



LEAVE PROCESS OVERVIEW

You are receiving this information because your leave request is for your own medical condition and you are not eligible or have exhausted your entitlement under FMLA. Because of your situation, your leave will fall under Sick Leave (per applicable CBA) or Leave as an Accommodation under the Americans with Disabilities Act (ADA).

1. You are required to:
 - a. Formally request your leave on Cook County Time (CCT).
 - b. Complete the process outlined in this document in order to take an approved leave.
 - i. All additional documents referenced below will be provided to you via your preferred method of communication and are available through HR.
2. You must provide completed paperwork within the designated time frame (15 days).
3. Once a completed packet is received and reviewed, CCHHS Human Resources (HR) will issue a decision letter regarding your leave.
4. Sick leave and leave as an accommodation under ADA is unpaid.

At this point in time, your leave is not approved.

WHAT YOU NEED TO DO NEXT REGARDING YOUR LEAVE

In order to complete the process to request Sick Leave or Leave as an Accommodation under ADA and protect your job, the steps outlined in this section must be completed.

1. You must complete a Leave Action Form.
2. Your health care provider must complete the required documentation.
 - a. It is your responsibility to confirm the Medical Inquiry Form documentation is completed and returned within 15 days your receipt of the leave packet.
 - b. Copies of the completed paperwork must be submitted by you to:
 - i. Employee Health Services (EHS)
 - ii. Human Resources (HR)
3. If there is something missing or confusing about your leave documentation, you may be asked to clarify.
 - a. It is your responsibility to provide this information to EHS and HR.
4. CCHHS may reach out to your health care provider in order to assess your ability to perform any essential functions of your job.

ABOUT YOUR LEAVE APPROVAL

You must to follow your department's time, attendance and call off policies until you receive an approval letter from HR for your leave.

1. After processing your completed paperwork, HR will inform you of its decision.
 - a. You may be approved, denied, or scheduled for an interactive discussion with HR.
 - b. Your decision letter will be sent to you via your preferred communication method as specified by you on Cook County Time (CCT).
 - c. Your decision letter will also be available on CCT for you to view.
2. Once your leave is approved, HR will forward the approval letter to your supervisor.
3. You are only permitted to take time off for the specific reason for leave and must not use leave time for other reasons.
4. CCHHS reserves the right to modify any accommodation at any time for any reason.
5. This leave is unpaid.
 - a. Your accrued sick time will run concurrently with any absence under this leave.
 - b. On the Leave Action Form, you may elect to have vacation run concurrently with your leave once you have exhausted your accrued sick time.

TYPES OF SICK LEAVE AND LEAVE ACCOMMODATIONS UNDER ADA

With the goal in mind of helping our employees perform all the essential functions of their job, CCHHS will consider any and all accommodation requests but will approve only reasonable accommodations that do not cause undue hardship to the hospital system and permit you to perform all essential functions of your job.

1. Continuous Leave
 - a. Leave taken for a period of time during which the employee is off work all day, every day until they return to work.
 - b. Sick leave is always continuous time off.
2. Intermittent Leave
 - a. Intermittent leave is not available as sick leave. It must be approved as an ADA accommodation.
 - i. It is approved for specific frequency and duration of absences.
 - ii. Any failure to adhere to specific accommodations may lead to discipline including possible termination.
 - b. If your ADA intermittent leave is approved, you must continue to follow your department's time and attendance policies for each intermittent absence.
 - i. When reporting each intermittent absence, you need to include the case #, amount of time and whether it is an episode or a treatment.
 - ii. If your time off includes treatments or appointments, you must work with your supervisor to avoid unnecessary disruption to the department.
 - iii. If your time off is for episodes or flare-ups, please make an effort to stay within the approved parameters.
3. Reduced Schedule Leave
 - a. Leave taken on a predictable basis that reduces the employee's schedule.
 - i. For example, the employee takes 2 hours off every Monday and Wednesday of each week for therapy.

RETURN TO WORK OR REQUEST A LEAVE EXTENSION

Employees have the right to return to the same or equivalent position at the end of their leave. In order to return to the same or equivalent job, employees must follow the process outlined below. While on leave, you must maintain all licensure and/or certification as required by your job.

1. EHS Clearance to Return to Work
 - a. At least ten (10) days prior to the end of your continuous (single period) leave, you must schedule an appointment with Employee Health Services (EHS) so that you may be cleared to return to work.
 - b. To schedule an appointment with EHS, please call 312-864-1970.
 - c. You must return to work on your first scheduled work day after your leave expires. Failure to return to work without requesting an extension may lead to discipline including possible termination.
2. HR Clearance to Return to Work
 - a. Within 24 hours of EHS clearance to return to work, you must contact HR at 312-864-1810 or by email at LOA@cookcountyhhs.org in order to:
 - b. Finalize your leave.
 - c. Determine if you will be required to complete additional clearances.
 - d. Provide documentation of current licensure and certifications as required by your job description.
3. If you are seeking to return to work with restrictions, EHS will initiate the return to work plan with EEO, HR and your specific department.
 - a. We will make every effort to accommodate your restrictions as long as they are reasonable, do not cause undue hardship and permit you to perform all essential functions of your job.
4. If you require an extension of your approved leave, you must provide appropriate documentation from your health care provider to EHS and at LOA@cookcountyhhs.org.
 - a. This request must be made at least one week prior to the end date of your approved leave.
 - b. Failure to return to work without requesting an extension may lead to discipline including possible termination.

Referenced Documents:

Leave Action Form

Medical Inquiry Form