

Agenda Items

1. PROCUREMENT & TRAVEL

a. TRIP update

- i. Pilot Group Update – *The go-live is planned for sometime in October. There are plans to implement a travel tracking system for the traveler and the department to check status. More info on attached sheet.*
- ii. Business Officer Approval Table – *This is currently being built for the college. Business Center analysts will work with departments to maintain a table of approvers.*

b. Pro Card

- i. College Policies & Procedures – *See attached handout.*
- ii. College Pro Card Voucher - *New college policy and procedures are being implemented for pro cards. Any pro card purchase over \$500 must have pre-approval in writing. The purchaser and purchaser's supervisor must sign and approve the pro card voucher. Digital signatures are accepted. New policy will begin October 1, 2016. A control log is necessary for multiple individuals using the same card. See attached handouts for the new policy and new voucher form.*
- iii. College Delegated Signature Authority Form – *A new form has been created for use by all departments within the college to serve as a written method for delegating signature authority for documents requiring signatures. No document should be held up due to the absence of a department head or other administrator in the department; there should always be a responsible person to sign documents to keep operations moving along.*

2. RESEARCH & GRANTS

a. Federal Capacity Grants

- i. Use of Funds & Position Swaps - *The Business Analysts have met with each unit receiving FCG funds to discuss potential swaps of positions between state and federal funds to better align the expenses and to comply with Uniform Guidance. Federal Capacity Grants should be treated similar to the competitive grants, and thus units should avoid charging expenses that would be considered "indirect" expenses. The data for all units is being compiled for potential swaps internal and external to each unit in the college. All findings will be presented to the deans for a final determination regarding potential swaps.*
- ii. Equipment Purchases - *NIFA has held several webinars and made announcements to notify recipients of FCG funds that are effective FFY17 (10/1/16). Any general purpose equipment costing > \$5000 purchased on FCG funds must be preapproved through NIFA. General purpose equipment includes office equipment and furnishings, motor vehicles, information technology, and farm equipment. More details will be provided as they become available. NIFA will be providing a template for use as the preapproval. Scientific or special purpose equipment costing > \$150,000 will require preapproval as well. Special purpose equipment includes items such as microscopes, x-ray machines, surgical instruments, and spectrometers used only for research. Any questions should be directed to the Business Analyst for the unit.*
- iii. FFY16 Year-End Calendar - *The FFY16 closing schedule was shared with the group and is similar to previous years. It is attached as a handout. Units need to be mindful when entering cost distributions, pro card edits, PRD's or SRM shopping carts in SAP for payroll and items that will be received after 9/30/16 to use the appropriate fiscal year fund. Accrual information should be sent to the Business Analyst for your unit. Please mark all vouchers and JVs with New Year or Old Year at the top of the document to ensure posting on the appropriate fund. Any HR questions should be directed to Le Anne Herzog, and all other financial related questions should be directed to the unit's Business Analyst.*
- iv. FCG CAS Review - *Departments received a list of potential CAS (unallowable) expenses that have posted to their FCG in FFY16 from their respective Business Analyst based on the nature and/or GL of the posting. Justification or explanation for the expenses were being requested from*

****NEXT MEETING: Wednesday – November 9, 2016 @ 9:00 am (Gorham Hall, Good Barn)****
Please pass along any pertinent information to faculty & staff in your departments

the departments to determine if the expense needed to be reclassified on the projects or possibly moved to alternate funding if deemed inappropriate based on Uniform Guidance.

3. BUDGET & FINANCE

- a. **Unit Budgets** – *Will be sent to departments very soon. Review carefully when these are received. Budget transfers will be done and departments will be notified of transfer document numbers.*

4. HR & PAYROLL

- a. **FLSA Update** – *There has been a recent change in the minimum amount of annual salary an employee can make to be considered exempt from overtime pay. The amount has increased from \$23,660 to \$47,476.00. There are many employees under this threshold which will need to be reviewed. This will go into effect December 1, 2016.*
- b. **IT0027 Changes on Federal Capacity Grants** – *Biweekly payroll 21 is split between two federal fiscal years. It's very important to get the fund correct for the appropriate pay period. Do not copy prior 27; new one will need to be created. SPIN-ER reports are preliminary reports departments can run to assist with the review of which fiscal year your payroll is posting to prior to the running of the final payroll. There will be open labs later this month for the spinner reports.*
- c. **Faculty/Staff Effort Certifications** – *This year, these reports should be submitted to Connie Williams in the Business Center. Faculty were due on September 19. Staff certifications are due October 17.*

5. **FMLA TRAINING** – *Lindsey Powell spoke to the group about FMLA issues and assistance. She will be our point of contact for FMLA. Her phone number is 323-4259. Departments should distribute FML process checklist to supervisors within their units. See attached handouts for Lindsey's presentation.*

6. OTHER

- a. **Introduction of New Staff** – *The following new staff were introduced: Ryan Bentley (Family Sciences), Sally Davenport (Dean's Office), Courtney Decker (Animal & Food Sciences), Sarah Caton (Community & Leadership Development) and Jessica Mitchell (Motor Pool).*
- b. **Meeting Schedule for FY17** – *See attached handout.*
- c. **Sign-In Sheet**

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Please pass along any pertinent information to faculty & staff in your departments

TRIP Information

- We are currently in the pilot program of TRIP (the new electronic travel system); go-live for campus is planned for October 2016.
- A minimum of two (2) approvals will be required for each travel reimbursement. One approval will come from the direct supervisor for the traveler as shown in SAP. The second approval will come from business staff in the department as per the business approver table which will be maintained by the Business Center. Any questions regarding this approver table should be directed to your respective Business Analyst.
- The mileage rates built into the system are as follows:
 - Federal rate (updated annually)
 - Half federal rate
 - State rate (updated quarterly); use this rate in lieu of the current college rate.
- Per diems will be calculated automatically by the system as per the destination of the trip.
- Only two G/L's will be used (domestic travel and foreign travel).
- The traveler, or a travel proxy (departmental staff person), may complete the on-line travel expense report. The travel proxy can create templates for each traveler if they prefer.
- The on-line travel expense report automatically defaults to the account listed as the master account for the traveler's position in SAP. Be sure to change the cost object as appropriate. Only the traveler or AP can change the cost object on a travel expense report.
- Travel reimbursement payments will be made by direct deposit.

College of Agriculture, Food and Environment

Procard Policy

1. Pre-authorization

- a. Purchases greater than \$500 must be approved by the purchaser's supervisor (or delegate) before the purchase is made.
- b. Pre-authorization must be documented in writing and recorded on the procard voucher.
- c. Departments may choose to have more stringent pre-authorization policies, but must do so in writing.

2. Control Log

- a. For cards that are used by multiple individuals, a sign-out log must be used.
- b. For cards used by just a faculty member and their research staff a log is not mandatory. Only for cards used by individuals in multiple areas.
- c. The Ag Business Center will conduct periodic transaction reviews using data pulled from SAP and will work with department personnel as necessary to resolve concerns.

3. Purchase Approvals

- a. Procard purchases must be approved by the purchaser's supervisor unless delegated to someone else in writing.

4. Procard Voucher

- a. The college procard voucher must be used for all procard purchases (see voucher).
- b. Each voucher requires two signatures (purchaser & supervisor).
- c. A brief list of the items purchased must be provided.
- d. A brief business purpose that adequately describes the nature of the purchase and how the items will be used in the unit must be provided.
- e. If a department has a business need to use a different voucher, approval must be granted through the Ag Business Center.

5. Edit Documentation

- a. The edit documentation must include a system generated report and two signatures (editor and edit approver).
- b. Attach all receipts and voucher to the edit report and file as appropriate in the department.

STEP 1: BASIC PURCHASE INFO

Purchase Date: _____

Purchaser Name: _____

Vendor Name: _____

Cardholder Name: _____

Pcard# (last 4): _____

Cardholder Dept: _____

Amount: _____

Cardholder Phone: _____

Items Purchased:

Business Purpose:

STEP 2a: PRE-AUTHORIZATION

REQUIRED FOR PURCHASES GREATER THAN \$500

EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE-AUTHORIZATION IN BUSINESS PURPOSE ABOVE

Supervisor (or Delegate) Signature Date

STEP 2b: APPROVAL SIGNATURES

Purchaser Signature Date

Supervisor (or Delegate) Signature Date

STEP 3: EDIT INFORMATION (FOR DEPT USE)

DELEGATION OF SIGNING AUTHORITY

To Whom It May Concern:

By means of this letter, I, _____ (Delegating Official), delegate the authority herein described to _____ (the Delegate), on the following terms and conditions:

1. The Delegate may sign, on my behalf, for expenses/income related to (Delegating Official will initial by each item that delegate has authority to sign)

<input type="checkbox"/> PRDs	<input type="checkbox"/> Purchasing Requisitions/SRM	<input type="checkbox"/> Procard Purchases
<input type="checkbox"/> Travel Vouchers	<input type="checkbox"/> JVs	<input type="checkbox"/> SAG forms
<input type="checkbox"/> SPV	<input type="checkbox"/> Check/Cash Transmittals	

2. In the box below provide a description of departments/units/cost centers/projects that are to be delegated.

3. The effective date of this delegation is _____ and shall run until _____, or until revoked by the delegating official or his/her direct supervisor.
4. The authority delegated is not subject to sub-delegation without my prior and express written consent.
5. The Delegate is fully aware of the intent, scope, and forecasted activities of the accounts, and as such, will be able to verify that the nature of any expense being approved is required to carry out the program as laid out in the original award or budget document.
6. This signed form must reside in the departmental file for auditing purposes.
7. The Delegating Official is ultimately responsible for the expenses charged to the accounts and the detailed ledgers must be reviewed by the Delegating Official monthly. (Roles and Responsibilities www.uky.edu/EVPFA/Controller/files/BPM/E-1-3.pdf)
8. The Delegate who will have signature authority must be a regular employee of the University (*students are not allowed to be delegated this authority*).

Responsibility Statement: *I understand and acknowledge that I am still responsible for the expenses that charge to my accounts, and it is my responsibility to routinely review my accounts for accuracy.*

Signature (Delegating Official)

Name _____ Date: _____

Acknowledged and agreed:

Signature [Delegate] _____

Name and Title _____ Date _____

¹ Written delegation of signature authority is required in order to comply with AR 8:3
<http://www.uky.edu/regs/files/ar/ar8-3.pdf>

COLLEGE OF AGRICULTURE, FOOD & ENVIRONMENT
FY15 FEDERAL YEAR-END CLOSING SCHEDULE

(Unless otherwise stated, all deadlines are 4:30pm on the due date indicated)

AG Due Date	Type	Business Transaction	Dept.	Contact Information		
9/13/2016 (noon)	Faculty Payroll Distributions	All faculty payroll distribution changes made via FES must be submitted by 12:00 noon. Any faculty payroll distributions submitted after this deadline that contain "OLD YEAR" federal funds will be returned.	ABC	Le Anne Herzog	7-2981	leanne.herzog@uky.edu
9/15/2016	Req/PO	Shopping carts/requisitions for purchases where the items will be delivered prior to October 1. This will help to ensure that PO's are created and goods received by Sept 30. It should also help to ensure that all accounting entries are posted to the "OLD YEAR".	ABC	Unit Business Analyst	7-4254 7-9833 7-7241	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu
9/26/2016	JV	All JV's making corrections to "OLD YEAR" postings should be completed and submitted to the Business Center. This should help to ensure they are posted by General Accounting before the month of Sept closes out. After this date, only the Business Center will be able to post JV's to "OLD YEAR". Please mark all JVs "OLD YEAR" or "NEW YEAR" at the top of documents submitted to the Business Center from Oct 1 - Oct 15.	ABC	Unit Business Analyst	7-4254 7-9833 7-7241	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu
9/26/2016	PRD/Travel	All PRDs and Travel Vouchers for "OLD YEAR" should be submitted to the Business Center to help ensure they are posted to "OLD YEAR" funds. Any submitted after this date are not guaranteed to post to "OLD YEAR". Please mark all travel vouchers "OLD YEAR" or "NEW YEAR" at the top of documents submitted to the Business Center from Oct 1 - Oct 15.	ABC	Unit Business Analyst	7-4254 7-9833 7-7241	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu
9/30/2016	PO/Goods Receipts	All goods confirmations due for items received prior to, or on, September 30.	ABC	Unit Business Analyst	7-4254 7-9833 7-7241	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu
9/30/2016	Procard	All pro card editing for federal formula grants must be completed. This will help to ensure that all charges are posted to the appropriate year.	ABC	Unit Business Analyst	7-7143	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu
9/30/2016	Biweekly Payroll	In order to split the payroll for BW21 appropriately across the two federal fiscal years, separate IT0027 records will be required (see below): a. One record for period 09/18 – 09/30 on old year fund ending in "16" b. One record for period 10/1 – Beyond on new year fund ending in "17"	ABC	Le Anne Herzog	7-2981	leanne.herzog@uky.edu
9/30/2016	Accruals	Any goods/services received or travel expenses made prior to Sept 30th for which you have not processed a payment document must have an ACCRUAL established.	ABC	Unit Business Analyst	7-4254 7-9833 7-7241	April.Lyons@uky.edu Jason.Hardin@uky.edu Tina.Navis@uky.edu

NOTE: "OLD YEAR" documents submitted to the Business Center after the federal year-end deadlines referenced above may require a Business Procedures Exception Request form (<http://www.uky.edu/eForms/forms/bpexception.pdf>) be submitted to Chris Shotwell via email (chris.shotwell@uky.edu).

College of Agriculture, Food and Environment

Federal Year-End Accruals Information

Accrual Definition:

An accrual is an accounting record that ensures all transactions are recorded when expenditure was incurred or revenue was earned regardless of when payment is made or received.

Types of Accruals (on CAFE Federal Capacity Grants):

Accounts Payable – used when goods or services are purchased and received on, or before, September 30, but for which payment has not been made to the vendor by September 30.

Ex: Travel for an employee is completed on September 28, but reimbursement to the employee will not be made until sometime in October.

Prepaid Expense – used when goods or services are purchased and received on, or before, September 30, but for which the goods or services will not be used by September 30. Note: Only those prepaid expenses greater than \$5,000 will be recorded in SAP.

Ex: Hotel Expenses related to a conference are paid for on September 15, but the conference won't be held until November 15.

Process for Recording Accruals (on CAFE Federal Capacity Grants):

Because the federal year-end process is managed by the CAFE Business Center, all accruals are to be submitted to our office by September 30. In order to create one of these accrual entries, send an email to your unit's business analyst (http://acsg.uky.edu/AgWeb2/Dept_Assignments.pdf) with the following:

- ✓ grant number and G/L the accrual needs to be posted to
- ✓ amount
- ✓ description of the item that needs accrued
- ✓ brief justification as to the need for the accrual
- ✓ any supporting documentation (copy of invoice, travel voucher, etc)

An accrual entry will be posted to SAP in "OLD YEAR" (FY16 fund) by the Business Center to record the expense in the appropriate year. This same entry will be reversed to effectively zero out the expense in "NEW YEAR" (FY17 fund).

If you have any questions regarding accruals for Federal Capacity Grants, please contact your Business Analyst (April Lyons april.lyons@uky.edu 7-4254, Jason Hardin jason.hardin@uky.edu 7-9833, or Tina Navis tina.navis@uky.edu 7-7241)

King, Kim

From: Herzog, Le Anne
Sent: Monday, September 26, 2016 10:23 AM
To: King, Kim; Allen, Jackie L; ANDERSON, HOLLIE L; Bentley, Ryan K; Burdett, Connie A; Burgess, Judith A; Campbell, Susan; Corby, Chuck; Gamblin, Stephanie J.; Gay, Bonnie M; Goodlet, Karen; Harris, Shirley; Herzog, Le Anne; Horn, Kevin R; Keene, Thomas C; Marshall, Linda J; Mazur, Penny J; Miller, Beverly K; Mollett, Debra; Mylin, Darlene K; Queary, Leslie P; Ramey, Covetta H; Russell, Adriane G; Santana, Mary J; Shuler, Dale M; Smith, Selena; Stapleton, Dian; Stidham, Cindy L; Tarne, Christine M; Tawasha, Christine T; Tipton, Darlene; Tolliver, Julie; Ward, Tina; Watkins, B G; Watson, Lisa; Wells, A.J.; West, Timothy A; Whitaker, Rachel M; Williams, Helen C
Subject: HR Help Tip - Family Medical Leave Process Change
Attachments: FML Process Checklist.pdf

As a follow up to the User Group presentation earlier this month, I wanted to send a reminder regarding the process change for Family Medical Leave Processing.

Effective this month, UK has a new fulltime Family Medical Leave Administrator. Going forward **all regular staff** Family Medical Leave Applications should be submitted to **Lindsey Powell** (email attachment is acceptable).

As a department HR Administrator, if you become aware that an employee may have a qualifying event (for more information refer to the attached checklist), then you or the supervisor will need to complete a FML Notification Memo notification and give that to the employee. Once the application is returned, then it should be sent to **Lindsey Powell**. Lindsey will respond within 5 days letting supervisor know whether or not the application has been approved.

Please note that this process change is for regular staff only.

Information about this process change has been distributed to all of the College of Agriculture, Food & Environment supervisors.

Family Medical Leave Administrator contact information:

Lindsey Powell

Family Medical Leave Administrator Campus

lindseyhpowell@uky.edu

Phone: (859) 323-4259

Fax: (859) 257-1679

Note: A Family Medical Leave Process Checklist is attached for your convenience.



Le Anne Herzog
HR & Payroll Manager



MEMORANDUM

Date

Employee's name

Department

RE: FML Application

On _____ date, we became aware that you may have a qualifying event which could entitle you to Family Medical Leave (FML). The purpose of this letter is to provide you with information and forms both you and your health care provider need to complete and return to us so that we may determine if the absence(s) may be designated as FML leave. You will need to complete the enclosed application by _____*, and e-mail/fax to your FML Administrator.

FML provides job protection for employees while they are off of work due to their own qualifying serious health condition or a qualifying serious health condition of an eligible family member.

Failure to return the completed application by _____* (or should the application not be approved) your absences may be considered unauthorized. Unauthorized absences are subject to corrective action up to and including termination of employment.

Supervisor Signature

Employee Signature

Attachment

Routing: Please provide a copy of this form to the employee, retain a copy for the FML Administrators file.

*Supervisor counts 15 calendar days from the date the application is given to the employee.

*If mailing, please allow 2-3 additional calendar days.

Request for Family and Medical Leave

Please return the completed certification form to your supervisor within 15 calendar days of receipt of this application or the date condition commenced. **Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.**

PART I is completed by the employee requesting leave.

PART II is completed by a health care provider. You may need to complete additional forms if you apply for Long Term Disability or workers' compensation benefits.

Employee Information:

If you meet the eligibility requirements under the federal Family and Medical Leave Act (FMLA):

- You have a right to receive up to 12 weeks of unpaid leave in a 12 month period.
- If you currently receive employer paid health benefits coverage, you will be able to continue your basic insurance coverage during FMLA leave. For questions, please contact the Employee Benefits Office at (859) 257-9519 (press 3 for Benefits).
- As allowed under the law, and provided you comply with University policy, you will be returned to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA leave, unless a reduction in force or reorganization impacts your position. If this happens, you may be separated from the University in accordance with the guidelines in effect for such situations.

For questions regarding the FMLA, please contact the HR Employee Relations Office at (859) 257-9555 ext. 7.

PART I – To Be Completed by Employee		
Employee's Name (please print):	Department:	
Employee's Person ID:	Supervisor:	
Employee's Phone #: Home/Primary:		
Family and Medical Leave is needed to care for (check one):		
<input type="checkbox"/> Personal health condition <input type="checkbox"/> Family member's health condition. Indicate relationship: <input type="checkbox"/> Parent (not parent-in-law) <input type="checkbox"/> Spouse (husband/wife) <input type="checkbox"/> Child – Age <input type="checkbox"/> Sponsored adult dependent <input type="checkbox"/> Sponsored child dependent – Age <small>(If for family member, fill out PART IA)</small> <input type="checkbox"/> Newborn or newly placed adoptive/foster child		
Regular Work hours per week	Days per Week Scheduled to Work	Work Shift
<input type="checkbox"/> 40 <input type="checkbox"/> 37.5 <input type="checkbox"/> 30 <input type="checkbox"/> 20 <input type="checkbox"/> Other: _____	<input type="checkbox"/> M – F <input type="checkbox"/> Other: _____	<input type="checkbox"/> Days <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Other: _____
I am requesting leave:		I am requesting a reduced work schedule:
From to:		From hours/week to hours/week
I am requesting an intermittent work schedule (describe requested schedule):		
If you are requesting a reduced or intermittent work schedule because of your own serious health condition, please provide your health care provider with a description of your job tasks. If you need assistance, contact your supervisor.		
PART IA – Leave to Care for a Family Member		
Please describe the care you will provide:		
Employee's Signature		Date

PART II – To be Completed by Health Care Provider

Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page. (page 3)

Employee's Name		Patient's Name	
Patient Health Condition		If Yes, date condition commenced:	
Is patient's condition a "Serious Health Condition" as defined on pg. 4? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If patient's condition meets one or more of the serious health condition definitions, please check the applicable category(ies):			
<input type="checkbox"/> Hospital/Inpatient Care <input type="checkbox"/> Absence plus treatment <input type="checkbox"/> Pregnancy <input type="checkbox"/> A Chronic Condition <input type="checkbox"/> Permanent or Long Term Incapacity <input type="checkbox"/> Multiple Treatments			
Is the patient incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimated duration of condition and/or incapacity: Dates of Hospitalization: From _____ to _____			
Treatment Plan –Please provide the following information or you may attach a copy of the patient's treatment plan:			
Dates of treatment/follow-ups:		Period required for recovery:	
Number of treatment/follow-ups:		Interval between treatment(s):	
Will the patient need to have treatment visits at least twice per year due to the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was medication, other than over-the-counter medication, prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapy)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state the nature of such treatments and expected duration of treatment:			
Employee Work Schedule - The employee's regular work schedule is described in PART I of this form. If the employee must be absent from work, please provide the following information:			
Specific dates you are recommending employee be off of work From _____ to _____			
Is it necessary for the employee to work a reduced or intermittent work schedule because of the employee's or family member's health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimate the hours the employee or family member needs care on an intermittent basis: _____ hour(s) per day _____ days per week			
What is the duration of time that the recommended schedule should be in place?			
Will the condition cause episodic flare-ups periodically preventing the employee from performing job functions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is it medically necessary for the employee to be absent from work during the flare-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months lasting 1-2 days):			
Frequency: _____ times per <input type="checkbox"/> week(s) or <input type="checkbox"/> month(s)			
Duration: _____ hours or _____ day(s) per episode			
For patients who are UK employees with attached job description: Is the patient able to perform all of the essential job functions specified in the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, which functions cannot be performed?			

If leave is required to care for an employee's family member, please respond to the following:

Does your patient require assistance for basic medical or personal needs, safety, or transportation? Yes No

Would the employee's presence to provide psychological comfort be beneficial to the patient or to assist in the patient's recovery? Yes No

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Health Care Provider Information (please complete or attach business card with information)

Name (please print) Specialty

Business Address
Phone

Health Care Provider Signature

Date

Serious Health Condition Definitions in accordance with FMLA

Hospital/Inpatient Care – Inpatient care (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity * or subsequent treatment in connection to such inpatient care.

Absences from Work Plus Treatment – A period of incapacity* of more than three consecutive calendar days (including any subsequent treatment or period of incapacity* relating to the same condition), that also involves:

1. Treatment** two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g. physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment** by a health care provider on at least one occasion which results in a regimen of continuing treatment*** under the supervision of the health care provider.
3. The treatments must be within 30 days of when the condition starts. The first visit must be within 7 days.

Pregnancy – Any period of incapacity due to pregnancy or for prenatal care.

Chronic Conditions Requiring Treatments – A chronic condition which:

1. Requires periodic visits of at least 2 annually for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity* (e.g. asthma, diabetes, epilepsy, etc).

Permanent/Long-term Conditions Requiring Supervision – A period of incapacity* which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

Multiple Treatments (Non-Chronic Conditions) – Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider, either for restorative surgery after an accident or an injury, or for a condition that would likely result in a period of incapacity* of more than three consecutive calendar days in absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

* Incapacity is defined for purposes of this certification as inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment schedule or recovery period.

** Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

*** A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or use of salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.



Family Medical Leave (FML) Process Checklist for Supervisors

- The Supervisor becomes aware an employee may have an FML qualifying event. This could be for one or more of the following reasons:
 - a) Pregnancy.
 - b) Missing more than three consecutive days of work **OR** is incapacitated for more than three consecutive calendar days.
 - c) Being absent on an intermittent basis due to a health condition.
 - d) Hospitalization.
 - e) To care for a qualifying family member (spouse, parent, child, sponsored adult dependent, sponsored child dependent).
 - f) To care for a qualifying family member of the armed forces.

- Present the employee with the 15 Day Memo and FML Application, notifying the employee of his/her rights to FML and giving the employee 15 calendar days to apply for FML. Make sure the employee and supervisor sign the memo, and fax a copy to the FML Administrator at 859-257-1679. (The memo can be found on the FML Website).

- Instruct the employee or health care provider to submit the completed form to the FML Administrator via email (lindseyhpowell@uky.edu), fax (859-257-1679), or in person (1101 S. Limestone).

- Once the employee returns to work, the return to work note should be faxed (859-257-1679) or emailed (lindseyhpowell@uky.edu) to the FML Administrator.

- If an employee has restrictions upon/prior to returning to work you must contact the FML Administrator to evaluate the restrictions.

Incomplete forms may be denied.

If you have any questions please contact the FML Administrator at 859-323-4259.

All conversations dealing with FML must be documented, and FML applications should not be kept in the employee's departmental personnel file.

Letters and notifications will be emailed to the supervisor, and mailed to the employee's home address on record.

FML Fact Sheet for Supervisors

- The employee shows a need for FML due to:
 - Absences in excess of three consecutive days or shifts (it could be less and still be approved).
 - A chronic serious health condition of the employee or qualifying family member.
 - Hospitalization of the employee or qualifying family member.
 - Intermittent absences due to a serious health condition of the employee or a qualifying family member.
- The supervisor should provide the employee a 15 Day Memo notification along with the FML application.
 - A copy of the completed and signed 15 Day memo should be faxed (859-257-1679) or emailed (lindseyhpowell@uky.edu) to the FML Administrator.
- The employee and/or health care provider should be advised to return the application to the FML Administrator via fax, email, or in person within 15 calendar days.
- If the employee is on continuous leave:
 - The employee does not need to call in every day.
 - The employee should communicate with his/her manager for any updates or requests for extensions.
 - The manager should immediately communicate with the FML administrator on any requests for extensions.
- When the employee returns to work from FML:
 - The employee should supply a return to work note from the health care provider stating the employee has been released to regular duty work.
 - If an employee has restrictions upon/prior to returning to work you must contact the FML Administrator to evaluate the restrictions.
 - The return to work note should be faxed to the FML Administrator.
- If the employee does not return to work on the intended date:
 - The supervisor should inform the FML Administrator immediately.
- If an employee is on intermittent leave:
 - The employee must report his or her absence according to the department policy.
 - And misses more than three consecutive days/shifts or they miss more than what the health care provider stated, the employee should submit a new FML application or note from the health care provider. It must state the reason for the absence.
 - The employee should inform the supervisor in advance of any appointments.
- If an employee calls off for any shift the supervisor has the right to ask:
 - What is the specific reason for the absence?
 - What job duties can't be performed?
 - Did the employee see a health care provider for the illness/injury?
 - When did the employee first learn he/she would need to be absent?
 - What is the expected return date (or time if less than a day)?
- Contact the FML Administrator if:
 - The employee shows a call in pattern of absences (Mondays, Fridays, etc.).
 - The employee requests vacation, is denied, then calls off for FML.

Where can I get additional information?

If you have additional questions, please contact the Campus FML Administrator via:

- Phone.....(859) 323-4259
- Fax.....(859) 257-1679
- Email.....lindseyhpowell@uky.edu
- <http://www.uky.edu/HR/emprel/fmla.html>

AG USER GROUP MEETING DATES FOR FY17

September 14, 2016

November 9, 2016

February 8, 2017

May 24, 2017

- ❖ **All meetings will begin at 9:00am and will be held in Gorham Hall, E.S. Good Barn, unless otherwise notified.**
- ❖ **Please make arrangements for at least one person from your department to attend every meeting.**
- ❖ **Any topics you wish covered at these meetings should be emailed to Kim King or Le Anne Herzog.**