

# Extended Leave of Absence

- **Notifications**
- **Application Instructions**
- **Application Form**

# Extended Leave of Absence Notifications

This form can be used to apply for an extended leave of absence, including paid and unpaid leave.

Using this same form, renewals of this request (extensions) are permissible if the reason the applicant provides is deemed satisfactory by the University administration.

This in no way replaces the request for unpaid job-protection under the Family Medical Leave Act (FMLA). Employees are encouraged to contact the Office of Human Resources (OHR) to fully review all available leave options as this option is not an employee's sole option when circumstances requiring leave from work arise.

This form is not intended to cover all situations, including those involving an employee's request for an extended leave of absence under the Americans with Disability Act (ADA). Requests for leave due to an employee's physical or mental disability should first be addressed by the Office of Access and Equity. Please contact Access and Equity at 864-656-3553 for further information.

Per SC State Human Resources Regulations, Clemson is permitted to obtain documentation in support of the request prior to the approval of the extended leave of absence.

It should be the applicant's intention to resume his or her duties with the University after the extended leave of absence has ceased.

## Eligible Employees

- An application for an extended leave of absence can be filed by employees in full-time equivalent (FTE) positions as well as any temporary position, including time-limited and temporary grant positions.

## Benefit Eligibility for **All** Employees During an Extended Leave of Absence

It is the applicant's responsibility to know the possible impacts to insurance, retirement and returning to employment at the University.

- An applicant's insurance and retirement coverage can be affected by his or her leave of absence. Therefore, a member of the Benefits unit will contact each applicant to provide a counseling session during which decisions specific to the applicant's insurance and retirement benefits situation can be discussed.
- Applicants are eligible to continue current insurance and retirement benefits while on paid extended leave.
- Applicants on unpaid leave are asked to review eligibility notifications included in the chart on page 2 for the purpose of identifying eligibility for the continuation of benefits.
- If eligible, applicants are required to continue paying the employee portion of any premium associated with the benefit to continue coverage. Policies will be terminated due to non-payment of premiums.
- All applicants of an extended leave of absence are highly encouraged to seek guidance from a benefits navigator by calling 864-656-2000.

I acknowledge that I have read and understand the notifications contained in this document.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

## Determining Benefit Eligibility: Unpaid Extended Leave of Absence

**\* Seek guidance from a benefits navigator by calling 864-656-2000.**

		Reason for Extended Leave of Absence					
		Military	Worker's Compensation	Disability/ Personal Illness	Personal – Family Illness	Personal - Educational	Other
<b>Benefit Type</b>	State Health, Dental and Vision Insurance	Eligible to continue.	Eligible to continue.	May be eligible to continue.*	May be eligible to continue.*	May be eligible to continue.*	May be eligible to continue.*
	Life Insurance (Basic, Optional and Dependent)	Eligible to continue.	Eligible to continue.	May be eligible to continue for up to 12 months from last day worked.*	May be eligible to continue for up to 12 months from last day worked.*	May be eligible to continue for up to 12 months from last day worked.*	May be eligible to continue for up to 12 months from last day worked.*
	Long-Term Disability Insurance(Basic and Supplemental)	Benefit ends 30 days from last day worked.	Benefit ends 30 days from last day worked.	Benefit ends 30 days from last day worked.	Benefit ends 30 days from last day worked.	Benefit ends 30 days from last day worked.	Benefit ends 30 days from last day worked.
	SC Retirement System (SCRS) and Police Officers Retirement System (PORS)	Can continue paying the employee portion of the SCRS or PORS contribution.*	Can continue paying the employee portion of the SCRS or PORS contribution.*	Upon return, may request a service purchase for time spent on unpaid leave.*	Upon return, may request a service purchase for time spent on unpaid leave.*	Upon return, may request a service purchase for time spent on unpaid leave.*	Upon return, may request a service purchase for time spent on unpaid leave.*
	State Optional Retirement Program (ORP)	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.	Contact your ORP vendor for options. Click <a href="#">HERE</a> for contact information.
	Supplemental Retirement Programs (401K, 457 and 403B)	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.	Cannot contribute during unpaid leave but can modify deductions while an active employee to replace lost contributions.
	Non-State Insurance (AFLAC and MetLife)	Must notify the benefits navigator to continue premium.*	Must notify the benefits navigator to continue premium.*	Must notify the benefits navigator to continue premium.*	Must notify the benefits navigator to continue premium.*	Must notify the benefits navigator to continue premium.*	Must notify the benefits navigator to continue premium.*
	Medical Spending Account (MSA) Dependent Care Spending Account (DCSA)	Arrangements can be made to continue both MSA and DCSA.*	Arrangements can be made to continue both MSA and DCSA.*	Arrangements can be made to continue both MSA and DCSA.*	Arrangements can be made to continue both MSA and DCSA.*	Arrangements can be made to continue both MSA and DCSA.*	Arrangements can be made to continue both MSA and DCSA.*

# Extended Leave of Absence

## Employee Instructions

### Application Procedure

1. Read all notifications on pages 1-2.
2. Use the Extended Leave of Absence Application Form (page 4) for the following application types:
  - a. Requesting unpaid leave for 30 or more consecutive workdays
  - b. Requesting a renewal/extension of a past extended leave request
3. Complete the employee section of the form, following the instructions on the left-hand side.
4. Attach supporting documents to the form. Examples of supporting documents are military deployment documents, medical documents, etc.
5. Deliver the application packet (form and supporting documents) in person to your HR Service Manager. As an alternative to this, mail the application to your HR Service Manager via the United States Postal Service. (Due to the sensitive nature of the documents, please refrain from emailing or faxing these materials.)
6. After the leave form is received by the benefits navigator, the benefits navigator will notify the Benefits unit. Because it is recommended that applicants attend a counseling session offered by a member of the Benefits unit, a member of the unit will contact you to set up an appointment.

## HR Service Manager Instructions

1. Manage the extended leave application form for the applying employee, following the instructions on the left-hand side of the form (page 4).
2. Gain all required approvals. See chart below.
3. Email the completed application to the Workforce Benefits and Well-Being team at [empins@clermson.edu](mailto:empins@clermson.edu)

### Required Approvals

		Requesting extended leave of absence for more than 30 consecutive (calendar) days	Requesting extended leave of absence for more than 365 consecutive (calendar) days
Faculty and Staff in Academic Areas	Direct Supervisor	✓	✓
	Provost	✓	✓
Faculty and Staff in Non-Academic Areas	Direct Supervisor	✓	✓
	Vice President	✓	✓
	President	Not Required	✓

# Extended Leave of Absence Application Form

## Section I - Completed by the Employee

- A. Employee reads all notifications.
- B. Employee completes this form and the Family Medical Leave form (if necessary).
- C. Employee signs and dates the notification page (page 1) and the application form.
- D. All four pages of this application form and all supporting documents, should be hand delivered or mailed by USPS to the applicant's HR Service Manager.
- E. The employee attends a counseling session with the Workforce Benefits and Well-Being team. (highly recommended).

Employee Information:

Name (First, Middle, Last): \_\_\_\_\_

ID#: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Supervisor Name (First, Last): \_\_\_\_\_

Purpose of Leave:

The following reasons for leave may qualify as job protection under the Family Medical Leave Act (FMLA) and/or the Americans with Disabilities Act (ADA).

Employees are encouraged to contact the Office of Human Resources to fully review all available leave options as this is not an employee's sole option when circumstances requiring leave from work arise.

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Disability/Personal Illness | <input type="checkbox"/> 4. Personal - Educational               |
| <input type="checkbox"/> 2. Worker's Compensation       | <input type="checkbox"/> 5. Military (Self and/or Family Member) |
| <input type="checkbox"/> 3. Personal - Family Illness   | <input type="checkbox"/> 6. Other                                |

Number of days requested:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for request (Attach a document if additional space is needed.):

*It is the responsibility of the employee to know the Extended Leave of Absence policy and to provide the required documentation within a timely manner. Failure to comply may result in termination of employment, which could adversely affect available benefits.*

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Section II - Managed by the Office of Human Resources

- A. The HR Service Manager emails the benefits navigator upon receipt of the application.
- B. The benefits navigator sets up a counseling session.
- C. The HR Service Manager manages the form and attains decisions from the employee's direct supervisor, vice president / provost, and president (if required).
- D. The benefits navigator attains a final approval / denial.
- E. The benefits navigator sends notifications of the decision.

**Request is:**  Supported }  
 Not Supported }

Attach explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Direct Supervisor

**Request is:**  Supported }  
 Not Supported }

Attach explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President or Provost

**Request is:**  Approved  
 Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
President (required for approval of over 365 days of leave for faculty and staff in non-academic areas)

**Extended Leave of Absence:**  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Benefits Navigator