(Date)

(Name)

(Street Address)

(City, State and Zip Code)

Re: Medical/FMLA Leave Approval - Serious Health Condition

Dear (Name),

Your request for leave for your own serious health condition is approved for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in accordance with University policy and/or the applicable Collective Negotiations Agreement. If some or all of your leave is covered by the provisions of the Family and Medical Leave Act (FMLA), please read the attached Designation Notice for information regarding your approved FMLA leave, and contact me if you have any questions.

If your leave is intermittent and does not follow a set schedule, you must follow your department’s call in procedures when requesting leave, and clearly indicate that the leave is for a reason covered by your approved FMLA/medical leave.

If you need to request a leave extension, please notify me at least 30 days in advance of your return to work date, or if your need for an extension was not foreseeable, as soon as you are aware of the need for additional leave. A late request without justification may result in a delay or denial of your leave. If you fail to return to work and have not requested an extension, your absence will be unauthorized and may result in disciplinary action, up to and including termination from employment.

If you are on unpaid leave, you will be responsible for the monthly medical and prescription drug health benefits employee premium share costs (i.e., the amount normally deducted from your paycheck) for up to three months of unpaid leave. Contact UHR Benefits Enrollment at 848-932-3990 or benefits@hr.rutgers.edu to discuss how to continue to make your share of the premium payments on your health insurance to maintain health benefits during your period of unpaid leave. If your unpaid leave extends beyond three months, you would be required to pay the full health benefits premium. If you have dental insurance, you will be responsible for payment of the full premium for any period of unpaid leave. More information regarding health benefits while on an unpaid leave of absence is available at: <http://uhr.rutgers.edu/worklife-balance/leave-absence/medical-prescription-drug-and-dental-coverage>.

A statement from your health care provider indicating you are medically cleared to return to work must be submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prior to your return to work. If your health care provider returns you to work with ongoing restrictions, a reasonable accommodation may be available to you.  To request a reasonable accommodation, you and your medical provider will need to complete an Accommodation Request Form and Accommodation Request: Medical Inquiry Form.  Both forms are available on the website of the Office of Employment Equity (OEE) at:  <http://uhr.rutgers.edu/policies-resources/forms/accommodation-request-forms>.  Please submit the completed forms to OEE at least two (2) weeks prior to your anticipated return date.  If you have any questions about the accommodation process, please contact Daniel McCabe, Disability Specialist in OEE at 848-932-3974.

If your absence is continuous for more than seven days and a portion of your leave is unpaid, you may be eligible for New Jersey Temporary Disability Insurance. This state program provides partial income replacement for up to 26 weeks of unpaid leave. Information on this program as well as the application form can be found at: <http://lwd.dol.state.nj.us/labor/tdi/tdiindex.html>. If you choose to apply, complete your portion of the application (and your health care provider must complete a portion) and send it to University Human Resources via fax (732-932-0047) or mail (University Human Resources Operations, Rutgers, The State University of New Jersey, 57 U.S. Highway 1, New Brunswick, N.J., 08901-8554) for completion of the employer portion of the application. University Human Resources will send completed applications to the NJ Department of Labor for a decision. Your application must reach the NJ Department of Labor within 30 days of your first day of disability.

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions.

Sincerely,