



Benefit Definition

Sick Care Family Leave: Where a family member’s serious health condition requires the employee’s absence from work beyond 20 days (150/160 hours as applicable) in a calendar year, permanent employees with at least one year of service may use accrued sick leave, in addition to the 5 days of Sick Family (SF) annual leave allowance.

Eligibility Criteria

- Permanent employees with at least one year of leave service credit.
- A separate 20 day (150/160 hr.) requirement must be met for each different serious health condition and/or family member and for each calendar year, even if not all of the additional days were used during the previous year.
- The initial 20 day (150/160 hr.) requirement must be within the calendar year; days from the previous year cannot be used to count toward entitlement in the current year.
- The initial 20 day (150/160 hr.) requirement need not be consecutive and may be accumulated and used on an intermittent basis.
- Proof of the family member’s serious health condition as defined by the FMLA must be provided on the *Serious Health Condition Certification* form -- proof may be required for each absence.
- For Sick Care Family Leave entitlement, family members are defined as:
 - Husband
 - Wife
 - Child
 - Step-child
 - Foster child (AFSCME)
 - Parent of employee
 - Domestic partner (for PDA represented employees only)
 - Child of employee’s domestic partner (for PDA represented employees only)
 - Any other person qualifying as a dependent under IRS eligibility criteria

Please Note: The definition of family member for Sick Care Family Leave entitlement may vary from the definition used for the 5-day sick family entitlement.

Entitlement

Leave Service Credit

Sick Care Family Allowance

Over 1 yr. to 3 yrs.	Up to 52.5/56 additional hrs. (7 days)
Over 3 yrs. to 15 yrs.	Up to 112.5/120 additional hrs. (15 days)
Over 15 yrs. to 25 yrs.	Up to 150/160 additional hrs. (20 days)
Over 25 yrs.	Up to 195/208 additional hrs. (26 days)

- Any Sick Care Family Leave days used will be deducted from an employee’s accrued sick leave balance.
- Anticipated sick leave may not be used for Sick Care Family leave.

Procedures

Employee's Responsibilities:

- Submit a *Request for Sick Care Family Leave* form to supervisor.
- Submit a *Serious Health Condition Certification* form to support the absences.
- Request sick family (SF) leave (up to 5 days), annual leave, personal leave, or family care leave without pay (FL) for the 20-day accumulation period.
- Indicate on the PA State System of Higher Education *Request for Leave* form: "Sick Care Family Leave Accumulation Period" (name of family member and relationship must be shown on leave slip).
- Once Sick Care Family Leave is approved, indicate "SC" leave code on *Request for Leave* form and include name of family member and relationship.
- Request leave two weeks in advance, if possible.

Supervisor's Responsibilities:

- Review information on the *Request for Sick Care Family Leave* form to ensure the 150/160 hour accumulation period has been met for the family member and the serious health condition.
- Review each request for leave based on medical documentation: if the 150/160 hours are accumulated on an intermittent basis, may request medical documentation for every absence.
- If accumulation period has been met, sign the *Request for Sick Care Family Leave* form and forward it and the supporting documentation to the Human Resources Office.
- Forward medical documentation to the Human Resources Office. NOTE: Requests for leave may be designated as part of the 150/160 hour accumulation period retroactively, if absences are supported by appropriate medical documentation.

Human Resources' Responsibilities:

- Review Request for Sick Care Family Leave.
- Indicate approval or denial.
- Forward a copy of completed request to employee, supervisor and Payroll Office.
- Monitor use of Sick Care Family Leave.
- Maintain medical documentation for three years.



SICK CARE FAMILY LEAVE REQUEST FORM

Allows for use of Sick Leave for Family Care AFSCME, PSSU, PDA, SPFPA

Part I - To be Completed by Employee (PLEASE PRINT)

Employee Name: _____ Work Location: _____

Name of Family Member: _____ Relationship: _____

The following absences were due to the above family member's serious health condition; medical documentation was provided to my supervisor.

<i>Date of Absence</i>	<i>No. of Hours</i>	<i>Leave Type</i>

Total hours of absence due to family member's serious health condition _____ . (Must total at least 150/160 hours.)

I am requesting to use Sick Care Family Leave as follows:

Begin Date: _____

Anticipated End Date: _____

- Full-time Basis
- Part-time Basis
- Intermittent Basis

Employee Signature

Date

Part II - To be completed by Employee's Supervisor

I have reviewed the absences listed above. Medical documentation indicating the absences were due to the serious health condition of the above referenced family member was submitted.

Supervisor Signature

Date

Part III - To be completed by Human Resources Office

Current Sick Leave Balance: _____ Leave Service Credit: _____

Employee is entitled to _____ hours of Sick Care Family Leave

- Approved
- Disapproved Reason: _____

Human Resources Office Signature

Date