



**University Human Resources**  
 Absence Management Specialist  
 201 General Academic Building  
 Stillwater, OK 74078  
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# APPLICATION FOR UNIVERSITY PAID MEDICAL LEAVE POOL

**INSTRUCTIONS:** **Section I** of this Application is to be completed by the employee requesting leave or someone acting on the employee's behalf. **Section II** is to be completed by the applicant's treating physician. The supervisor/manager's contact information will be completed in **Section III**. Please submit the completed application to University Human Resources, Absence Management Specialist, 201 GAB. The employee and supervisor/manager will be notified by email whether the employee qualifies for the Paid Medical Leave Pool.

**TO QUALIFY:**

- Benefits-eligible (0.75 FTE) faculty or staff with two or more years of continuous service with OSU.
- Employee must be in good standing with no documented unsatisfactory work performance or corrective actions in the last twelve months.
- May not be on approved status for long-term disability or have a current or pending worker's compensation claim for the same medical condition.
- Must exhaust all available accrued leave (sick, annual, comp time) or short and long-term disability before requesting Paid Medical Leave Pool benefits. FMLA will be auto-designated and run concurrently with this leave if the employee is eligible. Sick and annual leave will not accrue when an employee uses this benefit.
- This leave may not be awarded twice for the same condition.

**SECTION I - REQUEST FOR LEAVE – To Be Completed by Employee**

<i>Name of Employee:</i>		<i>CWID/Banner ID:</i>	
<i>Department:</i>		<i>Job Title:</i>	
<i>Employee's Statement of Medical Condition /Comments:</i>			
<i>Last Day Worked:</i>		<i>Projected Date for Return to Work:</i>	
<i>Employee Signature</i>		<i>Date:</i>	

**SECTION II – MEDICAL INFORMATION – Attach Letter from Physician**

***Please attach a letter from the treating physician that provides the following information:***

- Name and address of physician***
- Physician's telephone number***
- Summary of medical conditions indicating severity***
- Dates of medical absence from work***
- Projected return to work date***
- Projected return to work full-time or part-time and how many hours per week***

***PLEASE DO NOT PROVIDE MEDICAL INFORMATION TO ANYONE OTHER THAN THE ABSENCE MANAGEMENT SPECIALIST IN UNIVERSITY HUMAN RESOURCES!***

SECTION III – SUPERVISOR/MANAGER INFORMATION	
Name of Supervisor/Manager: (Print or Typed)	Title of Supervisor/Manager:
	Date Forwarded to University Human Resources:
SECTION IV – FOR UNIVERSITY HUMAN RESOURCES USE ONLY	
Date Request Received:	Determination: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify
OSU Hire Date of Requestor:	Start and End Date of Request:
Date Reviewed by AMS:	Date Approved by Director of HR Consulting:
AMS Signature:	Director Signature:
NOTES: <input type="checkbox"/> Sick, annual, and comp exhausted <input type="checkbox"/> Not on workers' compensation <input type="checkbox"/> Exhausted short and long-term disability <input type="checkbox"/> No CAs or PIPs in last 12 months	

**Benefits of University-Paid Medical Leave**

- The Paid Medical Leave Pool will provide up to twelve weeks of continuous paid leave, contingent upon available funding (currently set at \$50,000 per fiscal year) and receipt of health care provider documentation.
- Employees on less than twelve-month appointments may not request or receive benefits from the Paid Medical Leave Pool for periods when not in a pay status.
- Receiving this type of paid medical leave does not provide job protection but serves to keep eligible employees in paid status.

**Qualifying Dependents (Paid Medical Leave Pool vs. Sick Leave)**

PAID MEDICAL LEAVE POOL	SICK LEAVE
<b>Spouse</b> (as recognized under state law for purposes of marriage)	<b>Spouse</b>
<b>Child</b> (birth or placement, biological, adopted, foster, stepchild, legal ward, an adult child with a disability, or a child in loco parentis)	<b>Child</b>
<b>Parent</b> (biological, adopted, step, foster, or in loco parentis) <b>*Does not include in-laws.</b>	<b>Parent</b> (includes in-laws)
	<b>Siblings</b> (includes in-laws)
	<b>Grandparents</b> (includes in-laws)
	<b>Grandchildren</b>