

Policy and Procedure Manual

Policy #:

Issued:

**Reviewed/
Revised:** Karen Quillen

Section:

Owner: BU Mallory Pathology
Associates

Maternity Leave and Leave of Absence policy

Purpose

To define departmental policy for maternity leave and leave of absence.

Policy Statement

Maternity Leave:

A female employee who has completed at least three continuous months of employment will be entitled to eight weeks of maternity leave for the purposes of giving birth or adopting a child under 18 years of age. The employee is entitled to no more than a total of eight weeks paid leave under this policy in any twelve month period.

Faculty are entitled to two weeks parental leave in order to attend to the birth, adoption or care of a new child in the employee's immediate household. Unused sick and vacation time may be used for this leave otherwise it is unpaid.

Family and Medical Leave:

If the employee has been employed for at least twelve months and has worked a minimum of 1,250 hours during the past twelve months, he/she is eligible for a maximum of twelve weeks of family and medical leave (FMLA) for the birth or adoption of a child, the employee's own serious health condition, or for the care of a family member with a serious health condition.

For a female employee giving birth no more than eight weeks will be paid leave, as above. For all others, FMLA leave will be unpaid unless there are unused sick days (12 days/year) or unused vacation time (see Vacation Policy).

Application

Clinical faculty are required to submit request for leave of absence using the appropriate form at least one month in advance, to the service chief and practice manager. The advance notice requirement may be shortened in extenuating circumstances.

Exceptions

None

Responsibility

All.

Attachment

Boston University Staff Request for Leave of Absence form (1 page).

Faculty Practice Foundation Request for Leave of Absence form (one page, attached)

Links

<http://www.bu.edu/hr/policies/federal-and-state-laws/family-and-medical-leave-act-fmla/>

http://internal.bmc.org/policy/pdf/FacultyPractice/22_07_010%20Personnel%20Policies_022010.pdf

FACULTY PRACTICE FOUNDATION, INC.
REQUEST FOR LEAVE OF ABSENCE

Instructions: Please complete all applicable sections, sign, date, and forward to your Chair.

Your Information

Your Name

Title

BUID#

Unit/Department

Phone: Office

Home

Home Address – Please include Street, City, State, and Zip Code

Reason for your Request for Leave

- ☐ The birth of a child, or placement of a child with you for adoption or foster care
- ☐ Your own serious health condition
- ☐ You are needed to care for your ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition
- ☐ A qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on covered active duty or has been called to covered active duty status as a member of the Armed Forces, National Guard, or Reserves
- ☐ You are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member, including a veteran, with a serious injury or illness
- ☐ Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days
- ☐ Personal Leave of Absence (non-medical) Reason: _____

Period of Your Leave

I expect to be away from work for the following dates/work days:

- ☐ For continuous leave: Beginning On: _____ Ending On: _____
- ☐ Intermittent or Reduced Schedule Leave on the following dates: _____

Additional Information (optional)

-
- **ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE DEPARTMENT CHAIR AND BU HUMAN RESOURCES.**
 - **YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.**
 - **IF APPLICABLE, POLICIES REGARDING APPLICATION OF PAID TIME OFF TO VARIOUS TYPES OF LEAVE CAN BE FOUND IN THE FPF PERSONNEL POLICIES AT:**
http://internal.bmc.org/policy/pdf/FacultyPractice/22_02_160_PersonnelPolicies_102009.pdf

Signatures:

Date:

Employee

I hereby acknowledge receipt of this leave request.

Chair

Department: Forward copy of form to:

Human Resources – Medical Campus (Attn: George Snowdon)
801 Massachusetts Avenue, 4th Floor, Boston, MA 02118
Fax: 617-638-8820



STAFF REQUEST FOR LEAVE OF ABSENCE OR INTERMITTENT LEAVE

Instructions: Please complete all applicable sections, sign, date and return form to your supervisor.

Your information

Your Name Title BUID#

Unit/Department Phone: Office Home

Home Address - Please include Street, City, State, and Zip Code

Reason for your request for Leave

- ☐ The birth of a child, or placement of a child with you for adoption or foster care
- ☐ Your own serious health condition
- ☐ You are needed to care for your ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition
- ☐ A qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- ☐ You are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered servicemember with a serious injury or illness
- ☐ Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days
- ☐ Personal Leave of Absence (non-medical) Reason: _____

Period of Your Leave I expect to be away from work for the following dates/work days:

- ☐ For continuous leave: Beginning On: _____ Ending On: _____
- ☐ Intermittent or Reduced Schedule Leave on the following dates: _____

Additional Information (optional)

●ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY HUMAN RESOURCES.

●YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.

●BU POLICIES REGARDING APPLICATION OF SICK AND VACATION LEAVE TO VARIOUS TYPES OF LEAVE CAN BE FOUND AT www.bu.edu/hr

Signatures:

Employee's Signature Date

I hereby acknowledge receipt of this leave request.

Supervisor's Signature Date