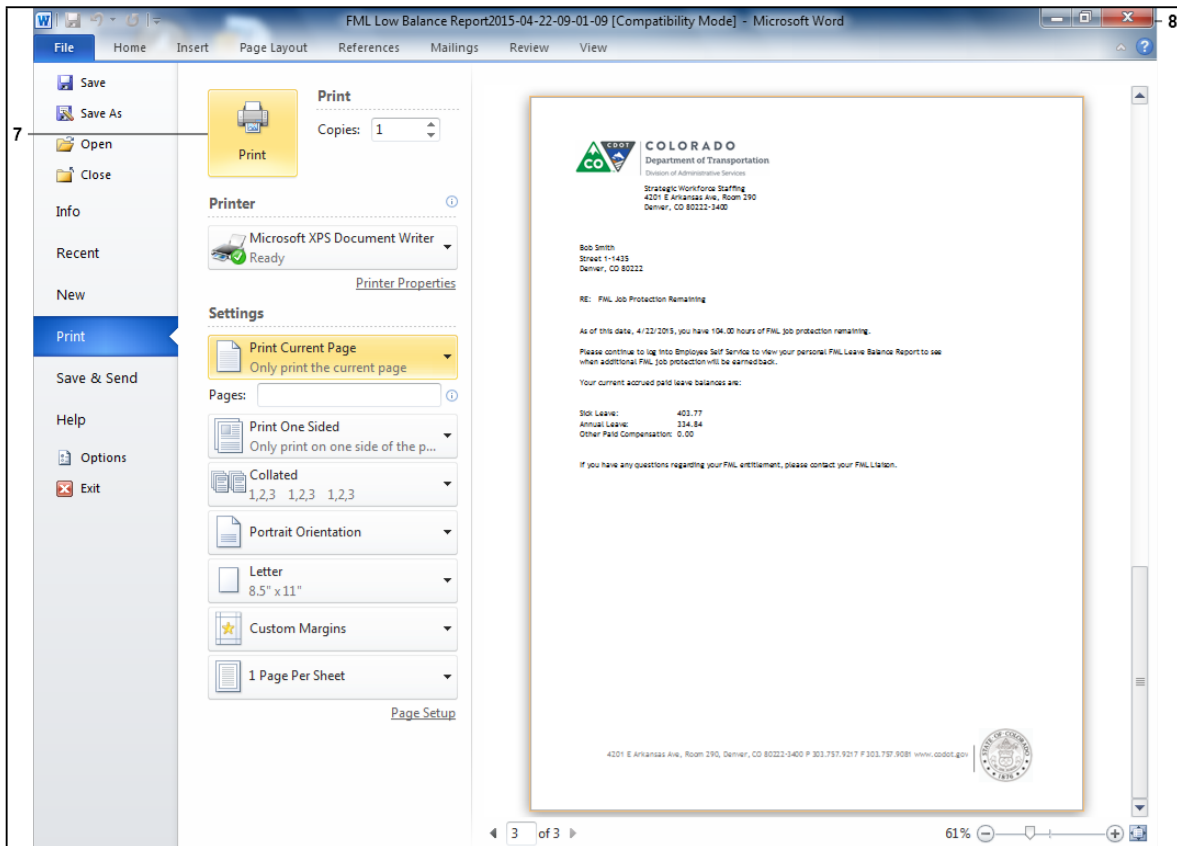


6.

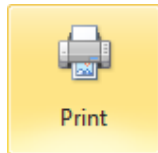
Select the **Print Current Page** option



FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



7.



Click **Print** button

8. You have successfully printed a page from the FML Low Balance report.

Result

You have printed a page from the FML Low Balance Report.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

Purpose

Use this procedure to print a specific page of the FML Low Balance report. This is done to send a letter to the Employee notifying them that they have a low FML Balance.

Trigger

Perform this procedure when you need to print a specific page of the FML Low Balance Report .

Prerequisites

- The current FML low balance report sent on the fifth of every month.

Menu Path

Use the following menu path to begin this transaction:

- None

Transaction Code

None

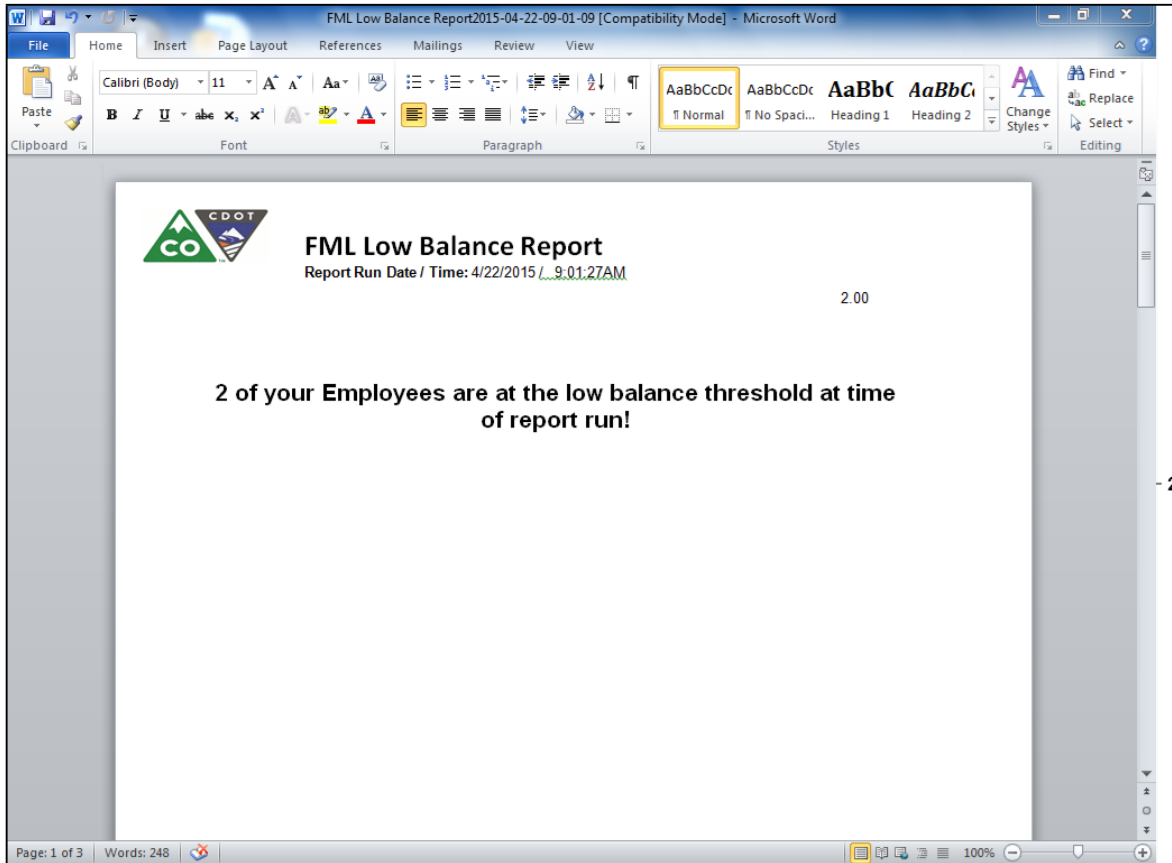
Helpful Hints

- You can select print as PDF from the print option to create PDF version of the letter.
- Addresses for sending the letter are sent in a separate Excel file

Procedure

1. Start the transaction from the open FML Low Balance Report.

FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word

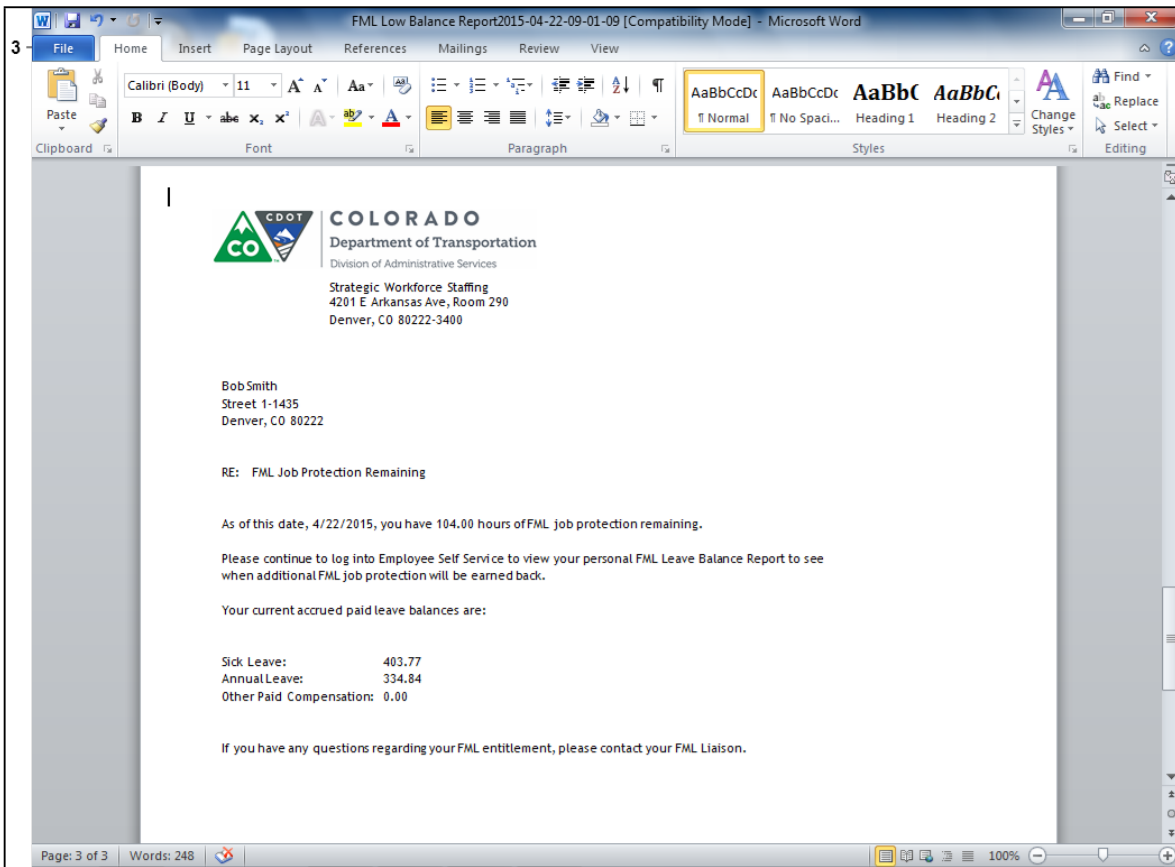


2. Navigate to the page that contains the letter you want to print.




In this example, the second letter of the report for Bob Smith is going to be printed.

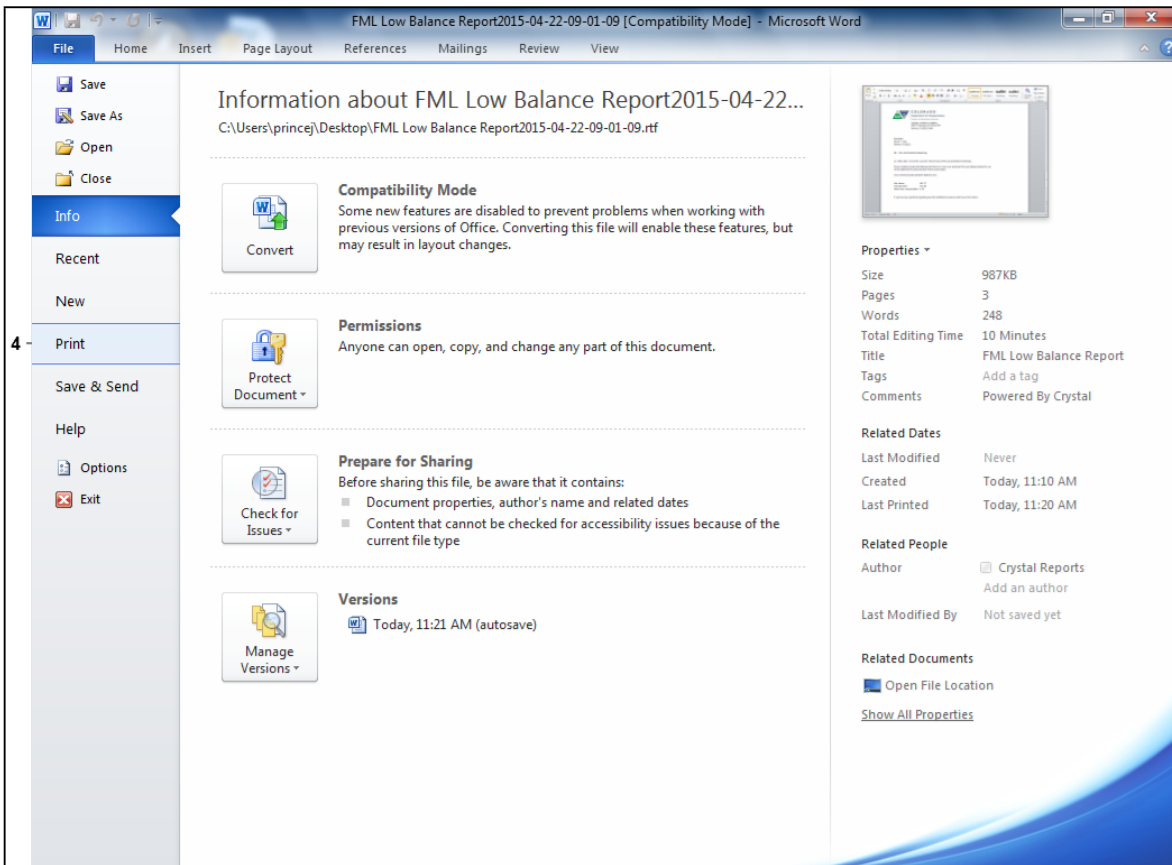
FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



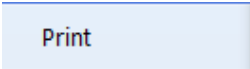
3. Click **File Tab** button 

 The print button is only available from the *File* tab.

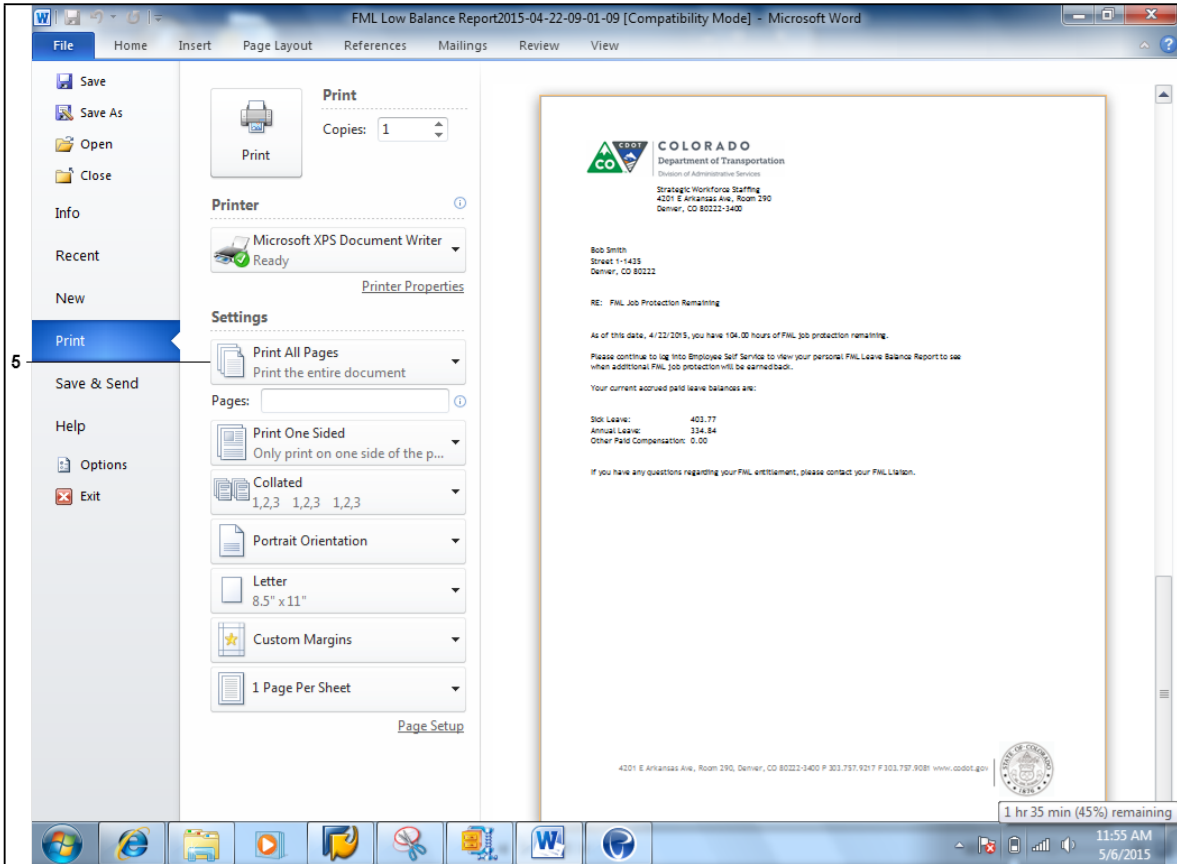
FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



4.

Click **Print** tab control  to display the print options for the document.

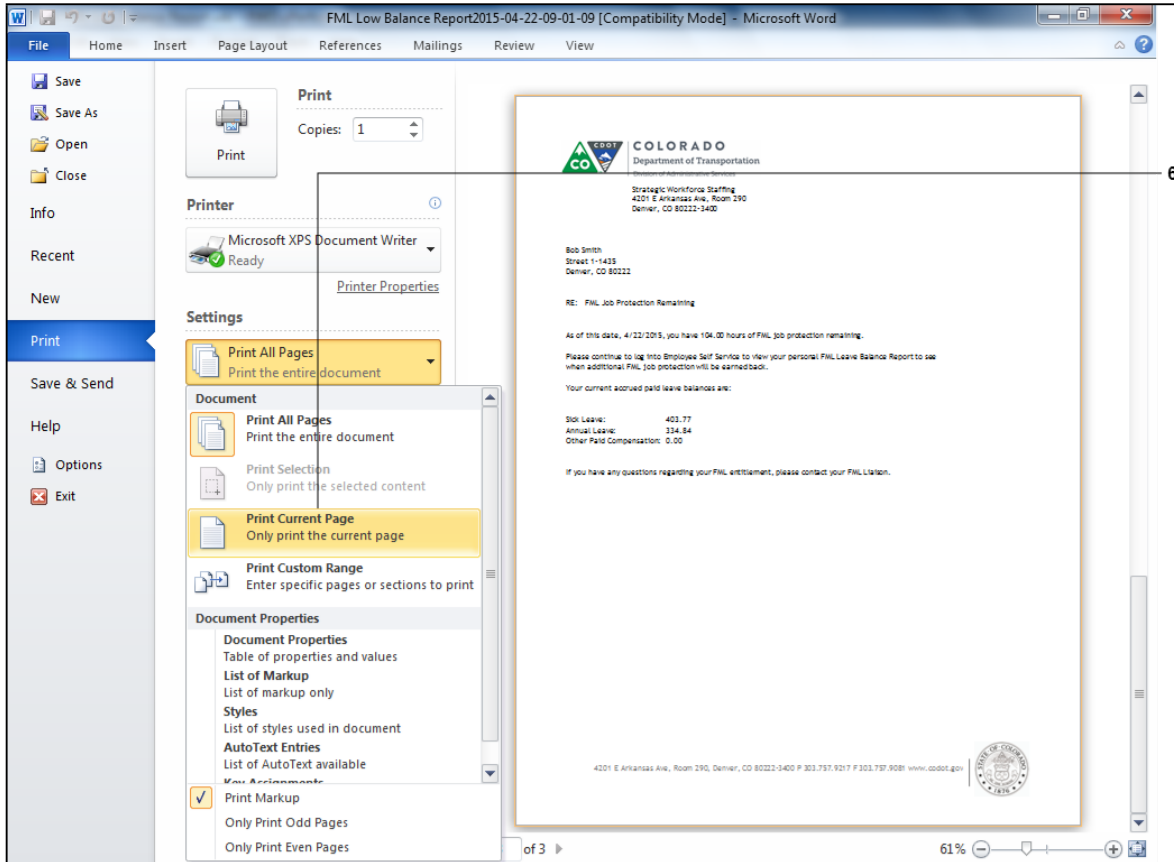
FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



5.

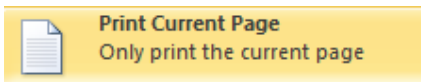
Click the **Print All Pages** drop-down .

FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word

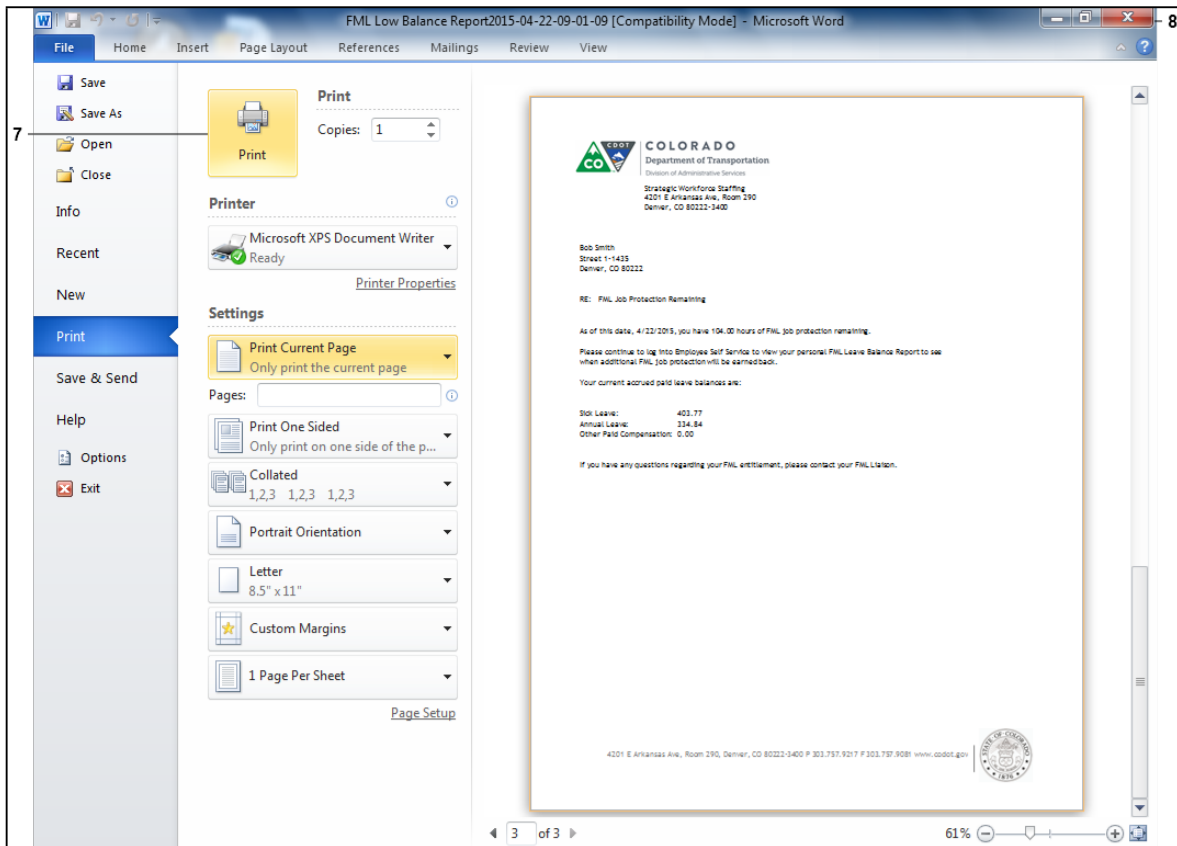


6.

Select the **Print Current Page** option

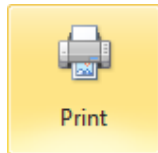


FML Low Balance Report2015-04-22-09-01-09 [Compatibility Mode] - Microsoft Word



The screenshot shows the Microsoft Word interface with the Print dialog box open. The Print button is highlighted with a yellow box and a red line labeled '7'. The Print dialog shows 'Copies: 1', 'Printer: Microsoft XPS Document Writer', and 'Settings: Print Current Page, Collated, Portrait Orientation, Letter, Custom Margins, 1 Page Per Sheet'. The document content is visible in the background, showing the Colorado Department of Transportation logo and a FML Low Balance Report for Bob Smith.

7.



Click **Print** button

8. You have successfully printed a page from the FML Low Balance report.

Result

You have printed a page from the FML Low Balance Report.

For feedback on this document, please contact dot_SAPSupport@state.co.us.

TAB 41 – State of Colorado Fitness to Return Certification



State of Colorado Fitness-To-Return Certification

Instructions to Employee: Return this form to your department/institution before or on the day you return to work.

Employee's Name	Employee ID #:
-----------------	----------------

Instructions to Department/Institution: Attach the job duty statements from the official Position Description Questionnaire (PDQ). This completed form is to be placed in a separate, confidential medical file with limited access.

Pursuant to the Genetic Information Nondiscrimination Act (GINA)'s "safe harbor" provision in 29 CFR § 1635.8(b)(1)(i), the GINA disclosure language must be included with any request for employment-related medical information or examinations (e.g., FMLA for employee, ADA, Fitness-for-Duty exams, Workers' Compensation exams, post-offer/pre-employment exam, etc.) for the individual's own condition.

Instructions to Health Care Provider: Please complete this form when the employee is seeking your release to return to work.

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.

1. **Date** the condition began.

2(a) Check one of the following.

- The employee is able to work a full, regularly scheduled day with no restrictions beginning (date).
- The employee is unable to return for any work until _____ (date).
- The employee is able to return to work on a reduced schedule for _____ hours per day from _____ (date) through _____ (date).
- The employee is able to return to work with restrictions from _____ (date) through _____ (date).
- Please complete next section (b).

(b) Please indicate restrictions.

- no lifting or carrying objects: _____ max. lbs. Repetitions
- no pushing/pulling objects: _____ max. lbs. Repetitions
- no bending/stooping/squatting/twisting: Repetitions
- no kneeling for more than _____ hours each day
- no crawling for more than _____ hours each day
- no sitting for more than _____ hours each day
- no standing for more than _____ hours each day
- no walking for more than _____ hours each day
- no climbing stairs
- no working/climbing on elevated equipment (ladders, stools, roofs, poles, etc.) for more than _____ hours each day
- no reaching above the head or shoulders
- no reaching away from the body greater than _____ with right left arm
- no grasping objects with right left hand

-
- no fine manipulation with right left hand
 - no assaultive, physical control, and/or arrest situations
 - no driving a vehicle
 - no operating machinery or equipment
 - no working alone
 - no use of firearms
 - no typing, keyboarding, or entering data for more than _____ hours each day
 - no use of a CRT or computer monitor for more than _____ hours each day
 - no use, including repetitive, of _____ (extremity/joint)
 - no weight bearing on _____ (extremity)
 - Other restrictions (specify):
-

3. Other instructions: _____

Based on my personal evaluation of the patient's condition, the above information is accurate and complete.

Signature of Health Care Provider _____ **Date** _____

Printed Name _____ **Type of Practice** _____

Address: _____

Telephone: () _____ **Fax:** () _____

Email: _____