Small Necessities Leave Act (SNLA)

**Policy Statement**
It is the policy of Brandeis University to allow employees time off for certain family-related purposes in accordance with the Small Necessities Leave Act of 1998 (SNLA). This policy is designed to guarantee eligible employees up to 24 hours of time away for specific purposes not covered under the Family and Medical Leave Act.

If both spouses are employed by Brandeis, the total Small Necessities Leave to which both will be entitled will be 24 hours in any 12-month period.

**Applicability**
This policy applies to all staff and faculty who have completed 12 months of service and who have worked at least 1,250 hours during the twelve month period immediately prior to the commencement of the leave.

**Guidelines**
The SNLA offers up to 24 hours of job-protected leave per rolling 12 month period, measured backwards from the date any leave is used for one of the following purposes. Leave under the Act may be taken intermittently or on a reduced schedule.

1. Participation in school activities of a son or daughter, as long as those activities are “directly related to the educational advancement” of the child; e.g., parent-teacher conferences and interviews for a new school.

   "Son or daughter" includes a biological, foster, adopted, or step child of the employee, a legal ward, or a child with respect to whom the employee otherwise acts in a parental role. The child must be under the age of 18 or incapable of self-care.

   "School" includes day care facilities licensed under G.L. c. 28A, public or private elementary or secondary schools, and Head Start programs.

2. Accompanying a son/daughter to routine health care appointments, including medical and dental appointments.

3. Accompanying an “elderly relative” (defined as an individual at least 60 years of age related to the employee by blood or marriage or spousal equivalent under Brandeis policy) to routine health care appointments, including medical and dental visits or for other professional services related to the elder’s care.

   Time off under the SNLA may be used intermittently or continuously, in increments of no less than one hour.

**Requesting a SNLA Absence**
If the need for leave is foreseeable, an employee must request SNLA time away at least seven days in advance. If such leave is not foreseeable, the employee must give as much notice as practicable to his or her supervisor.
Employees must notify their supervisor in writing of their need for the leave. Employees may be required to provide certification of the need for the leave.

**Payment during SNLA Absence**
Staff members are required to use available vacation, personal or sick time accruals (consistent with Brandeis vacation, personal or sick leave policies), if available, during the time taken for SNLA leave. Where an employee is eligible for paid time off, Brandeis will provide the paid leave to run concurrently with, not in addition to, the SNLA. If the employee has no paid time off available, the leave will be unpaid.

**Documentation of Request and Permission Granted**
Employees are required to complete an SNLA certification form and return it to their supervisor to request a leave. Supervisors must contact Human Resources staff before denying a SNLA request.

This policy is for general guidance only. It does not create an employment contract or any right to continued employment at Brandeis University. Brandeis University reserves the right to modify, revoke, suspend, terminate and/or change any and all policies and procedures at any time, with or without notice.

Office of Human Resources
01/2018

**SNLA Certification**

Employee’s Certification
I certify that on __________________________ I will/did take ____ hours of leave for the following purpose:

- To participate in school activities directly related to the educational advancement of my son or daughter
- To accompany my son or daughter to routine medical or dental appointments such as check-ups or vaccinations
- To accompany an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder’s care.

Employee’s Signature: ____________________________________________ Date: __________________