




UNIVERSITY OF
South Carolina



Family Medical Leave Act (FMLA)
Employee Packet

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Family and Medical Leave

The [Family and Medical Leave Act \(FMLA\)](#) allows faculty and staff to take up to 12 weeks of unpaid leave per calendar year when you are unable to work because of a serious health condition for yourself or a qualified family member. It may also be used for the birth, placement, or adoption of a newborn child, but must be taken within one year of the event.

If you have available annual or sick leave to cover all or part of your FMLA leave period, you can choose to use that leave instead of taking unpaid leave.

Eligibility

To qualify for FMLA leave, you must be a faculty or staff member that has been employed for at least 12 months and worked for at least 1,250 hours during the 12 months prior to the date your FMLA leave would begin.

The qualified family members you are allowed to use this leave for are your spouse, children under the age of 18 (or older if certified as incapable of self-care because of a mental or physical disability) and your parents.

How to Apply

Employee Procedure for Requesting FMLA for Leave Earning Employees:

- Request FMLA through the [Time and Absence System](#), **using the Extended Absence tile in Employee Self-Service**. You must upload a medical certification (completed ONLY by a Health Care Provider) or other required supporting documentation (based on the reason for the need for leave under FMLA).
- Your request will be sent directly to the Central Benefits Office for review. You will receive a notification regarding the approval, denial, or the need for additional information (typically within 5 business days upon receipt).
- Links and information regarding the required forms or supporting documentation for this procedure are available under the **Required Supporting Documentation** section below, or by accessing the Extended Absence tile in [Employee Self-Service](#).
- Request an [Extended Absence \(FMLA\) in Absence Management - ESS Job Aid](#)

Employee Procedure for Requesting FMLA for Non-Leave Earning Employees:

- Request FMLA by submitting an [Employee Request for Leave Form \(P-83\)](#) AND a medical certification (completed ONLY by a Health Care Provider) or other required supporting documentation to your **Department/ Campus HR Leave Administrator**. Do not submit completed medical certifications to your supervisor.
- Please do not include sensitive medical information on the Form (P-83).

Required Supporting Documentation:

Choose which type of leave you are requesting to determine which certification and/or other type of supporting documentation you need to submit with your request.

- **To Care for a Military Family Member**
 - To request military leave for foreign deployment of your spouse, son, daughter, or parent, complete the [Military Qualifying Exigency form](#).
 - To request leave to care for a family member who is a current service member with a serious injury or illness, complete the [Military Caregiver Leave of a Current Service Member form](#).
 - To request leave to care for a family member who is a covered veteran with a serious injury or illness, complete the [Military Caregiver Leave of a Veteran form](#).

Absence Types

- **Annual Leave**

- **FMLA**

Accrued annual leave taken for an approved Family Medical Leave Act (FMLA) absence. Reasons include for the birth and/or bonding with a new child, serious health condition of an employee, serious health condition of a family member and military caregiver. Annual Leave and FMLA will run concurrently. *All applicable sick leave must be used prior to using annual leave and the use of annual leave under the FMLA is optional.

You may take up to 30 days of annual leave per calendar year, to include all annual leave types, unless an exception is approved.

- **Worker's Comp/FMLA**

Accrued annual leave taken for purposes of compensation when you miss work due to a Worker's Comp covered injury for which you have approved FMLA. FMLA and Worker's Comp run concurrently.

- **Adoption/FMLA**

Accrued annual leave taken for purposes of caring for an adopted child after placement. Eligibility expires 12 months after the date of adoption or placement.

You may take up to 30 days of annual leave per calendar year, to include all annual leave types, unless an exception is approved.

- **Sick Leave**

- **FMLA**

Accrued sick leave taken for an approved Family Medical Leave Act (FMLA) absence for the serious health condition of an employee. Sick Leave and FMLA will run concurrently. *All applicable sick leave balances must be used under the FMLA.

You may take up to 12 weeks per calendar year to include all FMLA leave types.

- **Family Sick Leave**

Accrued sick leave taken for an approved Family Medical Leave Act (FMLA) absence for the serious health condition of an employee's family member. Family Sick Leave and FMLA run concurrently. *All applicable sick leave must be used under the FMLA.

You may take up to 10 days per calendar year.

- **Worker's Comp/FMLA**

Accrued sick leave taken for purposes of compensation when you must miss work due to a Worker's Compensation covered injury, have elected to use your leave, and have been approved under the FMLA. FMLA and Worker's Comp run concurrently.

You may take up to 12 weeks per calendar year to include all FMLA leave types.

Paid Parental Leave (PPL)

PPL shall not be used before the qualifying event. If you require leave before the birth, adoption, or foster care placement due to medical reasons or to fulfill legal obligations, other available leave balances shall be utilized per the agency's leave policy.

For full-time and part-time (FTE) employees, leave taken for the adoption, birth, or foster care placement must occur on or after October 1, 2022. Employees in research grant (RGP), temporary, or time-limited (TL) positions are not eligible.

Six weeks of paid leave at 100% of the eligible state employee's **base** pay or two weeks of paid leave at 100% of the eligible state employee's **base** pay. Leave for part-time eligible state employees must be on a prorated basis corresponding to the percentage of hours they are normally scheduled to work. Paid parental leave must be applied for separately through HCM in [Time and Absence](#). The [Employee Request for Paid Parental Leave Form](#) must be completed and attached to the request in HCM.

For more information, please review the [Paid Parental Leave \(PPL\)](#) page on our website.

Leave of Absence (LOA)/Leave Without Pay (LWOP)

Eligibility Requirements:

- Full-time and part-time (FTE), research grant (RGP) and time-limited (TL) positions.
- Should only be used when you have exhausted all applicable leave in accordance with USC leave policies.
- New full-time employees who have not been employed for the Standard Measurement Period (October 4-October 3) are not eligible to continue benefits.
- Variable-Hour, Part-time or Seasonal employees who averaged 30 hours per week during the Initial Measurement Period, are in an Initial Stability Period. As long as the employee remains employed with his USC, the employee remains eligible for benefits through the end of their Initial Stability Period. If the employee did not average 30 hours per week during the Initial Measurement Period, benefits will not continue.
- If you have elected to go on a LOA/LWOP due to a work-related injury covered under workers' compensation, you are responsible for paying your monthly insurance premiums.

Benefits During LOA/LWOP:

- When an employee goes on an employer-approved leave of absence associated with military leave or FMLA, benefits eligibility continues.
- Ongoing employees employed during the Standard Measurement Period (October 4-October 3) who averaged 30 hours per week are in a Standard Stability Period. They will remain eligible for benefits through the end of their Standard Stability Period if they remain employed with USC. If the employee did not average 30 hours per week during the Standard Measurement Period, benefits will not continue.

Premium on unpaid leave:

You are responsible for paying only your share of the premium while on unpaid leave. All premiums should be paid to USC payroll by the established deadline. If you fail to pay by the deadline, your coverage will be canceled due to nonpayment.

When coverage ends:

Eligibility for benefits ends the first of the month following the event which caused the ineligibility. You will be provided the 18-month COBRA Notice and, if enrolled in life insurance, the PEBA Coverage Verification Notice of Group Life Insurance.

Staff Employee Procedure:

- Leave of Absence (LWOP) requests not exceeding 5 consecutive working days should be submitted (with the appropriate reason indicated) to your supervisor for approval through the [Time and Absence System](#).
- Leave of Absence (LWOP) requests exceeding 5 consecutive working days requires approval from the Division of Human Resources. Submit your request to your supervisor for approval through the [Time and Absence System](#) and ask your HR Contact to submit a status change form through HCM for approval by Central HR.
- For non-leave earning employees (excluding student employees), reach out to your HR Contact for guidance on LWOP requests.

Faculty Employee Procedure:

- Request Leave of Absence (LWOP) by completing the employee section of the [Faculty Request for Leave Without Pay Form](#) and submit it to your academic administrator for approval.
- LWOP requests for personal reasons, up to 10 consecutive days, can be approved by the chair or dean.
 - Submit LWOP requests not exceeding 5 consecutive working days for approval through the [Time and Absence System](#).
 - Submit LWOP requests for more than 5 consecutive days through the [Time and Absence System](#) AND ask your HR Contact to submit a status change form through HCM.
- Please refer to the [Faculty Manual](#) for more information on requests exceeding 10 consecutive days.

Please remember, you should **always obtain supervisory approval** before taking any time away from work. All leave must be reported through the [Time and Absence System](#). For more information about entering time, or for additional details about FMLA, please visit the [Policies and Procedures](#) section of this site.

Leave Transfer

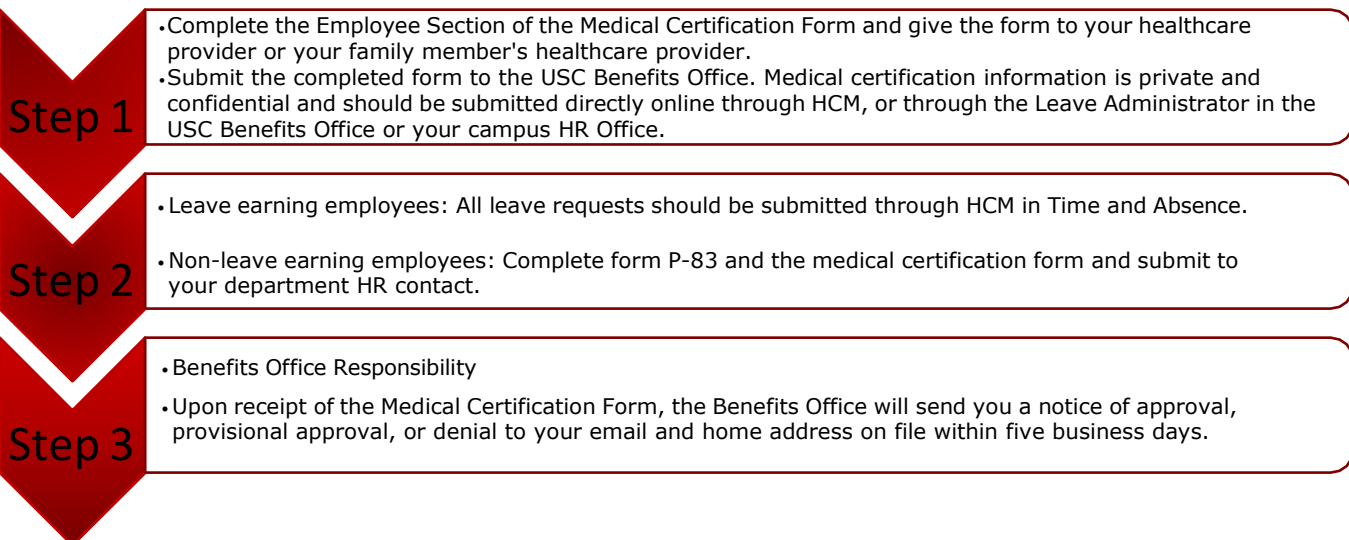
Leave-eligible employees may donate leave to and/or apply for a leave transfer from the appropriate university leave pool. Employees in research grant and time-limited positions who accrue leave at the same rate as an FTE employee may donate and receive leave if all other eligibility requirements are met.

Leave taken pursuant to [HR 1.10-Leave Transfer Policy](#) may qualify as FMLA leave and, if so, will run concurrently.

You must be eligible to accrue sick and/or annual leave to qualify as a recipient of transferred leave. Employees in research grant and time-limited positions who accrue leave at the same rate as an FTE employee may receive leave if the following eligibility requirements are met.

- Experienced a personal emergency, as defined in this policy as limited to catastrophic and debilitating medical situations, severely complicated disabilities, and severe accident cases which would require a prolonged period of recuperation. Routine disabilities or disabilities resulting from elective surgery do not qualify for leave transfers from the leave pool. The personal emergency may be subject to verification. **Please note: Per guidance from SC Department of Administration, pregnancy is not considered a personal emergency.**
- In leave without pay status for a minimum of 30 working days or be able to provide documentation certifying that a medical emergency will result in a period of leave without pay for that period of time.
- Exhaust all earned sick and/or annual leave (as appropriate according to University Sick and Annual Leave policies) prior to using approved transferred leave.
- If eligible for other paid benefits, employees will generally be considered ineligible for leave transfer from the leave pool. Examples of other paid benefits include but are not limited to workers' comp, long term disability, and disability retirement.
- There is no limit to the number of separate requests that a faculty or staff member may submit; however, each separate request must be limited to no more than 30 working days.
- Sick or annual leave transferred under this program may be substituted retroactively for periods of leave without pay or used to liquidate indebtedness for advanced sick leave.
- When a faculty or staff member returns to work, the personal emergency ends, or employment terminates, any transferred leave remaining in the leave recipient's balance must be restored to the leave pool. When employment terminates, transferred annual leave from the pool may not be included in a lump sum payment for accrued leave or included for retirement computation purposes, if otherwise applicable.

Medical Certification Form Procedure




**UNIVERSITY OF SOUTH CAROLINA
 FAMILY MEDICAL LEAVE ACT (FMLA)
 EMPLOYEE REQUEST FORM**

Division of Human Resources / 1600 Hampton St / Columbia, SC 29208 / 803-777-6650

Family medical leave is governed by the Family Medical Leave Act of 1993 and 2008 governed by the US Dept. of Labor. This request for leave must be accompanied by the *University of South Carolina Medical Certification Form*, which is to be completed by your health care provider.

Employee Name: _____ **Employee ID#:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Department Number: _____ **Department Name:** _____

Supervisor Name: _____

Purpose of Leave (check one):

- Employee's personal illness Nature of illness: _____
- Childbirth Adoption Foster Child Expected date: _____
- Military Caregiver Leave (Employee's spouse, child, parent, or next of kin)
 Name of family member: _____ Relationship: _____
- Military Qualifying Exigency Leave (Employee's spouse, child, or parent)
 Name of family member: _____ Relationship: _____
- Care of seriously ill family member (Employee's spouse, child, or parent)
 Name of family member: _____ Relationship: _____

FMLA Request Begin date: _____ **FMLA Request End date** (if known): _____

This leave will be taken: For a single continuous period of time (full-time) On a part-time or reduced schedule (intermittent)

Types of leave which must be taken concurrently during FMLA, in accordance with University of South Carolina policy:

- Sick Leave: During FMLA period for personal illness.
- Family Sick Leave: During FMLA period taken for the care of a seriously ill family member for a maximum of ten calendar days per year.
- Paid Parental Leave: During FMLA period taken for adoption, birth, or foster care for a maximum of two or six weeks of paid leave.
- Annual Leave: During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.
- Compensatory Time: During any FMLA period after eligible sick leave has been exhausted or for periods of FMLA that do not qualify for sick leave.
- Leave of Absence/Leave Without Pay: During any FMLA period after which all other types of leave have been exhausted.
***If the unpaid leave of absence extends more than 30 days, an Extended Leave of Absence Request form must be completed.**

I certify that the information above is accurate. I understand that I must provide medical documentation for any FMLA period requested and that I must notify my department and/or the Division of Human Resources immediately if any of the information above changes.

Employee signature: _____ **Date:** _____

As the supervisor of the employee named above, I am aware that the employee is applying for family medical leave.

Supervisor signature: _____ **Date:** _____



Human Resources
UNIVERSITY OF SOUTH CAROLINA

**UNIVERSITY OF SOUTH CAROLINA
FAMILY MEDICAL LEAVE ACT (FMLA)
MEDICAL CERTIFICATION FORM**

(To be completed by Health Care Provider)

Division of Human Resources / 1600 Hampton St / Columbia, SC 29208 / 803-777-6650

Note to employee: Family medical leave is governed by the US Dept. of Labor in accordance with the Family Medical Leave Act of 1993 and 2008. Have your health care provider complete this form and submit it using the mailing directions below. Applicants must submit the [Family Medical Leave Employee Request Form](#). Also, you are encouraged to provide your health care provider with a copy of your current position description, which can be obtained from your HR contact.

Note to Health Care Provider: "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 Name: _____

Patient Name (If other than the employee): _____

Patient DOB: _____

Name of Health Care Provider: _____

Name and Type of Practice: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____

Date Condition Began: _____ **Expected Duration/End Date:** _____

If FMLA is for illness of the employee, is the employee able to perform essential job functions?

Yes No FMLA is not for illness of employee.

If FMLA is for the care of a seriously ill family member, does the family member need assistance with basic care?

Yes No FMLA is not for the care of a seriously ill family member.

Is this leave for pregnancy? Yes No Expected due date: _____

Is inpatient hospitalization of the patient required? Yes No Begin date: _____

State reason for FMLA and the nature of care the patient requires (e.g., dependent child born premature; requires weeks additional in-home, ongoing care):

Is the reason for FMLA and the care the patient requires medically necessary? Yes No

Please check one or both. The employee needs FMLA:

For a single continuous period of time (full-time) On a part-time or reduced schedule (intermittent)

The Division of Human Resources reserves the right to verify the information provided on this document, including but not limited to the patient's medical condition, beginning and ending dates, and physician's signature.



Human Resources
UNIVERSITY OF SOUTH CAROLINA

**UNIVERSITY OF SOUTH CAROLINA
FAMILY MEDICAL LEAVE ACT (FMLA)
MEDICAL CERTIFICATION FORM**
(To be completed by Health Care Provider)

Division of Human Resources / 1600 Hampton St / Columbia, SC 29208 / 803-777-6650

Employee Name: _____

Patient Name (If other than the employee): _____

Patient DOB: _____

Name of Health Care Provider: _____

For what duration of time will the employee be **continuously** incapacitated/unable to work?

Begin Date: _____ End Date: _____

Additional Comments:

For what duration of time will the employee have the need to be **intermittently** out of work?

Begin Date: _____ **End Date:** _____

Provide your best estimate of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Frequency of Leave: _____ times per **day** or _____ times per **week** or _____ times per **month**

For _____ **hours** or _____ **days** per occurrence

Please describe any restrictions that the employee will have while working intermittently:

Please provide any additional information or comments that are relevant to the medical condition/medical leave:

Signature of Health Care Provider: _____ **Date:** _____

Health Care Provider

Please return completed form to:

Attn: Benefits

Division of Human Resources / 1600 Hampton St / Columbia, SC 29208

Phone: 803-777-6650 / Fax: 803-777-1584

The Division of Human Resources reserves the right to verify the information provided on this document, including but not limited to the patient's medical condition, beginning and ending dates, and physician's signature.

Employee Request for Leave (P-83)

NON-LEAVE EARNING EMPLOYEES ONLY

Instructions			
Only employees in non-leave earning positions should complete the top portion of this form and submit it to their Department's HR contact. Once the HR contact receives and reviews all necessary supporting documentation, this form, along with the supporting documentation that is provided, should be submitted through HCM or by email at HRLeave@mailbox.sc.edu for approval/denial.			
To Be Completed by Employee			
Name (Last, First, MI):		USC ID:	
Department Name:		Campus:	
Address:		City:	State: Zip Code:
Email Address:		Phone Number:	
Indicate Type of Leave Requested:			
<input type="radio"/> Authorized Personal Leave Without Pay (Over 5 Days) <input type="radio"/> Military Leave - Short Term (Less than 90 Days) ■ <input type="radio"/> Military Leave - Long Term (90 Days or More) ■		<input type="radio"/> FMLA (Birth/Bonding/Adoption)* <input type="radio"/> FMLA (To Care for a Family Member) * <input type="radio"/> FMLA (Self) * <input type="radio"/> FMLA (Military) *	
■ Attach a copy of military orders. * Attach the appropriate FMLA Medical Certification.			
Start Date of Leave:		End Date of Leave:	
Brief Explanation of Leave Being Requested (*Please do NOT include medical diagnosis information in this explanation):			
Employee Signature:			Date:
To Be Completed by the Department Head			
<input type="radio"/> Approved <input type="radio"/> Denied			
Comments or Reason for Denial:			
HR Contact Name:		HR Contact Phone Number:	
Department Head Signature:			Date:
To Be Completed by the Central Benefits Office			
<input type="radio"/> Approved <input type="radio"/> Denied			
Comments or Reason for Denial:			
Authorized Human Resources Signature:			Date: