



Paid Elder Care Leave

If you do not yet qualify for family medical leave, please complete this form to request paid elder care leave. If you qualify for family medical leave, please complete the family medical leave form available here.

You may qualify for paid elder care leave if:

- You are a regular staff employee who experiences an elder care need.
- For the purpose of paid elder care leave a "Serious Health Condition" will follow the definition by the Family Medical Leave Act (FMLA).
- Paid elder care leave is available for regular staff with a full-time equivalent (FTE) of 0.5 or greater. This leave will be prorated according to the employee's FTE.
- Paid elder care leave shall be available to a qualifying individual upon employment.

Note: Paid elder care leave is not applicable to faculty, Weekend Evening Premium Pay (WEPPs) or post-doctoral scholars

How to request paid elder care leave:

1. An employee who qualifies for Family Medical Leave (FML) shall submit a completed Family Medical Leave application to the Human Resources Office of Leave Administration.
2. An employee who does not qualify for FML shall submit this completed paid elder care leave application to the Human Resources Office of Leave Administration. Employees requesting paid elder care leave must complete and submit the application to Leave Administration. Please contact Leave Administration at ((859) 257-1797 or email LeaveAdminFMLA@uky.edu.

Employee Name: _____ Department _____

Employee Person ID _____ Supervisor _____

Parent's Name: _____

Employee home or primary phone: _____

I am requesting Intermittent Leave Continuous Leave

Have you applied for FML in addition to requesting paid elder care leave?

Yes No

Definitions:

A "parent" is broadly defined as the biological, adoptive, step or foster parent of an employee or an individual who stood in loco parentis to the employee when the employee was a child. "Parent" does not include the employee's parent-in-laws.

"In loco parentis" means the "parent" had day-to-day responsibilities for the care and financial support of the employee when the employee was a child. A biological or legal relationship is not necessary.

Policy

1. Paid elder care leave and Family Medical Leave run concurrently if applicable.
2. Paid elder care leave does not extend the amount of time an employee may qualify to be away from work.
3. Paid elder care leave may be taken continuously or intermittently; however, leave may be taken in no less than 15-minute increments.
4. If a holiday occurs during the eligible employee's paid elder care leave, the employee will receive holiday pay in lieu of paid elder care leave, provided the eligible employee is in a paid status the day before and the day after the official designated holiday. This will not extend the leave availability timeframe.
5. Each eligible employee may receive up to two work weeks of paid elder care leave a 12-month period.
6. An eligible employee shall initially notify their supervisor of the need for paid elder care leave and the timing, duration, and schedule of the paid elder care leave. If practical, an eligible employee must give their supervisor at least 30 calendar days of advance notice.
7. Departmental management should be flexible in managing elder care leave requests, so as to support employees in effectively integrating career and family responsibilities. Departmental workload should be proactively managed so that excessive work demands are not placed on remaining staff.
8. Any time beyond the two weeks of paid elder care leave must be requested separately, either:
 - a. By completing the appropriate Family Medical Leave request form, if the employee is eligible for Family Medical Leave and has Family Medical Leave available, or
 - b. By requesting the use of accrued leave.

Employee Signature _____ **Date:** _____

Health Care Provider

Is the parent's health condition a "Serious Health Condition" as defined below?

Yes

No

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 for 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.

Chronic conditions requiring treatments — A chronic condition which:

1. Requires periodic visits of at least two 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 parent 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

Health care provider's printed name _____

Signature _____

Date _____