

## Leave/Disability Checklist

| Action   | Short-term disability claim | Maternity leave claim | Paid Family Leave claim  | Faculty Paid Parental Leave claim | Date completed |
|--|-----------------------------|-----------------------|--|-----------------------------------|----------------|
| 1. One month prior to your leave notify your Home Department about your leave—discuss internal leave procedures, your eligibility for FMLA and CFRA, and topping off your pay while on leave   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 2. Initiate a claim by calling Sedgwick at <b>(800) 495-2315</b>   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 3. Contact departments for which you wish to remove a deduction (e.g., contact Transportation to remove your parking permit deduction)   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 4. Complete and return the claims packet to Sedgwick   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 5. Make sure your physician faxes the Physician's Certification form to Sedgwick at <b>(888) 488-9544</b> (no disability pay will be processed if this form has not been received by Sedgwick) | <b>Yes</b>                  | <b>Yes</b>            | <b>No</b>  | <b>No</b>                         |                |
| 6. Notify Sedgwick when you deliver your baby  | <b>Yes</b>                  | <b>Yes</b>            | <b>No</b>  | <b>Yes</b>                        |                |
| 7. Within <b>30 days</b> of birth, add child onto your benefits via Workday (provide copy hospital birth letter)   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 8. Provide Sedgwick with proof of relationship to baby   | <b>No</b>                   | <b>No</b>             | <b>Yes</b><br>fathers must provide for bonding                   | <b>Yes</b>                        |                |
| 9. Provide Sedgwick with physician's note stating the duration and frequency of care required for a family member in your care   | <b>No</b>                   | <b>No</b>             | <b>Yes</b><br>required to care for a seriously ill family member | <b>Yes</b>                        |                |
| 10. Provide Sedgwick and your Home Department with work status reports   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |
| 11. Provide Sedgwick with your timecard at the end of every pay period (if you are on a reduced or modified work schedule)   | <b>Yes</b>                  | <b>Yes</b>            | <b>Yes</b>   | <b>Yes</b>                        |                |