

Short-Term Disability Checklist

Action Items for Salaried Employees

Review and complete this form with our Leave Administrator as soon as possible.

Your Name: _____ Supervisor: _____
Best Contact Number: _____ Personal Email: _____

1. Review your leave of absence request with Leave Administrator

Inform Leave Administrator 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.

Submit completed Family Medical Leave Act (FMLA) certification form (if applicable) to Leave Administrator.

- If not, eligible for FMLA, complete the Parental & Family Leave Certification Form
- Return form to Leave Administrator 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. If a drug screen is required for your position, 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 the Leave Administrator (leave@heritage-enviro.com) to begin the process.



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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 <https://myheritage-enviro.com> for Frequently Asked Questions (FAQs) on the Leaves of Absence tab and details about your benefits on the Benefits tab.

