

INSTRUCTIONS FOR THE SUPERVISOR

- Step 1 Confirm with your employee that the **Family and Medical Leave/Shared Leave Application** form has been completed and submitted to the Benefits Office (King 207).
- Step 2 Complete the **Certification of Leave Balance/Approval of Shared Leave** form and return it to the Benefits Office. The form should be completed immediately following distribution of the Extended Leave of Absence Guide and be sure that you have noted the date the employee received the guide.
- Step 3 Advise your employee to complete leave requests through KRONOS for each week, he/she anticipates being away from work using FMLA designations. Your employee needs to designate which hours are to be used from accumulated compensatory time (if any) sick leave, annual leave, bonus leave, leave without pay, etc. Please remember to use up any outstanding compensatory time first. *Also, remember that an employee cannot use shared leave donations until their accumulated sick, annual, and bonus leave are exhausted.*
- Your employee should periodically (at least every 30 days) report his/her status and intent to return to work to you. By processing leave request approvals at least weekly through KRONOS, you can assure that the employee's leave balance will not be charged if recovery and return are sooner than expected.
- Please note that if your employee is taking intermittent or reduced schedule leave, you will also need to insure that time entries in KRONOS are coded correctly to insure that only hours missed related to FML are accounted for as part of the 12-weeks entitlement.
- Step 4 Review time entries in KRONOS for approval. Insure that the employee has selected the appropriate leave of absence code. (E.g. vacation leave FMLA, sick leave FMLA, bonus leave FMLA, LWOP FMLA, etc.) If the employee is unable to key their own leave usage in KRONOS, please process the employee's leave usage prior to the KRONOS cut-off dates.
- Step 5 ***Confirm that the Fitness for Duty Certification has been completed and returned to the Benefits Office before the employee returns to work.*** If the employee has been given work restrictions, please review the employee's work duties to determine if the restriction is considered a reasonable accommodation.



Supervisor Certification (PART C)

Return to the Benefits Office King, Room 207

TO BE COMPLETED BY SUPERVISOR (Please Print or Type)	
Supervisor:	Department:
Employee Requesting Leave:	UNC Charlotte ID Number:
<p>The above employee: <input type="checkbox"/> has provided to the Benefits Office <input type="checkbox"/> is in the process of obtaining satisfactory evidence to qualify for leave under the following program(s):</p> <p><input type="checkbox"/> Family and Medical Leave Act (For a complete description of FMLA, refer to PIM-09)</p> <p><input type="checkbox"/> Shared Leave (For a complete description of Shared Leave, refer to PIM-29)</p>	
<p>In order for the Benefits Office to apply paid leave (sick, annual, and bonus) appropriately, we must have accurate starting balances from which to draw paid leave until it is exhausted. Please provide the balances as of the following date: DATE LEAVE BEGINS: _____</p>	
<p>If you are unsure about your departmental records being accurate, <i>please consult the Payroll Office</i> to verify leave balances. Remember to deduct any leave not reflected in the monthly report last received from the Payroll Office, as well as to credit any current accruals earned as of the date above.</p> <p>SICK HOURS: _____</p> <p>BONUS LEAVE HOURS: _____</p> <p>ANNUAL LEAVE HOURS: _____</p>	
<p>➔ Do you support the employee's participation in the Shared Leave Program? (please circle) Yes No</p>	
<p>Please provide the date the employee made you aware of a need for extended leave and you provided the employee with the Extended Leave of Absence Guide, or the date you asked the employee to complete the Extended Leave of Absence Guide to determine eligibility of benefits under University leave policies. DATE: _____</p>	
<p><i>I certify that the leave balances provided are accurate to the best of my knowledge, and that while the employee is out I will furnish the Payroll Office and Benefits Office with leave slips reflecting the usage of sick, annual, bonus leave or leave without pay in accordance with the employee's wishes</i></p>	
_____ Supervisor's Signature	_____ Date
_____ Phone Extension	