

Applying for Leave Using the On-Line System

To apply for a Family Medical, ADA, Non-Renewable, Military or Personal Leave, follow the 6 steps noted below:

1. RequestaLeave.rideuta.com Go to bottom of the page and click "Request a Leave" and follow the instructions.

-or-

<http://utanel>

Go to the Administration button and select Human Resources. Click "Request a Leave" and follow the instructions.

2. The first screen will ask for your email address. Employees can use their rideuta.com email address or their personal email address.

The screenshot shows the 'E-MAIL ADDRESS INPUT' screen. It features the UTA logo and the title 'LEAVE REQUEST'. Below the title, it says 'E-MAIL ADDRESS INPUT' and 'All initial communications will be done via email.' There are two input fields for 'enter your e-mail address here' and 'Confirm'. A green 'Confirm' button is at the bottom. A red asterisk note at the bottom states: '* No email addresses or other personal data is stored by this website. Any personal information is only used during form creation and for sending information to you. It is not stored at any time during the request process.'

3. Select the type of leave desired.

The screenshot shows the 'SELECT LEAVE TYPE' screen. It features the UTA logo and the title 'LEAVE REQUEST'. Below the title, it says 'SELECT LEAVE TYPE'. There is a list of options: 'FMLA', 'Military Leave', 'Non-Renewable Leave (Bargaining Unit Employees Only)', 'Personal Leave', and 'ADA Medical Leave'. A green 'Back' button is at the bottom.

4. Fill out the leave of absence request form.

The screenshot shows the 'LEAVE OF ABSENCE REQUEST FORM'. It features the UTA logo and the title 'LEAVE OF ABSENCE REQUEST FORM'. There are fields for 'Name: Wendee Aguilar', 'Badge Number: 00000', 'Title: Senior HR Generalist', 'Department / Business Unit: S400', and 'Supervisor / Manager Name: David Heier'. Below these fields, there is a section for 'Personal Leave:' with a paragraph of text. There is a 'Reason for Leave:' section with a text box containing 'I need an extended leave of absence to take care of my neighbor.' There are also fields for 'Date Leave to Begin: 09/16/2016' and 'Date of Return: 09/30/2016'. At the bottom, there is a signature line with a 'Signature' box and a 'Date' box.

- From the “Document List”, either print or save the documentation. This information is important as it contains details as to how your leave will be processed and outlines your responsibilities while on the leave of absence. If you are applying for a Family Medical Leave you must print the FMLA Medical Certification document and have your physician complete the document which must be returned to the Benefits Administrator within 15 days of the leave request.

Document List :

Leave Request Form Letter to Employee Regarding Leave Request

**Important Information from Utah Transit Authority
Relating to your Leave of Absence Request**

Either you or a department representative completed the on-line request for a Leave of Absence for FMLA or other applicable types of leaves.

The medical certification (if applicable) should be sent directly to Human Resources via in-person, mail, email or fax. (See contact information below.) Your manager and supervisor should not receive medical information due to Health Insurance Portability & Accountability Act (HIPAA) requirements.

If your leave status changes while out on a Leave of Absence, please let Human Resources know at least thirty (30) days in advance of foreseeable events. When 30 days' notice is not possible, please provide notice as soon as possible. In the case of unforeseeable leave, you must comply with the Authority's usual and customary call-in procedures. Without unusual circumstances justifying your failure to comply, the Authority may delay or deny the leave. Fraudulent use of FMLA or any type of leave could result in disciplinary action, including termination.

The following information will help guide you through UTA's expectations during your absence. Please keep this information available for your reference.

Types of Leaves:

- Personal Leave:** Personal Leaves should not be used for medical reasons, refer to FMLA. Personal Leaves can be used to care for a family member with a serious health condition if you do not qualify for FMLA coverage. Please be aware a personal leave may impact your eligibility for group health benefits, if this is the case, you will be notified of your COBRA rights. Part-Time Bargaining Unit employees are not eligible for Personal leave, but may be omitted from work schedules for an agreed upon period of time subject to manager's approval.

Employee responsibilities related to leave of absences:

You are responsible for the following items:

- I will contact my supervisor or manager every thirty (30) days while out on a continuous leave of absence.
- I will contact my supervisor or manager every day while out on an intermittent leave of absence.
- I will contact the Benefits Administrator regarding any changes during my leave of absence.
- I will contact Human Resources two (2) working days before I am scheduled and/or released to return to my leave.
- If my leave of absence is due to my medical condition, I understand I must provide a statement from

8.50 x 11.00 in

[Submit Leave Request](#)

Document List :

Leave Request Form Leave letter to Employee – Family Medical Leave

Department of Labor Rights and Responsibilities

FMLA Medical Certification of Health Care Provider – Employee

1 / 4 52.8% Sign In

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protection because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you must ask the employee to provide accurate information that allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.3108. Employers must generally maintain records and documents relating to medical certifications, re-certifications, or medical histories of employees covered for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1655.1403(c) of the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1657.9, if the Genetic Information Nondiscrimination Act applies.

Employee name and contact: UTA - HR Benefits Administrator: 801-287-2244 (fax) fmla@utah.gov (email)

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employee to require that you, without a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employee, your response is required to obtain or retain the benefits of FMLA protections, 29 C.F.R. §§ 825.306-825.3108. Please provide a complete and sufficient medical certification any result in a denial of your FMLA request, 29 C.F.R. § 825.3113. Your employee must give you at least 15 calendar days to return this form, 29 C.F.R. § 825.307(b).

Your name: _____
First _____ Middle _____ Last _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can, terms such as "intermittent," "subacute," or "intermittent" may not be sufficient to determine FMLA coverage. Limit your response to the conditions for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1655.100, genetic services, as defined in 29 C.F.R. § 1657.9(a), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1657.3(b). Please be sure to sign the form on the last page.

[Submit Leave Request](#)

- Submit your Leave Request. Once the leave request is submitted, UTA's Benefit Administrator will be in contact with you within 5 business days to advise you of the status of your leave request. You will receive a confirmation “thank you” notification to ensure the leave request was entered correctly.

Thank You

Thank you for submitting your leave request form. It has been sent to HR for consideration and approval. Please check back with HR, your supervisor/manager, or Office Specialist to get an update as to the status of your request.