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IFAS HR ROUNDTABLE

JULY 2023

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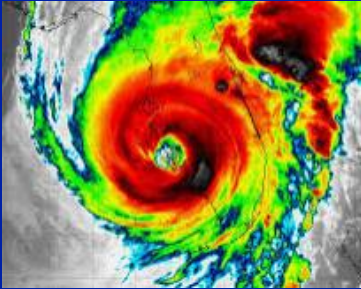
IFAS HR



(352) 392-4777 (phone tree)

- **ifas-hr@ifas.ufl.edu**

ADMINISTRATIVE LEAVE



ADMINISTRATIVE LEAVE

ENSURE EMPLOYEES RECEIVE A PAYCHECK

- Be prepared for an unexpected early payroll close.
- Report the number of hours scheduled to work.
- Approve time daily.
- Notify IFAS HR or UF Payroll if a supervisor is unable to approve time.

EMPLOYEES THAT WORK OUTSIDE OF MAIN CAMPUS AREA

If the county government of your work location closes schools and other county offices obtain the details shown below for Faculty, TEAMS, USPS members and email to

IFAS-HR@ifas.ufl.edu

UFID	Name	Date	Hours	County/City
1234-5678	Ally Gator	7/14/2023	8	Dade / Homestead

EMERGENCY CLOSING – BEFORE A STORM

Update Essential Employee designations.

ESSENTIAL EMPLOYEES

On-Campus Essential – Working on campus

- Continuation of critical and/or essential services that must be completed on-site
- Maintaining integrity of infrastructure, property or systems on-site
- Necessary on-campus work to maintain the safety and wellbeing of students, faculty and staff

Remote Essential – Working from a remote location, may need periodic access to campus

- Work is required to maintain operations and business continuity of the University and can be completed remotely
- Supervisor approved access to campus may be needed periodically to complete required work

Remote Non-essential – Working from a remote location, does not need access to campus

- Work is important to the University and can be completed remotely, but is not essential to maintain operations and business continuity

Update emergency contact information

UF Emergency Management website - <https://emergency.ufl.edu/>

IFAS Announcements will establish a helpful TEAMS page.

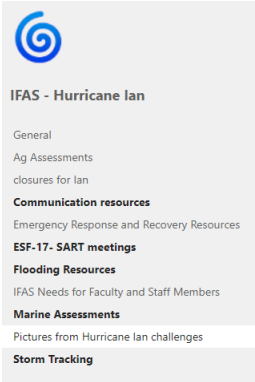
HURRICANE PREPAREDNESS

BEFORE A STORM

- Update emergency contact information and Essential Employee designations.
- Stay informed
- UF Emergency Management website - <https://emergency.ufl.edu/>
- IFAS Announcements will establish a helpful TEAMS page.

AFTER A STORM

- Aid-a-Gator emergency funding program to assist faculty and staff who experience a temporary financial hardship.
 - Annual \$1,500 cap per employee.
 - <https://benefits.hr.ufl.edu/gatorperks/aid-a-gator/>
 - AidaGator@hr.ufl.edu



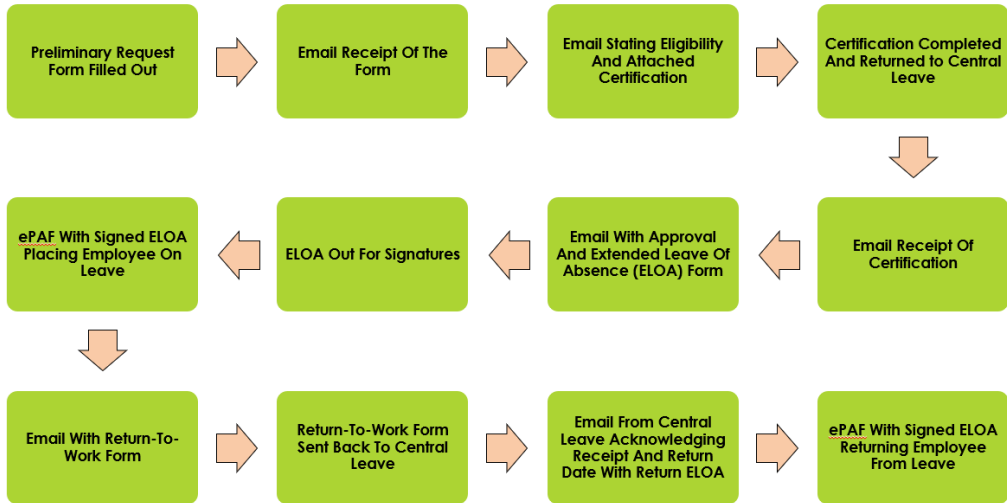
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EXTENDED LEAVE OVERVIEW



Extended Leave of Absence

PROCESS OVERVIEW



FIRST STEP: PRELIMINARY LEAVE REQUEST FORM

<https://benefits.hr.ufl.edu/time-away/extended-leave-of-absence-request-form/>

Employee or someone on behalf of employee may submit Preliminary Leave Request Form

Please select if any of the following apply:

I do not know the UFID of the employee that this form pertains to

I am submitting this form on behalf of somebody else.

Employee Information

UFID *

Preferred Email Address *

Anticipated or actual first date of absence *

Position Classification *

What is your leave related to? *

If you do not see the reason for your leave represented here, please contact your Department, Division, or College's Human Resource Liaison for additional information regarding your leave options. If you would like to contact the HR Benefits office directly, please go here- <https://benefits.hr.ufl.edu/contact/>

Acknowledgement *

The information provided above is complete and true to the best of my knowledge. I understand that any willful misrepresentation or falsification may lead to ineligibility for these benefits and may be cause for disciplinary action, up to and including termination.

Submitting this form will initiate a formal Leave of Absence request form. You can expect to receive more information regarding your request within five business days.

Position Classification *

-
- Faculty
- Graduate Assistant
- Law Enforcement
- OPS Employee
- Postdoctoral Associate
- Resident/Fellow
- TEAMS
- USPS
- Unknown

What is your leave related to? *

-
- Becoming a parent
- A personal medical condition
- Caring for the medical condition of a family member
- Military Service
- The Military Service of a family member
- Other

Central Leave team will review and email the ***preliminary leave benefit eligibility*** results.

Medical Certification form must be completed by a physician.
***Not required for Parental Leave of Absence**

Central Leave will provide job description with ELOA packet.

Is the job description in the system accurate?

MEDICAL CERTIFICATION

CERTIFICATION OF HEALTHCARE PROVIDER FOR
EMPLOYEE'S SERIOUS HEALTH CONDITION
(FAMILY AND MEDICAL LEAVE ACT)

UF | Human Resources
UNIVERSITY of FLORIDA

SECTION 1: FOR COMPLETION BY THE EMPLOYEE

Instructions to the Employee: Please complete Section I before giving this form to your medical provider. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit timely, complete and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313.

Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Employee Name:	UFID:
Job Title:	College/Division:
Regular Work Schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Check is job description is attached: <input type="checkbox"/> No <input type="checkbox"/> Yes
Would you like to request an ADA accommodation for any restrictions indicated Section 2? <input type="checkbox"/> No <input type="checkbox"/> Yes	

UF | Office of Human Resources
UNIVERSITY of FLORIDA

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

UFID: _____

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT. OMB Control Number: 1215-4803 Expires: 9/31/2018

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 protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is

MEDICAL CERTIFICATION FORM

PART A: MEDICAL FACTS

1. Description of Medical Condition: _____
Approximate date condition commenced: _____
Probable duration of condition (as of date Medical Certification is completed): _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes If yes, dates of admission: _____

Date(s) you treated the patient for condition: _____

Does the patient's condition require treatment visits at least twice per year? No Yes

2. Is the medical condition pregnancy? No Yes If yes, the expected delivery date: _____

3. Use any relevant information in the employee's job description as reference to answer this question. If no job description was provided, answer these questions based upon the employee's own description of his/her job functions.

Is the patient unable to perform any of their job functions due to the condition? No Yes

If yes, identify the job functions the employee is unable to perform: _____

PART B: AMOUNT OF LEAVE NEEDED

1. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes
If yes, estimate the dates of the period of incapacity: _____

2. Will the patient need to attend follow-up treatment appointments? No Yes
If yes, estimate the treatment schedule (i.e., time required for each appointment and recovery): _____

3. Will the patient need to work part-time or on a reduced work schedule? No Yes
If yes, estimate the part-time or reduced work schedule that would be appropriate for the patient:
From _____ through _____, the employee can work _____ hour(s) per day, _____ days per week.

4. Will the patient experience flare-ups of their condition (in addition to any accounted for in a reduced work schedule), for which it would be medically necessary for them to be absent from work? No Yes
If yes, provide an estimate the duration and frequency for which the employee's absence would be required:
Every _____ day(s) week(s) month(s) an absence of _____ hour(s) day(s) can be expected.

Medical Certification should confirm

- 'FMLA qualifying event'
- Leave of absence Type
- Leave of absence Start and End Dates

Any questions concerning how to complete this form or the Family Medical Leave Act, more generally, can be addressed to your UFHR-Central Leave Team at (352) 392-2477 or central-leave@ufl.edu.

The completed form can be sent via secure fax to 352-392-5166, emailed to fmla@hr.ufl.edu, dropped off in person or mailed to 903 W University Avenue, PO Box 115007, Gainesville, FL 32611-5007

Completed Medical Certification Form

should be sent to

fmla@hr.UFL.EDU or

fax to (352) 392-5166

MEDICAL CERTIFICATION REVIEW

Central Leave Team will determine leave/benefits eligibility and provide an ELOA packet.

Email will be sent to the employee and HRL containing.

1. Extended Leave of Absence (ELOA) packet
2. Verify - Paid Family Leave benefit
3. Verify - FMLA eligibility
4. Time reporting instructions
5. Return to work process



Extended Leave of Absence

ELOA PACKET

Will Faculty Tenure Status Be Impacted?

FACULTY ELOA

EXTENDED LEAVE OF ABSENCE

NOTICE OF ELIGIBILITY, AND RIGHTS & RESPONSIBILITIES
(Staff, Faculty)

*Faculty (Check all that apply)		
Tenured (Refer to section UF Regulation 7.019(3)(c)1.a for more information on tenure)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenure Accruing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenure Accruing Faculty Requesting an Extension of Tenure Probationary Period?	<input type="checkbox"/> Yes (see Important Note below)	<input type="checkbox"/> No
IMPORTANT NOTE: If faculty intends to request an extension, a Request for Extension of Tenure Probationary Form must be completed and submitted to the Provost's office for the Provost's approval and signature.		

Required Signatures (listed in order in which the signatures must be obtained)

1. _____
Immediate Supervisor Signature

2. _____
Dean, Director or Department Chairperson's Signature

The approval(s) that follow are required only for faculty requesting one of the following:
 Personal Leave of Absence Extension of Tenure Probationary Period

3(a) _____ OR _____
IFAS Senior Vice President for Academic Affairs Health Center Senior Vice President for Academic Affairs

AFTER SECURING THE PROPER SIGNATURE FROM 3(a):

3(b) _____
 Provost and Senior Vice President for Academic Affairs (if different)

Return completed forms to UF Central Leave at central-leave@ufl.edu.

ELOA

Action Reason Leave Dates

Action Requested:

New Leave of Absence Extension of Leave Return from Leave

ePAF Required Date of Return: 6/08/2023

Reason for Leave Request:

The birth of my child; placement of a child with me for adoption, or foster care

My serious health condition Workers' Compensation

A serious health condition affecting my: Spouse Child Parent

Expected Leave Dates

<input checked="" type="checkbox"/> Continuous Leave	Begin Date: 1/11/2023	End Date: 2/03/2023
<input checked="" type="checkbox"/> Reduced Work Schedule	Begin Date: 2/06/2023	End Date: 6/07/2023
<input type="checkbox"/> Sporadic Leave	Begin Date:	End Date:
<input type="checkbox"/>	per	

CONTINUOUS

- Employee will be absent from work 15 days or more continuously.
- **Requires Supporting Documentation (Ex. Medical Certification)**
- Requires an Extended Leave of Absence Form (ELOA)
- **Requires an ePAF at start and end of leave**
- Requires Return to Work Paperwork (Medical Only)

REDUCED WORK SCHEDULE

- Employee will be absent at least one day a week OR work less than 40 hours a week over a continuous period of time.
- **Requires Supporting Documentation (Ex. Medical Certification)**
- Requires an Extended Leave of Absence Form (ELOA)
- **Requires an ePAF at start and end of leave**

SPORADIC

- Employee will be absent from work on an intermittent basis.
- **Requires Supporting Documentation (Ex. Medical Certification)**
- Requires an Extended Leave of Absence Form (ELOA)



PAID FAMILY LEAVE



ELOA Paid Family

PAID FAMILY LEAVE

(Faculty, TEAMS, USPS)

Paid Family Leave Eligibility

- Eligible for Paid Parental Leave Eligible for Paid Medical Leave
 - You may request up-to 320 hours, provided there is no deviation from this leave schedule
 - You must log _____ hours of accrued leave or leave without pay before using this time
- Not Eligible
 - Eight-week benefit has been exhausted in the 24 months preceding this request
 - The absence expected is not for a continuous period AND/OR at least three weeks in length
 - The event does not otherwise meet the criteria set forth in the [Paid Family Leave Policy](#)

Provides 8 weeks of paid leave over a 24-month period

Paid Family Leave - **Parental**

Eligible for benefit upon hire

Must be taken within 12 months of birth

Paid Family Leave - **Medical**

Must meet FMLA eligibility criteria

Healthcare provider certifies the absence will be 15 or more working days

Employee must report 80 hours of vacation/sick leave before use

*** OPS and Post Docs are not eligible for Paid Family Leave**

*** Graduate Assistants receive 8 weeks of PFL over a 12-month period.**



FMLA

FMLA

Job-Protected leave for qualifying family and medical reasons.

EXTENDED LEAVE OF ABSENCE UF | Human Resources
UNIVERSITY of FLORIDA

NOTICE OF ELIGIBILITY, AND RIGHTS & RESPONSIBILITIES
(Staff, Faculty, OPS, Post Doc, Resident)

FMLA Eligibility

Eligible (See FMLA Rights and Responsibility Statement)

As of the beginning of this leave, 480 hours of your annual FMLA entitlement are available

Not Eligible

Has NOT worked at UF for at least 12 months (need not be consecutive)

Has NOT actively worked at least 1250 hours in the 12 months preceding this request

Annual FMLA entitlement has been exhausted

Federal Law that provides up to 480 hours.

Rolling Calendar used to measure annual entitlement.

FMLA Can be Taken For

- Employee serious health condition
- Provide care for Parent, Spouse or Child serious health condition
- New Parent – take time to bond with newborn
- Various Armed Services Member benefits



FMLA Eligibility Requirements

- **Have at least 12 months employment (non-consecutive) with UF; and**
- **Have worked 1,250 hours for UF during the 12 months prior to the start of the FMLA leave; and**
- **Have not exhausted the 480 hours FMLA entitlement in last 12 months.**

**FMLA
Eligibility**



FMLA Paid Family Leave Calculator

FMLA/Paid Family Leave Calculator

Employee:

Main Menu > My Self Service > Benefits>UF Paid Family Calc

Supervisor

Main Menu > Human Resources > Manger Self Service > Time Management

Department Approver:

Main Menu > Human Resources > UF Departmental Administration



UF FMLA Calculation



UF Paid Family Leave Calc

Date 07/07/2023

Calculate

Hours used in previous 12 months: 0

Number of eligible FMLA hours: 480

Date 07/07/2023

Calculate

Hours used in previous 24 months: 0

Number of eligible Family Leave hours: 320

UF Parental Leave

UF PARENTAL LEAVE

- **Available when becoming a parent:**
 - **Childbirth (birth and non-birth parent)**
 - **Adoption**
 - **Fostering**
- **6 Calendar months off for Faculty, TEAMS and USPS**
 - **One continuous period (cannot start and stop)**
 - **Can work part-time (reduced work schedule) with department approval**
- **Can begin up to 2 weeks prior to event**
 - **Expected Delivery Date**
 - **Date of Adoption**
 - **Court Date for Fostering**

FMLA DESIGNATION NOTICE

FMLA Request was

- **Approved**
- **Additional details needed**
- **Denied**

Return to Work Form

Employee / Supervisor Signature

(can be processed without
employee signature)

FMLA DESIGNATION NOTICE

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or initially unknown.

Your FMLA leave request is **approved**.

All leave taken for this reason will be designated as FMLA leave. Based on the information you have provided to date; we are providing the following information about the amount of time that will be counted against your leave entitlement (check one):

- Provided there is no deviation from your anticipated leave schedule, all eligible working hours over the course of the following dates will be counted against your leave entitlement: _____ - _____. Your period of protected leave will terminate as of this end date or when you have exhausted your annual FMLA entitlement, whichever should occur first.
- Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised:

- You have requested to use paid leave during your FMLA leave. Any use of Paid Family or personally accrued leave due to this leave of absence will be counted against your annual FMLA entitlement.
- You will be **required to present a fitness-for-duty certificate to be restored to employment**. If such certification is not timely received, your return to work may be delayed until certification is provided.

Additional information is needed to determine if your FMLA leave request can be approved.

- The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

Your FMLA Leave request cannot be approved.

- The FMLA does not apply to your leave request.
- You do not meet the employment criteria required by the FMLA.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.

Employee Signature

Immediate Supervisor Signature

Obtain Signatures

Supervisor > Chair or Center Director or Dean (not IFAS HR)

I REQUEST LEAVE TO BE:
(Select all that apply)

With pay, using _____ of the hours of the Paid Family Leave to which I have access, as noted on page 1

With pay, using accrued sick and/or annual leave

Leave without pay

EMPLOYEE ACKNOWLEDGEMENT

I understand and accept a leave of absence as stated above. I also understand this leave of absence will count toward my 12 weeks of FMLA entitlement, if so designated above.

Employee Signature _____ Date Signed _____

Required Signatures (listed in order in which the signatures must be obtained)

I _____
Immediate Supervisor Signature

I _____
Dean, Director or Department Chairperson's Signature

SIGNATURES

Personal Leave of Absence OR Extension of T&P

Supervisor >

Chair or Center Director or Dean > ifas-hr@ifas.ufl.edu

Required Signatures (listed in order in which the signatures must be obtained)

I _____
Immediate Supervisor Signature

I _____
Dean, Director or Department Chairperson's Signature

The approval(s) that follow are required only for faculty requesting one of the following:

Personal Leave of Absence Extension of Tenure Probationary Period

I (X) _____ OR _____
IFAS Sector Vice President for Academic Affairs Health Center Sector Vice President for Academic Affairs

AFTER OBTAINING THE PROFER SIGNATURE FROM (X)

I (X) _____
Provost and Senior Vice President for Academic Affairs (if at UG/MSU)

Return completed forms to UF Central Leave at central-leave@ufl.edu

University of Florida
Form Updated: March 2021

1st Extension Request
2nd Extension Request

Request for Extension of Tenure Probationary Period
To be forwarded to Provost for approval.

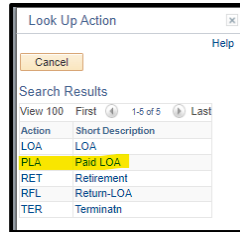
Faculty Name: _____ Employee UFID #: _____
Title: _____

Department: _____ College: _____
Name of Chair: _____ Dean: _____

Submit ELOA Packet

Change of Employment ePAF

Continuous or Reduced Work Schedule for 15 days or longer.
(Only EOLA packet should be attached – NOT Personal Health Information)



Look Up Action

Cancel

Search Results

View 100 First 1-5 of 5 Last

Action	Short Description
LOA	LOA
PLA	Paid LOA
RET	Retirement
RFL	Return-LOA
TER	Terminatn



Look Up Reason

Cancel

Search Results

View 100 First 1-4 of 4 Last

Reason Code	Description
EFM	EFMLEA
MDL	Medical Leave
MIL	Military Service
PAR	Parental Leave

Email to Central-leave@ufl.edu

Sporadic LOA or Continuous/Reduced Work Schedule <15 days

Submit
ELOA
Packet

RETURN TO WORK

Helpful Links -

<https://benefits.hr.ufl.edu/time-away/fmla/returning-to-work/>

<https://benefits.hr.ufl.edu/wp-content/uploads/sites/3/2019/07/FMLA-Return-to-Work-Guide.pdf>

<https://benefits.hr.ufl.edu/wp-content/uploads/sites/3/2019/07/FMLA-Return-to-Work-Form.pdf>

RETURN TO WORK – Employee Responsibility

- 1. Notify HR Administrator and/or supervisor of expected return to work date based on return to work certification/release from medical provider
- 2. Acquire return to work certification/release from medical provider and submit to HR Administrator and/or supervisor on or before day of return. ****If such release is not received, your return to work will be delayed until the certification is provided***
 - a. [Return to Work Form](#)
- 3. If applicable, discuss restrictions with HR Administrator
- 4. Discuss need for continued medical care absences with HR Administrator
 - a. If applicable provide updated release/certification noting changes in treatment frequency or duration
- 5. Ensure that time is reported using FMLA codes if you have on-going medical absences related to the approved FMLA request



Because your leave is due to your serious health condition, you will be required to present a release from a qualified healthcare provider authorizing your return to work. If such release is not received, your return to work will be delayed until the certification is provided.

Please return this form or a similar certification from your healthcare provider. Either is acceptable, provided that a return to work date and restrictions, if applicable, are noted. Please provide the completed certification to your human resources administrator and/or supervisor.

To be Completed by Employee

Last Name _____ First Name _____ Middle Initial _____
LFD: _____ Phone: _____
Address 1: _____
Address 2: _____
City _____ State _____ Zip _____
Department Name: _____

To be Completed by Healthcare Provider

Date Employee is released to return to work: _____
Is the employee able to perform all the functions of his/her job? Yes No
If no, list any restrictions: _____

Additional Comments: _____
Name of Healthcare Provider: _____ Phone: _____
Mailing Address: _____
City _____ State _____ Zip _____
Signature: _____ Date: _____

RETURN TO WORK – Supervisor Responsibility

Supervisor

- 1. Provide HR Administrator with employee's expected return to work date, based on return to work certification/release from medical provider and/or communication from employee
- 2. Provide the employee's return to work certification/release from medical provider to HR Administrator. ****Supervisors should not retain a copy***
- 3. If applicable discuss restrictions with HR Administrator before discussing with employee
- 4. Discuss need for continued medical care absences with HR Administrator
- 5. Ensure that time is reported using FMLA codes if the employee has on-going medical absences related to the approved FMLA request
- 6. Coordinate any potential position changes with HR Administrator, and ensure proper orientation is provided to the employee

RETURNING TO WORK – HRL Responsibility

HR Administrator

- 1. If applicable, submit return to work ePAF based on return to work certification/release from medical provider for employees own serious medical condition and/or communication from employee for other circumstances.
- 2. Provide the employee's return to work certification/release from medical provider to UFHR Central Leave if change in frequency or duration is noted on med cert
***Supervisors should not retain a copy**
- 3. If applicable discuss restrictions with supervisor before discussing with employee
- 4. Discuss need for continued medical care absences with supervisor
- 5. Ensure that time is reported using FMLA codes if the employee has on-going medical absences related to the approved FMLA request
- 6. Coordinate any potential position changes with supervisor, and ensure changes are consistent with FMLA regulations
- 7. Continue to monitor FMLA leave until employee fully returns from leave, if applicable

HOW YOU CAN HELP

Review leave balances

Report LWOP/Paid Leave

Report paid time prior to a Holiday

Suspend voluntary retirement contributions

Sick Leave Pool member?

[Main Menu](#), [Benefits](#), [Review Employee Benefits](#), [Current benefits Summary](#)

160 hours per request with 480 hours fiscal year limit

Is member enrolled in a disability plan?

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THANK YOU

IFAS – Human Resources

