

Medical Leave Policy Template

1. Introduction

This Medical Leave Policy outlines the procedures and guidelines for employees requesting and taking medical leave. Our company is committed to supporting employees during times of illness or injury while ensuring the smooth operation of our business.

1.1 Purpose

The purpose of this policy is to provide clear guidelines for employees and managers regarding medical leave, ensuring fair and consistent treatment across the organization.

1.2 Scope

This policy applies to all full-time and part-time employees who have completed their probationary period.

2. Types of Medical Leave

2.1 Short-Term Medical Leave

Short-term medical leave is typically for absences lasting up to 14 calendar days.

2.1.1 Eligibility

- All employees who have completed their probationary period
- Must provide appropriate medical documentation

2.1.2 Duration

Up to 14 calendar days, extendable based on medical necessity and approval

2.2 Extended Medical Leave

Extended medical leave is for absences exceeding 14 calendar days.

2.2.1 Eligibility

- Employees who have been with the company for at least one year
- Must provide comprehensive medical documentation

2.2.2 Duration

Up to 12 weeks per calendar year, subject to review and approval

2.3 Intermittent Medical Leave

Intermittent medical leave allows employees to take time off in separate blocks of time or reduce their work schedule due to a single qualifying reason.

2.3.1 Eligibility

- Available to employees with chronic conditions or ongoing treatments
- Requires medical certification and employer approval

3. Request and Approval Process

3.1 Notification

Employees must notify their immediate supervisor and the HR department as soon as they become aware of the need for medical leave, preferably with at least 30 days' notice for foreseeable leaves.

3.2 Documentation Required

- Completed Medical Leave Request Form
- Medical certification from a licensed healthcare provider
- Any additional documentation requested by HR

3.3 Review Process

The HR department will review the request and supporting documentation within 5 business days. Additional information may be requested if necessary.

3.4 Approval/Denial

The employee will be notified in writing of the approval or denial of their medical leave request. If denied, the reason for denial will be provided.

4. Pay and Benefits During Medical Leave

4.1 Compensation

Compensation during medical leave will be as follows:

- Short-term medical leave: Full pay for the first 5 days, 75% pay for the remaining period
- Extended medical leave: 60% of regular pay for up to 12 weeks
- Intermittent medical leave: Prorated based on hours worked

4.2 Benefits Continuation

During approved medical leave:

- Health insurance coverage will continue
- Employee contributions must be maintained
- Other benefits will accrue as if the employee were actively working

5. Return to Work

5.1 Notice of Return

Employees must provide at least one week's notice of their intent to return to work, along with a fitness-for-duty certification from their healthcare provider.

5.2 Accommodations

If an employee requires accommodations upon return, they should discuss these with HR prior to their return date.

5.3 Position Reinstatement

Employees returning from medical leave will be reinstated to their original position or an equivalent position with equivalent pay and benefits, unless business circumstances have made this impossible or unreasonable.

6. Confidentiality

All medical information provided will be kept confidential and maintained in separate files from regular personnel files.

7. Compliance with Laws

This policy complies with all applicable federal, state, and local laws, including the Family and Medical Leave Act (FMLA) and the Americans with Disabilities Act (ADA).

8. Anti-Retaliation

The company prohibits retaliation against any employee for requesting or taking medical leave in accordance with this policy.

9. Abuse of Medical Leave

Abuse of medical leave, including providing false information, may result in disciplinary action up to and including termination of employment.

10. Policy Review and Updates

This policy will be reviewed annually and updated as necessary to ensure compliance with changing laws and organizational needs.

11. Contact Information

For questions or concerns regarding this policy, please contact:

Human Resources Department

Email: hr@companyname.com

Phone: (XXX) XXX-XXXX

12. Acknowledgment

All employees are required to acknowledge receipt and understanding of this Medical Leave Policy. Please sign and date below:

Employee Name: _____

Signature: _____

Date: _____

This comprehensive Medical Leave Policy is designed to provide clear guidelines and support for employees while ensuring compliance with relevant laws and regulations. It is subject to change based on organizational needs and legal requirements.