

Procedure: 4.5.2p5. (III.U.6.e.)

Authorized and Contingent Leaves of Absence Without Pay

Revised: April 16, 2019; and January 12, 2016.

Last Reviewed: September 21, 2022; and April 16, 2019.

Adopted: January 12, 2016.



I. PURPOSE:

The Commissioner (or their designee) or a technical college president (or their designee) may grant an eligible employee an authorized (regular) or contingent leave of absence without pay according to the provisions of this procedure and corresponding State Personnel Board Rules.

In all such instances, the TCSG work unit is responsible for paying the employer's portion of associated health insurance costs, whether or not the employee is a current member of the State Health Benefit Plan or whether they currently carries health insurance and elects to continue their coverage while on a leave of absence without pay.

II. RELATED AUTHORITY:

Employee Benefits Council Rules
Flexible Benefits Program
State Health Benefits Plan Rules and Regulations
State Personnel Board Rule 16
TCSG Procedure 4.1.4p. – Categories of Employment

III. APPLICABILITY:

All work units and technical colleges are associated with the Technical College System of Georgia.

IV. DEFINITIONS:

- a. **Break-in-Service:** a voluntary or involuntary separation from employment for at least one full business day. An authorized (regular) or contingent leave of absence without pay is not considered a standard break-in service.
- b. **Eligible Employee:** an individual appointed to a full- or part-time salaried position in a TCSG work unit and eligible for State of Georgia-sponsored benefits as provided in the TCSG procedure governing Categories of Employment.
- c. **Immediate Supervisor:** a supervisor charged with the

responsibility for developing performance plans/expectations and who coaches, develops, and assesses the performance of subordinate employee(s).

- d. **TCSG Work Unit:** the TCSG System Office, Quick Start Headquarters, Quick Start Regional Office or training center, or an associated technical college.

V. ATTACHMENTS:

Attachment 4.5.1p.a3. – FMLA Certification of Health Care Provider Form for Family Member’s Serious Health Condition Form
Attachment 4.5.1p.a4. FMLA Certification of Health Care Provider Form for Employee’s Serious Health Condition Form
Attachment 4.5.2p5.a1. – GTLI Continuation While on Leave of Absence without Pay Form Attachment 4.5.2p5.a2. – Request to Continue Health Benefits During Leave of Absence Without Pay

VI. PROCEDURE:

a. General Provisions

- i. An eligible System Office or technical college employee who has exhausted all available paid leave or elects not to use available paid leave to cover a long-term absence of more than ten (10) consecutive calendar days must submit a written request for a leave of absence without pay to the Commissioner or technical college president, or their designee, for a specified, continuous period of time not to exceed twelve (12) calendar months.
- ii. An employee may request either an authorized (regular) leave of absence without pay or a contingent leave of absence without pay.
- iii. An eligible employee may not be placed on an authorized or contingent leave of absence without pay absent a written request from the employee and approval from a designated System Office or technical college official.
- iv. In accordance with the State Personnel Board rules, an absence of less than ten (10) consecutive calendar days is considered a short-term leave of absence without pay. The request and approval process for these absences will be carried out under the guidelines established by the Commissioner (for System Office) or the associated technical college president.
- v. When an employee is eligible for family leave and absent from work for a qualifying reason, the employee should be placed on family leave (with or without pay) before placement on a leave of absence without pay.

- vi. If an employee's family leave entitlement has been exhausted, and they remain unable to return to work, the employee may request a leave of absence without pay consistent with the provisions of this procedure.
- vii. A leave of absence without pay does not result in a break-in service for employment-related purposes.

b. Authorized (Regular) Leave of Absence Without Pay

- i. An authorized leave of absence without pay may not exceed twelve (12) calendar months.
- ii. If an employee's request for an authorized leave of absence without pay is approved, the position that the employee occupies or a comparable position in terms of title, duties, responsibilities, and payment shall be held for the employee's return.
- iii. At the expiration of an authorized leave of absence without pay, an employee shall be returned to work without loss of any rights, provided they has complied with all terms and conditions outlined in the notice of approval.

c. Contingent Leave of Absence Without Pay

- i. A contingent leave of absence without pay may not initially exceed twelve (12) calendar months.
- ii. If an employee's request for a contingent leave of absence without pay is approved, the position the employee occupies is not held.
- iii. The TCSG work unit may elect to fill the employee's position at any time during their contingent leave of absence. However, once the employee has indicated an immediate return to work date, efforts to fill the position must be suspended.
- iv. An employee placed on a contingent leave of absence without pay may return to work only if a suitable vacancy is available at the expiration of the leave and/or when written notice of their intent to return to work is initiated before the period of approved leave has concluded.
- v. A suitable vacancy may be an equivalent position with equivalent pay or a lower-level position with lower pay if the employee is qualified. Efforts should be made to return the employee to an equivalent position when possible.

d. Request for a Leave of Absence Without Pay

- i. Employees must submit a written request for a leave of absence without pay to the Commissioner, technical college president, or the employee's designee.
- ii. A copy of the written request must be provided to the System Office or technical college Director of Human Resources.
- iii. A written request must include the following information:
 - a. The type of leave of absence without pay requested, i.e., authorized (regular) or contingent.
 - b. the reason for the leave of absence without pay.
 - c. the length of the leave of absence.
 - d. the start date and the projected date of return; and,
 - e. any other information relevant to the request.
- iv. A request based on an employee's illness or disability, or the health condition of a family member should be accompanied by a completed Certification of Health Care Provider Form for Serious Health Condition (Attachment 4.5.1p.a3 or Attachment 4.5.1p.a4.) or other documentation from a health care provider/professional supporting the need for a leave of absence.
- v. Suppose an employee does not specify in their request the type of leave of absence they desires. In that case, the designated reviewing official should attempt to discuss the request with the employee before they determine the type of leave of absence without pay that will be approved and the accompanying terms and conditions.

e. Review Process:

- i. When reviewing an employee's request for a leave of absence, the following should be considered:
 - 1- the reason(s) for the proposed leave of absence.
 - 2- the amount of time requested.
 - 3- the operational needs of the TCSG work unit.
- ii. The designated official's review should be completed promptly, and the approval or denial must be communicated to the employee in writing.
- iii. The written notification for an approved authorized or contingent leave of absence without pay shall specify the following terms and conditions:
 - 1- Whether the leave of absence is designated as authorized (regular) or contingent.
 - 2- The beginning date and end date of the leave of absence.
 - 3- The date the employee is expected to return to work.

- 4- A deadline for the employee to either confirm their return to work at the expiration of the leave or request an extension of the absence. This is generally not more than ten days prior to the end of the approved absence.
 - 5- A statement indicating that a release to work (with or without restrictions) will be required, if applicable.
- iv. Suppose an authorized (regular) leave of absence without pay is approved. In that case, the written notification must also include a statement indicating that the employee will be reinstated to the former position or a position of equivalent grade and pay without loss of any rights, provided the employee returns within the terms of the leave granted.
 - v. Suppose a contingent leave of absence without pay is approved. In that case, the written notification must include the terms and conditions of the approval, including a statement that the employee's right to return at the expiration of leave is not guaranteed and will be contingent upon a suitable vacancy being available.
 - vi. If an employee's request for a leave of absence without pay will not be approved, the designated official must notify the employee in writing of their decision. When circumstances dictate, the employee should be offered an opportunity to request a contingent leave without pay.

f. Extension of an Authorized or Contingent Leave of Absence Without Pay

- i. An employee may submit a written request for an extension of their approved leave of absence without pay beyond the initial approval period.
- ii. An extension will be considered only in response to an employee's or their family member's serious health condition, provided there is a reasonable expectation that they will be able to return to work after the continued leave of absence.
- iii. The written request must be for a contingent leave of absence without pay and must include the following:
 - 1- the number of calendar months requested.
 - 2- documentation from the treating health care provider/professional supporting the need for a continued leave of absence.
- iv. The designated System Office or technical college official should, after their review, approve or deny the request in writing and, if approved, specify the accompanying terms

and conditions consistent with the provisions outlined above.

- v. As stated above, an employee may request an extension of an approved leave of absence without pay for an additional period of time, the total of which may not exceed twenty-four (24) calendar months unless otherwise required by state or federal law. Any proposed extension beyond the initial twelve (12) months may only be requested as a contingent leave of absence without pay.
- vi. An approval notice should also include a statement that this action does not extend the time period an employee is eligible to continue their health insurance coverage under State Health Benefit Plan (SHBP) or flexible benefits insurance options as administered under the Flexible Benefits Program (i.e., twelve (12) calendar months). NOTE: the SHBP will provide the employee with information regarding their ability to continue health insurance coverage beyond this period through COBRA.

g. Continuation of Benefits:

- i. An eligible employee on an authorized or contingent leave of absence without pay may maintain their health insurance (through the State Health Benefit Plan) and continue their flexible benefits insurance benefit options (through the Flexible Benefits Program) as well as their health care spending account contributions, in accordance with policies and procedures of the Department of Community Health and the Department of Administrative Services, respectively.
- ii. An employee shall be advised of the following:
 - 1- The cost of maintaining health insurance and flexible benefits insurance options.
 - 2- The process for making premium payments.
 - 3- The consequences for not making required payments
 - 4- Promptly, the impact of Open Enrollment on benefit elections during an unpaid leave of absence without pay;
 - 5- As applicable, the actions that will be taken when an employee returns to work from an unpaid leave of absence without pay during the current SHBP or Flexible Benefits Plan Year or when a return crosses Plan Years if premium payments have not been continued.
- iii. Employees who are members of the Employees Retirement System and are eligible for Group Term Life Insurance (GTLI) may request to continue coverage before beginning the leave of absence by completing Attachment 4.5.2p5.a1.

(Group Term Life Insurance Continuation While on Leave Without Pay Form). GTLI coverage will terminate if a written request is not filed with ERS in a timely manner.

iv. State Health Benefit Plan Coverage:

- 1- An employee desiring to continue their SHBP coverage should complete Attachment 4.5.2p5.a2. (Request to Continue Health Insurance During Leave of Absence Without Pay Form). The form will be retained in their medical file. Pursuant to the Rules of the SHPB, an active employee can elect to continue SHBP coverage within thirty-one (31) calendar days after beginning an unpaid leave of absence.
- 2- An employee on an unpaid leave of absence without pay for reasons of disability/illness (as well as family and military leave) will pay the same premium amount as when actively working in addition to any processing fee established by the State Board of the Department of Community Health. Employees taking a leave of absence for other reasons will be required to pay the higher premium amounts established by DCH and any applicable processing fees.
- 3- Employees should submit premium payments for health insurance directly to the System Office or technical college each month. An employee who fails to submit a premium payment promptly will lose coverage. The System Office or technical college must notify SHBP/ADP of an employee's loss of eligibility.
- 4- Unless otherwise provided by state or federal law (e.g., military leave), the total period of SHBP coverage on an approved leave of absence without pay shall not exceed twelve (12) calendar months.
- 5- An eligible employee who did not continue SHBP coverage while on an approved leave of absence without pay, including the annual Open Enrollment period, shall be offered the opportunity to enroll, discontinue, or change coverage within fifteen (15) calendar days after returning to work.

v. Flexible Benefits Program:

- 1- An active employee who is eligible to participate in the Flexible Benefits Program may continue all insurance options in which they are enrolled by paying the required after-tax premium(s) during their approved leave of absence without pay for a period not to exceed twelve (12) calendar months. Georgia Breeze/ADP will directly bill the employee for all insurance option premiums. If an employee does not

receive information from Georgia Breeze/ADP, the employee should contact Georgia Breeze directly to make these arrangements.

- 2- Suppose an employee returns from an approved leave of absence without pay during the same Plan year in which they previously participated. In that case, the benefit options and coverages previously selected by the employee will be reinstated. If the employee fails to pay premiums for these insurance options and, if applicable, health care spending account contributions during the leave of absence, the System Office or technical college shall reduce the employee's salary to collect these premiums/contributions unless a contractual limitation on coverage exists.
 - 3- An employee returning to work from an approved leave of absence without pay in a different plan year will have Flexible Benefit coverage under the Rules of the Employee Benefits Council.
 - 4- An employee's failure to pay applicable insurance option premiums while on a leave of absence without pay may result in the termination of coverage at the end of the month for which the premiums have been paid. In addition, when premiums have not been paid, benefits will not be allowed during the period unless benefits are deliverable as a contractual provision for a total disability.
- vi. Employees that are members of the Teachers Retirement System or the Employees' Retirement System should contact their respective systems to determine eligibility for establishing creditable service for absences resulting from on-the-job injuries.

h. Return to Work

- i. An employee must provide written notice of the employee's intent to return to work from an authorized (regular) or contingent leave of absence without pay to the named official(s) and within the time addressed in their approval notification.
- ii. Prior to an employee returning to duty following their illness, period of disability, or medical condition, they may be required to provide a written release statement from their attending health care provider/professional indicating that they can return to work and perform the essential functions

of the employee's position/job with or without reasonable accommodation(s). If reasonable accommodation(s) is recommended, the written statement must outline the specific accommodation(s) needed.

- iii. An employee may request to return to work before the approved leave of absence expires without pay. The designated official(s) may approve the request provided all terms and conditions outlined in the approval notification are met, and no other factors are present that would preclude approval.

VII. RECORD RETENTION:

All employment-related documents collected pursuant to this procedure shall be maintained consistent with the Georgia Archives Retention Schedule for State Government Paper and Electronic Records and state and federal law.

Group Term Life Insurance Continuation While on Leave Without Pay Form

Information for this form may be typed directly onscreen before printing.
ERSGA.

However, this form is not valid until received by

SECTION 1 - MEMBER INFORMATION

Retirement Plan Type _____ SSN _____

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip Code _____

SECTION 2 - TERMS FOR CONTINUATION OF GTLI

I choose to continue Group Term Life Insurance (GTLI) coverage for any period I am on Leave Without Pay (LWOP). However, I understand that the following conditions apply:

- I must have one (1) year of continuous service before continuing my GTLI coverage while on LWOP.
- Premiums of one percent (1%) of the monthly salary immediately prior to my period of LWOP will accrue for each month I am on LWOP.
- The accrued premiums will be paid to the Employees' Retirement System as follows:
- At the termination of state employment and on the application for a refund of my contributions and interest, the premiums will be deducted from my refund;
- Or, at my retirement, the premiums will be deducted from my monthly benefit;
- Alternatively, the premiums will be deducted from the GTLI payment to my beneficiaries at my death.

NOTE: If I have eighteen years of creditable service, terminate state employment, and do not get a refund of my contributions and interest, GTLI coverage will continue until the ERS receives my written notification of declining coverage. Any premiums accrued until that time will be payable to the ERS by the applicable method described above.

SECTION 3 -SIGNATURE & ACKNOWLEDGMENT

I have read, and I understand the instructions and provisions listed above.

Signature

Date

Two Northside 75 Suite 300 • Atlanta, GA 30318-7701 • PHONE (404) 350-6300 (800) 805-4609 • FAX (404) 350-6308 • www.ersga.org

Please type or print clearly in ink

Georgia Department Of Community Health State Health Benefit Plan

P.O. Box 1990
Atlanta, Georgia 30301

Attachment: 4.5.2p5.a2.

Request to Continue Health Benefits During Leave of Absence Without Pay

I. Member and Payroll Identification.		Provide all requested information.	
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Is this form a new application or a change to a previously approved application? (Check One)	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Extension
Last Name	First Initial	Department or School System	
Apartment/Box/Route		Work Unit or School	
Street Address		Payroll Unit Person to Contact for Information	
City, State	Zip Code (5-digit + 4-digit)	Payroll Unit Telephone Number	
County of Residence	Daytime Telephone Number () Area Code	State Health Benefit Plan Payroll Location Number	

II. Leave Type and Payment Information.	Check leave type. Provide the information requested for the leave type and payment amount.								
<input type="checkbox"/> (01) Disability/Illness - Attach Form SHBP 66-005 from a physician describing disability/illness and periods of disability from regular job duties IS CONDITION RELATED TO PATIENT'S EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PAYMENT INFORMATION \$ _____ You will be billed monthly - all premium payments are due by the 26th of the month before coverage.								
<input type="checkbox"/> (02) Educational - Actual period of instructions: FROM: _____ TO: _____									
<input type="checkbox"/> (03) Emergency Military - Attach a copy of orders.									
<input type="checkbox"/> (04) Suspension - Attach a letter from the employer stating the suspension period.									
<input type="checkbox"/> (05) Family Leave - (Check One) <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Birth/Adoption</td> <td>(Attach a copy of the letter or form approving family leave.)</td> </tr> <tr> <td><input type="checkbox"/> Illness</td> <td>(Attach a copy of the letter or form approving family leave and Form SHBP 66-005 or equivalent.)</td> </tr> <tr> <td><input type="checkbox"/> Military - Care Giver</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Military - Called to Duty</td> <td></td> </tr> </table> The period of approved family leave is: FROM: _____ TO: _____		<input type="checkbox"/> Birth/Adoption	(Attach a copy of the letter or form approving family leave.)	<input type="checkbox"/> Illness	(Attach a copy of the letter or form approving family leave and Form SHBP 66-005 or equivalent.)	<input type="checkbox"/> Military - Care Giver		<input type="checkbox"/> Military - Called to Duty	
<input type="checkbox"/> Birth/Adoption		(Attach a copy of the letter or form approving family leave.)							
<input type="checkbox"/> Illness	(Attach a copy of the letter or form approving family leave and Form SHBP 66-005 or equivalent.)								
<input type="checkbox"/> Military - Care Giver									
<input type="checkbox"/> Military - Called to Duty									
<input type="checkbox"/> (06) Employee's Convenience - Will you be employed by another party or self-employed during leave? <div style="text-align: right;">YES NO</div>									
<input type="checkbox"/> (08) Employer's Convenience - Attach a letter from the Employer From: _____ To: _____									

III. Member Certification.	Read this section carefully. Sign and date where requested.
<p>- I understand that health benefits may be terminated if payment is not received by the 26th of the month. I also understand that health benefits will terminate at the end of the approved leave of absence without pay or at the expiration of the time allowed by the State Health Benefit Plan unless payroll deductions are resumed.</p> <p>- I understand that an application for coverage while on leave without pay must be signed within thirty-one (31) days and filed with the State Health Benefit Plan within sixty (60) days after the termination of paid coverage through payroll deductions.</p> <p>- I request to continue health benefits coverage during the leave of absence without pay. I certify that all statements on this application and attachments are correct to the best of my knowledge and belief. I further certify that I have read and agree to adhere to the conditions on the reverse side of this application. I do hereby attest that the above information is accurate and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and no more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information according to O.C.G.A. Section 16-10-20.</p>	
X _____ Member Signature	_____ Date

IV. Agency Certification.		Provide current coverage and leave without payment information. Sign and date where requested.			
Option	Coverage	The employee named above will be granted a leave of absence of the type indicated for the period shown on the left. X _____ Signature of Authorizing Official			
Leave Without Pay is Authorized Beginning On				Authorized Leave Ends On	
Anticipated Last Payroll Deduction					
Month	Day			Year	Month

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Title

Date

SHBP 66-003 (Rev.02/08)

TERMS, CONDITIONS, AND INSTRUCTIONS

General Information

This form should be used to apply for continued health benefits coverage under the State Health Benefit Plan (SHBP) during a period of leave of absence without pay. The continued coverage will be governed by the **Leave Types and Time Limits** listed below and shall be for the same coverage option and coverage type for which the employee is enrolled at the time the leave without pay commences (unless the employee qualifies for an option or coverage change under SHBP provisions). Health benefits may be continued for the period of leave, as approved by the SHBP, subject to the **Conditions and Documentation** requirements listed below. Premium payments for this continuation of coverage will be made directly to the SHBP.

Leave Types and Time Limits

Time limits for continued health benefits coverage during a leave of absence are considered to run concurrently. When an employee qualifies for continued coverage under multiple leave types, the total period of continuation may not exceed twelve (12) calendar months. See Family Leave for an exception.

Disability leave of absence shall be for the period of the employee's disability due to illness, accident, or disability, as certified by a licensed physician, not to exceed twelve (12) consecutive calendar months.

Educational leave of absence shall be for the period of educational leave not to exceed twelve (12) consecutive calendar months.

Emergency Military leave of absence shall be when an employee is ordered to military duty (not to exceed twelve (12) consecutive calendar months.)

Suspension leave of absence shall be for the suspension period, not to exceed twelve (12) consecutive calendar months.

Family leave of absence shall be for the period during which the employee is absent from work to care for the employee's child after birth or placement for adoption; the employee's seriously ill spouse, child, or parent; or when the employee is absent from work due to the employee's serious health condition or when an employee's spouse, son, daughter, or parent is called to active duty. The period during which coverage may be continued shall not exceed twelve (12) weeks in any (12) month period. Exception: An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is being a Care Giver to a recuperating servicemember due to an injury is entitled to (26) weeks in any (12) month period.

Employee's Convenience leave of absence shall be for the period of approved leave for the employee's convenience, not to exceed twelve (12) consecutive calendar months.

Conditions and Documentation

Withdrawal of employee contributions from a retirement system shall constitute resignation, and approval of continued coverage during a period of leave without pay shall be terminated. The employee's eligibility for further coverage will then be governed by the extended beneficiary provisions of the plan. Documentation must be given to the employer.

Disability leave: The period of disability must be certified by a licensed physician using Form SHBP 66-005. The SHBP may require additional information from the certifying physician or review by another licensed physician if the disability period is more extended than the norm for the diagnosis.

Educational leave: The employee must certify the period of absence on Form SHBP 66-003. The absence may be only for the period of instruction.

Military leave: A copy of the appropriate orders must be provided.

Suspension leave: A letter stating the period of suspension, signed by the appropriate organizational official, must be provided.

Family leave: For family leave due to birth or adoption: A copy of the employer's letter or form approving the leave period must be provided. At a minimum, the form or letter must show the period of approved leave, the reason for the leave, and the date of birth or placement for adoption. For family leave due to the employee's illness or an eligible family member: A copy of the employer's letter or form approving the period of leave must be provided. Form SHBP 66-005 or a copy of the employer's physician certification form providing information equivalent to Form SHBP 66-005 must also be provided. Military: Copy of orders and disability letter from a physician.

Employee's Convenience leave: The employee may not continue health benefits under the SHBP if self-employed or employed by another party during the leave period.

Employer's Convenience leaves a letter from the employer stating the period of leave.

Premium Information

Premiums shall be payable monthly during an approved leave of absence without pay. Rates shall be subject to change upon notice at the beginning of any month during the leave period. Checks for premium payment should be made payable to the "State Health Benefit Plan." Contact your personnel/payroll office or the State Health Plan Benefit for rates (which may include a processing fee).

Extensions and Continuations

An extension of leave may be requested if the employee cannot return to work at the expiration of the approved leave and the maximum period has not been exhausted. The extension request must be signed by the employee and certified by the employing entity no later than thirty-one (31) days following the expiration of coverage under the approved leave of absence. In addition, the attending physician must complete the disability certification if the leave is due to disability, and the extension request must be filed with the SHBP within sixty (60) days following the expiration of coverage under the approved leave of absence.

A recurrent leave of absence without pay for the same or related illness shall be considered one approved leave period unless the employee returns to work and has coverage through payroll deductions for three (3) consecutive calendar months.

Penalties

Failure to provide accurate information or promptly submit the appropriate premium payment(s) shall cause coverage termination until the member returns to active pay status. Failure to submit the premium payment(s) by the first of the month in which coverage is adequate shall cause the SHBP to charge a late fee. Submission of a check that is not honored by the institution on which drawn shall cause SHBP to charge a processing fee or terminate coverage until the employee returns to active pay status.