



Medical Leave of Absence

following a work-related injury

Are you recovering from a work related injury? Make sure you receive the **medical and leave benefits** for which you are eligible. Submit your request for leave of absence as soon as you anticipate the need; for example, if

- you will be absent from work at least three (3) days, or
- you will need to modify your work schedule, or
- your physician foresees a need for intermittent or periodic leave.

Question How do I request a leave of absence or modified work schedule because of a work related injury or illness?

Answer Complete the *Request for Leave of Absence or Modified Work Schedule* form as soon as you know you will need time off work and/or a modified work schedule. Submit the form to your supervisor. Provide as much notice as possible; at least 30 days is desirable. If your supervisor has not already given you the *Request for Leave of Absence or Modified Work Schedule* form, download it (from the web address, below) or obtain it from your Human Resources (HR) office.

Before your request for leave or modified work schedule can be approved, you and your health care provider must complete the *Family and Medical Leave Certification of Health Care Provider* form. Download the form (from the web address, below) or request it from your HR office. Complete the form within 15 days of your leave or modified schedule request, and send it to your designated HR office. (See back panel for mailing addresses and fax numbers.)

Q. My health care provider has already completed the Department of Labor and Industries paperwork stating I need to be off work. Why do I need to complete a leave request and a *Family and Medical Leave Certification of Health Care Provider* form?

A. Although your health care provider is communicating with the University through the State of Washington Department of Labor and Industries, it is your responsibility to request time off work, or a reduced or intermittent schedule. The UW needs to know how much time off you will need and how you would like to use your sick and vacation time. To ensure appropriate medical benefits, communicate your needs to your HR office.

Q. How do I know if my request for leave or schedule modification is approved?

A. Human Resources will send an approval letter to you, your supervisor, and to Payroll and Benefits. Review the letter and contact your HR office if you have any questions.

Q. How do I request a medical leave extension?

A. Complete and submit new *Request for Leave of Absence or Modified Work Schedule* Family and *Medical Leave Certification of Health Care Provider* forms, as described in the first question.

Q. What if I'm ready to come back to work but my health care provider says I can't work full-time or need a modified schedule?

A. If you are able to return to work before the end of your scheduled leave, submit a release to return to work from your health care provider to your supervisor. If you need to work part-time for a while, or if you need a modified work schedule, complete and submit new *Request for Leave of Absence or Modified Work Schedule* and *Family Medical Leave Certification of Health Care Provider* forms, as described in the first question. If you need an accommodation or light duty, contact your HR office.

MORE QUESTIONS? Contact your HR office (see contact information on the back panel).

for more information on the Family and Medical Leave Act

Please visit: www.uw.edu/admin/hr/forms
Under *Medical Centers Employees—FMLA Request Forms* select *Leave because of a personal health*

Phase 2 #7

following a work-related injury

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UNIVERSITY of WASHINGTON
UW MEDICINE HEALTH SYSTEM HUMAN RESOURCES



Medical Leave Resources

MEDICAL LEAVE FORMS

www.uw.edu/admin/hr/forms/index.html

Under Medical Centers Employees—FMLA Request Forms select Leave because of a personal health condition.

EMPLOYEE LEAVE INFORMATION

www.uw.edu/admin/hr/roles/ee/leaveholiday

HUMAN RESOURCES OFFICES

www.uw.edu/admin/hr

Harborview Medical Center | Box 359715 | 206-744-9220 | 206-744-9955 (fax) | hmcfla@uw.edu

UW Medical Center | Box 356054 | 206-598-6116 | 206-598-4610 (fax) | uwmcfmla@uw.edu

BENEFITS & WORK/LIFE

www.uw.edu/admin/hr/benefits

Box 355660 | 206-543-2800

OFFICE OF RISK MANAGEMENT

f2.washington.edu/treasury/riskmgmt

Box 351276 | 206-543-0183

DISABILITY SERVICES

www.uw.edu/admin/dso

Box 354560 | 206-543-6450 | 206-543-6452 tty