



# Ann & Robert H. Lurie Children's Hospital of Chicago®

## Leave of Absence

IPMG administers leaves of absence for Lurie Children's Hospital. To request and report a leave of absence please notify IPMG in advance of, or within 72 hours of the start of any unplanned illness or non-workers' compensation injury. An administrator or nurse case manager will discuss your need for leave, assist you throughout the leave process, provide on-going medical management, and help facilitate your return to work.

## Family and Medical Leave Act (FMLA)

Under FMLA employees are provided up to 12 weeks of unpaid, job-protected leave for a qualifying medical reason, including your own serious health condition or to care for that of a family member. FMLA leave may be taken on a continuous or intermittent basis and must be certified by a treating physician. To be eligible for FMLA you must be employed for a minimum of 1 year and have worked 1250 hours within the prior 12-month period.

## Short Term Disability

Short term disability provides pay continuation to benefit-eligible employees who need to be away from work for their own illness or non-work-related injury. To be eligible for short-term disability you must be employed for at least 180 days in a position with an FTE of .5 or greater.

### To request a new leave of absence or report an intermittent FML absence on an approved leave:

1. Notify your manager/supervisor of your intermittent FML absence from work. You must follow the notification requirements under your department policy.
2. Contact IPMG
  - Online: [www.in-sightonline.com](http://www.in-sightonline.com)
    - Username is your email address @luriechildrens.org
    - Default password is your 6 digit date of birth (MMDDYY). Further verification will be asked once logged in for the first time.
  - Toll-free number 24/7:  
**1.877.737.0032**

### Please have the following information available:

1. Name & Date of Birth
2. Treating physician's name, phone number and address. \*\*
3. Department and last day you worked
4. Supervisor's name and phone number

\*\* Medical Authorization and signatures releasing protected health information will be required before certifying an STD or FMLA absence. Instructions regarding HIPAA authorizations will be discussed during your initial intake phone call

## Report an FMLA or STD Absence

[www.in-sightonline.com](http://www.in-sightonline.com)

1.877.737.0032