

SHORT-TERM DISABILITY CHECKLIST

Action Items for Salaried Employees

Review and complete this form with an HR team member as soon as possible.

Your Name: _____ HR Contact: _____

Best Contact Number: _____ Personal Email: _____

1. Review your leave of absence request with HR.

- Inform HR of your disability leave request.**
 - Expected last day worked: _____
 - Expected return date: _____
 - For routine medical leaves, you may already have your *Medical Work Release*. Provide it now.

2. Complete required forms and submit your paperwork.

- With HR's guidance, submit completed Family Medical Leave Act (FMLA) certification form (if applicable) to HR.**
 - Is form required? Yes or No
 - If no, complete the *Parental & Family Leave Certification Form*
 - Return form to HR by: _____
- For a maternity leave, complete the *Parental & Family Leave Request Form*.**

3. Manage/track your disability claim.

- Keep HR informed if your expected return date changes.**

4. Plan your return to work.

- Return to work.**

When you return, provide the following information to your HR:

 - Doctor's release
 - FMLA release (if applicable)
 - Special job accommodations (if applicable, provided by doctor)

Note:

- If you have been on leave for more than 30 days, you may be required to complete a drug screening test to return to work.
 - **HR:** Is drug screen required? Yes or No
 - If yes, contact HR prior to your return: _____



- For an extended leave, it is important to begin the long-term disability application process around the fifth month of your short-term disability leave to prevent a lapse in benefit payments. Contact HR Shared Services (800-303-0408) to begin the process.

Find the information you need to support YOUR WHOLE SELF!

Access to information about your leave of absence and/or benefits is at your fingertips! Visit the **Total Rewards & Benefits Portal** at www.myheritagegroup.com/HES for Frequently Asked Questions (FAQs) on the *Leaves of Absence* tab and details about your benefits on the *Benefits* tab.



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