



Absence/Leave Form for Human Resources

Employee Name: _____ **Employee Number:** _____ **Dept.** _____

Dates: Beginning: _____ Not Sure **End:** _____ Not Sure
(First day of absence) (Day before you will or did return to work)

Reason for Absence: _____

Will you submit an application for Massachusetts Paid Family Medical Leave (PFML) benefits?

Yes No Undecided Used in full

If yes, accrued time used beginning on or after the 8th calendar day you are not able to work may reduce your PFML benefit.

Accrued Time to be used (verify available time) and Unpaid Time based on regular schedule:

Do not use accrued time on or after the 8th calendar day I am unable to work due to my PFML application.

Vacation: # Hours Available _____ # Hours Using: _____

Personal: # Hours Available _____ # Hours Using: _____

Sick Time: # Hours Available _____ # Hours Using: _____ (no use for non-medical absence except during quarantine)

Bereavement: # Hours Available _____ # Hours Using: _____

Unpaid: # Hours unpaid during absence (actual or estimated) _____ Not Sure

Employee's regular work schedule: N/A because employee is relief staff

Sun Schedule: _____ # Hours: _____ Thurs Schedule: _____ # Hours: _____

Mon Schedule: _____ # Hours: _____ Fri Schedule: _____ # Hours: _____

Tues Schedule: _____ # Hours: _____ Sat Schedule: _____ # Hours: _____

Wed Schedule: _____ # Hours: _____ Total Scheduled Hours per Week: _____

Employee Signature: _____ **Date:** _____

If employee is not initially available to complete this form, the following BCArc supervisor or HR representative completed the form on behalf of employee:

Form completed by: _____
(Print Name)

Discussed with employee by: Phone Email In Person
Date of discussion: _____

Administrative Instruction:

Please sign, check approved or denied, date, and return to HR or send to the next person for review.

Site Manager: _____ Approved _____ OR Denied _____ Date: _____

Supervisor/Manager: _____ Approved _____ OR Denied _____ Date: _____

Director: _____ Approved _____ OR Denied _____ Date: _____

Dept VP: _____ Approved _____ OR Denied _____ Date: _____

HR VP: _____ Approved _____ OR Denied _____ Date: _____

President/CEO: _____ Approved _____ OR Denied _____ Date: _____

Return this completed form to Human Resources

For HR use only: Employee qualified for FMLA: Yes No If no, reason: _____
_____ Absence associated with auto accident Absence associated with pregnancy/childbirth: Due Date: _____

Important information for workers regarding PFML may be found using this webpage address: www.mass.gov/PFML
We recommend you figure out if you are eligible and find out what documents you will need to provide in order to get approved before beginning your claim application. Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Basic Information about PFML

Medical Leave for yourself

Provides up to 20 weeks per year of paid leave to manage a *serious health condition*.

What is a serious health condition?

A serious health condition is a physical or mental condition that prevents you from doing your job for more than 3 consecutive full calendar days, and requires:

- ✓ Two or more treatments by a health care provider (in-person or during telehealth visit) within 30 calendar days of an inability to perform your duties, or
- ✓ Overnight stay in a hospital, hospice, or medical facility, or
- ✓ At least 1 treatment by a health care provider within 30 days of an inability to perform your duties, with plans for continued treatment, including prescriptions

Serious health conditions include, but are not limited to:

- ✓ Pregnancy, including prenatal care and post birth medical recovery
- ✓ Chronic conditions, like asthma or diabetes, that stop you from working some of the time, go on for some time, and require going to the doctor more than twice a year
- ✓ Permanent or long-term conditions, like Alzheimer's disease, stroke, or terminal cancer, which might not be curable and will need ongoing attention but will not necessarily require active treatment. For example, when a person is in hospice.
- ✓ Conditions requiring multiple treatments, like chemotherapy, kidney dialysis, or physical therapy after an accident
- ✓ Substance Use Disorder may be considered a serious condition covered by family or medical leave if the patient is receiving treatment from a health care provider, by a provider of health care services on referral by a health care provider, or by a program licensed by the MA Department of Public Health.

Family leave to bond with a child

Up to 12 weeks of family leave may be taken by a parent or legal guardian to bond with a child during the first 12 months after the child's birth, adoption, or foster care placement.

Family leave to care for a family member (Available as of July 1, 2021)

Up to 12 weeks of family leave may be taken per year to care for a family member with a *serious health condition*.

For the purposes of family leave used to care for a family member, family members include your spouse, domestic partner, child, parent, grandchild, grandparent or sibling; the parent of your spouse or domestic partner; and guardians who legally acted as a parent when you were a minor.

Family leave for family members who are active service members

There are two types of family leave available if you have a family member who is, was, or will be deployed in a foreign country. You can take up to 26 weeks of family leave per year to care for a family member who is a current member of the Armed Forces, including the National Guard and Reserves, for a variety of reasons.

You can take up to 12 weeks of family leave per year to manage any needs that take place immediately after a family member is deployed in a foreign country or has been notified of an upcoming deployment in a foreign country.