

MANAGEMENT DIRECTIVE

LEAVE OF ABSENCE POLICY

Management Directive # 09-13(Revised)

Date Issued: 01/06/11

- New Policy Release
- Revision of Existing Management Directive 09-13, Leave of Absence Policy, dated 11/04/09

Revision Made: **NOTE: Current Revisions are Highlighted**

Minor revisions were made.

Cancels: None

DEPARTMENTAL VALUES

The Department continues to focus on three priority outcomes. The three identified outcomes are improved safety for children, improved timelines to permanency, and reducing reliance on placement to achieve safety. Timely permanence is achieved, with the first choice permanency option being reunification, followed by adoption by a relative, relative legal guardianship.

APPLICABLE TO

Pursuant to Civil Service Rule 16, employees may be granted a leave of absence for any appropriate reason.

This directive delineates departmental policy regarding leaves of absence and provides information on what types of leaves are available in Department of Children & Family Services (DCFS).

SECTION I

Medical Disability Management

A leave of absence, for the purposes of this directive, is an **APPROVED** paid or unpaid absence from duty for a period of more than thirty (30) days. **Designated Leave**

Coordinator (this can be a CSA I or above) must complete and submit (DCFS 68) "Personnel Transaction Request" form (Attachment D) to Office of Health & Safety Management (OHSM). This must take place as soon as the Designated Leave Coordinator is officially notified in writing that the employee will be absent from work 30 days or longer. The employee's medical letter from the health care provider must also accompany the DCFS 68, if applicable. Also, include health care provider letters that are for employee's family members, when an employee is on leave to care for a family member. A new DCFS 68 must be completed and submitted every time an employee's leave is extended.

Medical leaves under 30 days do not require a DCFS 68 until the employee returns to the workplace. Upon return from a medical leave that is under 30 days but over 3 days, a DCFS 68 must be completed and submitted to OHSM returning the employee to work. See attachment G – FMLA/CFRA Instructions.

Once the immediate supervisor of the employee is notified in writing that the employee will need to be absent from work 30 days or longer, the employee's time will immediately be taken over by the Designated Leave Coordinator/Management beginning with the first day of the employee's absence.

All medical notes and medical certification must be submitted to OHSM.

Long Term Leave of Absence:

Long-Term Leave (LTL) of Absence is defined as a leave of 6 months or longer. The employee's records will be controlled and maintained by OHSM and in coordination with Human Resources will be placed in the Z-3 Pay Location based on classification.

Types of leaves available:

Family and Medical Leave Act (FMLA)

Enacted in 1993, the federal FMLA mandate provides 12 weeks of paid or unpaid, job-protected family care leave within a 12-month period to eligible employees due to any one of the following qualifying reasons. Designated Leave Coordinator must notify OHSM on the 1st day of employee's absence if illness or injury is the known reason for the absence.

- Birth and care of a newborn
- Placement of a child for adoption or foster care in the employee's home
- Care of a spouse, child or parent with a serious health condition
- Care of employee's own serious health condition which prevents them from performing the function of their job

[FMLA leave may not be a leave of absence situation, i.e., intermittent FMLA. See Section II of this directive for FMLA policy and procedure.]

California Family Rights Act (CFRA)

CFRA is California's equivalent of the FMLA. For the purposes of this policy, the FMLA may take the place of CFRA in all situations, except when pertaining to the parent-child bonding period following the birth of the child and termination of any pregnancy disability coverage. The CFRA provides up to 12 workweeks of unpaid leave time to the mother or the father of a newborn. This benefit is shared by parents if both are County employees.

Educational Leave

This leave without pay is granted whenever possible under Civil Service Rule 16.02, when such leave is deemed by the appointing power to be in the best interest of the Department. Depending on State and/or County appropriation of funds, there sometimes are programs available under which employees may attend graduate school toward a Master's Degree in Social Work. Employees approved for educational leaves may be required to sign an agreement with the Department in which an employment commitment is clearly defined.

Medical Leave

An extended leave granted to an employee who has a need to be absent due to sickness, injury, pregnancy or quarantine. Employees are required, before such absence is authorized, to furnish a health care provider's certification or other satisfactory proof to Management [Los Angeles County Code Section 6.20.120]. When eligible and qualified, an employee's FMLA leave entitlement is charged while on medical leave.

Military Leave

Granted to employees for ordered active duty, active duty training and inactive duty training, in accordance with the provisions of the applicable sections of the Military and Veterans Code and the County Charter. Requests for military leave must include a copy of the military orders, branch of service, duration of tour of duty, and enlistment status.

Personal Leave

Personal leave without pay may be granted, operational needs permitting, when deemed appropriate by Management. Employees must be prepared to disclose the nature of the leave in order for Management to make a determination of approval or denial.

Pregnancy Disability Leave

An unpaid leave time, prior to or following the birth of a child for disability due to pregnancy, as certified by a physician. In California, disability due to pregnancy is

covered under the *California Pregnancy Disability Act (CDPA)*, which provides up to four months of unpaid leave time. Such disability is also covered under FMLA, but not under the CFRA.

Special Union Leave

Typically, an unpaid leave of absence from County employment granted employees who go to work for a short period of time for one of the County employee unions. However, the Board of Supervisors may approve a contract that allows such employees to remain active and requires that the union reimburse the County for all personal costs [this last occurred in 1996, reference: CEO Board Letter 4/12/96].

DEFINITIONS

Management: For purposes of this directive, includes Bureau Chiefs, Office Heads, Section Managers, and Supervisors.

Leave Unit, Office of Health & Safety Management (OHSM): Office responsible for designating Family and Medical Leave Act (FMLA) leave upon notification from Management and assisting departmental managers in monitoring employee leaves of absence.

Proof of absence: Documentation required from employee absent for any leave before such absence is authorized or payment is made.

Health Care Provider Certification: Proof of absence completed by a Doctor of Medicine or Osteopathy, Podiatrist, Dentist, Clinical Psychologist, etc., certifying an employee's disability to perform his/her job functions.

POLICY AND STANDARDS

- A. Approval of all leaves of absence is contingent upon staffing, workload and individual circumstances.
- B. Leaves may be paid or unpaid.
- C. Management (Bureau Chiefs, Office Heads, Managers and Supervisors) approves all leave of absence requests. The authorized level of approval depends upon the nature and duration of the leave. [See chart]
- D. Proof of absence [Los Angeles County Code 6.20.120] is required from any employee who is absent due to sickness, injury, pregnancy, quarantine, non-emergency medical or dental care, or on any of the leaves provided for in the Los Angeles County Code Section 6.20.080, before any such absence is authorized or payment is made.

Health Care Provider Certification

Medical documentation submitted as proof of absence shall contain the following information:

- name, address, license number of the health care provider
- name of patient
- date of doctor's visit
- expected return to work date
- statement certifying the employee is disabled from performing his job functions

Management may not require a diagnosis of the employee's illness.

Medical certifications submitted by employees must be kept separate from their office personnel files and stored in a secured file cabinet or drawer.

Medical information is strictly confidential and should be shared on a need to know basis only.

- E. Management may terminate any leave of absence by written notification to the employee whenever the conditions or reasons justifying the leave no longer exist.
- F. Upon termination or expiration of leave, the employee shall return to duty and shall be returned to the same class of position as was occupied when leave of absence was granted.
- G. An employee who fails to return to duty upon termination or expiration of leave shall be considered absent without leave approval and subject to disciplinary action [Civil Service Rule 16.04].

RESPONSIBILITIES

The parties listed below are responsible for completing the following actions to adhere to the standards and provisions in implementing an effective leave of absence protocol.

Employee's Responsibilities

- A. Notify the immediate Supervisor in advance of a need for a leave of absence. **Complete the** (DCFS 86) "Leave Request Form" (**Attachment E**) **if requesting over 30 days.** In unforeseen circumstances, notification should be given immediately. If not physically able to do so, designate a family member/spokesperson to contact the Supervisor.
- B. Proof of absence and/or documentation pertaining to the leave should be submitted within the specified time period.
- C. Be knowledgeable and up to date on leave time balances through pay warrant information or contacting the timekeeper, if necessary.
- D. Designate for the immediate Supervisor the type of leave time to be used.

- E. Notify the Supervisor if a need to be absent is extended, and provide on a timely basis appropriate documentation supporting the leave extension (including absence due to a Worker's Compensation injury or illness).
- F. If required, submit appropriate certification to return to work (e.g. return to work from medical leaves).

Immediate Supervisor's Responsibilities

- A. Upon notification or receipt of request for leave of absence, work with the Leave Coordinator/Manager to assess appropriateness for approval or denial. RA/Office Head must make final decision. [For FMLA-qualifying events, see Section II for procedure.]

NOTE: If the leave of absence request is for 30 days or more, forward request for leave to the Designated Leave Coordinator, who will be responsible for performing steps B. thru H.

- B. Notify employee regarding appropriate documentation to be submitted within a specified timeframe, and ensure documentation is received.
- C. Verify whether leave is paid or unpaid. For paid leave, verify time to be used and ensure appropriate time is coded on the Daily Absence Report (DAR), Paper Time Card or E-Caps Time Collection.
- D. Initiate the completion of the DCFS 68 within ten days of the employee's absence of 30 days or longer consistent with Office Protocol for Office Head & Bureau Chief approval.
- E. Monitor employee's leave of absence, completing DCFS 68 within ten days of receipt of medical documentation when an extension is necessary. Upon receipt of medical documentation, forward medical documentation and DCFS 68 to OHSM.
- F. Ensure employee presents appropriate certification upon return to work (e.g., return to work from medical leaves) with or without any restrictions or limitations. Forward the medical documentation and completed DCFS 68 to OHSM.

Office Head's Responsibilities

- A. Ensure employees are aware of or informed of leave benefits/entitlement (e.g. FMLA, etc.)
- B. Upon notification of a request for leave, assess appropriateness of leave for approval or denial.

- C. Once the request is approved or denied, prepare letter to employee informing them. Give copy of approved letter to Designated Leave Coordinator to file in a pop up control. Another letter is prepared if the employee extends the leave of absence.
- D. Ensure appropriate documentation is submitted and within the specified time period.
- E. Complete and sign the DCFS 68, forwarding original to the OHSM via Bureau Protocol. Ensure original medical documentation is forwarded to OHSM. If an employee is going to be absent for 6 months or longer, OHSM will take over the control of the employee's records/documentation. The employee's pay location will change to Z-3 by Human Resources after the employee is on a non-paid leave. A letter will need to be sent to the employee informing them of the change. However, if the employee is on a paid leave status the office will follow normal procedures.
- F. Ensure all employee leave of absence approvals (via DCFS 68) are current.
- G. In consultation with the Designated Leave Coordinator/Manager, ensure appropriate certification is obtained from the employee upon return to work (e.g., return to work from medical leaves). Forward the medical documentation and completed DCFS 68 to OHSM.
- H. In consultation with the immediate Supervisor and the OHSM ensure any work restrictions/limitations are cleared prior to the employee's return to work. Participate in the Interactive Process meeting with employee, supervisor and OHSM representative. The supervisor should engage the employee in the interactive process meeting within 10 days of employee's return to work if there are no work restrictions. If there are work restrictions, the employee will be engaged in the formal interactive process meeting with or in consultation with the OHSM, and manager prior to the employee's return to work.
- I. In consultation with the Designated Leave Coordinator/Manager and the Human Resources Performance Management unit, take appropriate administrative action should an employee fail to cooperate with any of the leave of absence requirements, policy and standards.

Designated Leave Coordinator/Manager/Manager's Secretary

- A. Receives copy of approval letter from Office Head and files it in a pop up when the employee is due to return to work.
- B. Checks pop up file daily.
- C. Prepares chart; showing the Employee Name, Employee Number, Type of Absence, Start Date of Absence, Return To Work Date. Print a copy of this report for the Office Head at the beginning of each month.

D. Prepares letter to employee, if employee did not return to work or provide another letter verifying the need to extend the absence. Forwards letter to the Office Head for review and signature. Forwards a copy of the letter to OHSM.

E. Consult with the OHSM for clearance of any work restrictions/limitations.

Bureau Chief's Responsibilities

- A. Ensure all Office Heads, Section Managers and Supervisors are informed of the leave of absence policy.
- B. In consultation with the Office Heads, ensure all leaves of absence approvals are current (via DCFS 68).
- C. In consultation with Office Heads, ensure all work restrictions/limitations are cleared with the Health & Safety Management, for employees returning to work.
- D. In consultation with Office Heads and the Human Resources Performance Management unit, take appropriate administrative action should an employee fail to cooperate with any of the leave of absence requirements, policy and standards.

OHSM Responsibilities

The OHSM does not approve or deny any leave of absence request.

The OHSM is responsible for designating leaves as Family and Medical Leave Act (FMLA) qualifying upon notification from departmental managers and supervisors. See Section II of this directive for FMLA policy and procedures.

- A. Monitor departmental leaves of absence to ensure all leave approvals are current.
- B. Provide direct consultation to managers, supervisors and all employees regarding this directive.
- C. Receive and assess for sufficiency all DCFS 68 pertaining to leaves of absence, extended leaves and return to work. When necessary, shall consult with managers and supervisors regarding medical certifications, proofs/documentation, or other aspects of a leave request.
- D. Notifies Office Head that they will be taking over the control of the employee's records/documentation, when they receive the DCFS 68 showing an employee will be absent for 6 months or longer. The employee's pay location will be changed to Z-3 in consultation with Human Resources after the employee is on a non-paid leave. A letter will need to be sent to the employee informing them of the change. However, if the employee is on a paid leave status the office will follow normal procedures.

- E. Immediately notify managers and supervisors of any discrepancy/information needed on the DCFS 68 pertaining to leaves and return to work.
- F. Forward all DCFS 68 for initial and extended medical leave and return to work to Payroll.
- G. **Completes appropriate OHSM mandated forms.**

Payroll/Timekeeping Responsibilities

- A. Ensure all DCFS 68's on new and extended leaves and return to work are appropriately entered on the Countywide Timekeeping and Payroll Processing System (CWTAPPS).

SECTION II

Family and Medical Leave

Effective April 6, 1995, the U.S. Department of Labor issued final Family and Medical Leave Act (FMLA) regulations. This directive contains these modifications to the 1993 federal FMLA and to the California Family Care Leave Act of 1993.

Los Angeles County is deemed as a qualifying employer under FMLA regulations, who must provide 12 weeks of **paid or** unpaid, job-protected family care leave within a 12-month period to its eligible employees due to any one of the following qualifying reasons:

- 1) The birth and care of a newborn;
- 2) The placement of a child for adoption or foster care in their home;
- 3) The care of a spouse, child or parent with a serious health condition (to include a substance abuse treatment program);
- 4) The care of their own serious health condition which prevents them from performing the functions of their job (to include a substance abuse treatment program); and
- 5) Effective January 28, 2008, a spouse, son, daughter, or parent is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation.

NEW LEAVE ENTITLEMENT

Effective January 28, 2008, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered service member who is recovering from a serious

illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

Military Caregiver Leave

- Military caregiver leave is available during a “single 12-month period” during which an eligible employee is entitled to a total of 26 weeks. 26 workweeks is a one-time entitlement per injury, per service member
- Does not run concurrently with non-military FMLA
- Military Caregiver Leave runs first
- Eligibility is not determined twice
- Leave does not roll over and cannot be taken yearly
- Only current service members injured in the line of duty on active duty are eligible

Qualifying Exigency Leave

Employees meeting the following criteria are also eligible for 12 weeks of qualifying exigency leave:

- Leave is related to active service member’s call to active duty
- Short-notice deployments
- Military events and activities related to active duty deployment
- Childcare and school activities
- Financial and legal arrangements
- Counseling, rest and recuperation
- Post-deployment activities
- Additional activities related to a call to active duty

Eligible County employees must have worked for at least one year and have completed 1,250 hours of work during the 12-month period immediately preceding the start of the leave.

The Act does not affect any federal or state law prohibiting discrimination nor supersedes any state or local law or collective bargaining agreement which may provide greater family or medical leave rights or provisions.

DEFINITIONS

Alternate Position: A temporary assignment change from an employee’s regular assignment or a change in schedule to better accommodate an employee’s needs. The alternate position must:

1. Comply with Americans with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA) and existing Memorandums of Understanding (MOUs).

2. Have equivalent pay and benefits, but not necessarily equivalent duties. The alternate position does not need to be in the same pay classification or at the same work location, but must be in the same approximate geographic area (within a 25-mile radius of the employee's current position).

Americans with Disabilities Act (ADA) & Fair Employment Housing Act (FEHA) Leave: ***Leave granted as reasonable accommodation to an employee who has qualified for the designation under the Acts.***

California Family Rights Act (CFRA): California's equivalent of the FMLA, formerly known as "maternity leave." For the purposes of this policy, the FMLA may take the place of CFRA in all situations, except when pertaining to the parent-child bonding period following the birth of the child and termination of any pregnancy disability coverage. The CFRA provides up to 12 weeks of unpaid leave time to the mother or the father of a newborn.

California Pregnancy Disability Act (CPDA): In California, disability due to pregnancy is covered by the CPDA. Such disability is also covered under FMLA, but not under CFRA (see above). CPDA provides up to 4 months of unpaid leave time, prior to or following the birth of the child.

Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985: COBRA allows the eligible employee to continue to receive group health benefit following exhaustion of all sick time, vacation time and overtime coverage. The coverage may extend from 19 to 36 months, depending on the eligibility factor. Under COBRA, the employee is responsible for the total payment of the group health benefit, to include both the employee's and the County's shared costs.

Continuing Treatment: Treatment which, under the care of a health-care provider, includes:

1. A regimen recommended by a health-care provider, after at least one visit, such as an ongoing course of prescription medication, therapy to resolve a condition, or special equipment to resolve or alleviate the condition (e.g., oxygen); or,
2. Continuing supervision (but not necessarily active treatment) by a health-care provider due to a long-term serious condition.

Self-treatment (such as taking over-the-counter medicines, bed-rest, drinking fluids, exercises, etc.) does not constitute continuing treatment as it can be performed without the need for a visit to a physician.

Covered Employer: An employer who employs 50 or more employees within a 75 mile radius of the work site. For purposes of this policy, the County of Los Angeles and all departments are considered covered.

Eligible Employee:

To be eligible for coverage under FMLA, the employee must:

1. Work for an FMLA covered employer;
2. Have been employed a total of 12 aggregate months (52 weeks) by the employer on the date the FMLA leave is to start (not necessarily consecutive months; and
3. Have a minimum of 1,250 hours worked in the 12-month period immediately preceding the start of the leave.

Temporary, recurrent and part time employees who meet the above criteria are eligible along with permanent, full-time employees.

Employee Benefit Balance: An aggregate accounting of the leave benefit time (including sick leave, holiday pay, compensatory time and vacation) for which an employee has paid hours available. Benefit balances are listed on the pay warrants/pay stubs issued the 15th of each month or through Personnel's central timekeeping unit.

Employer: Reflecting the intent of the FMLA, includes any person who acts directly or indirectly in the interest of a "covered employer" toward any of the employees. This would include supervisory level staff and middle managers as well as Office Heads and Section Heads.

NOTE: Based on the above, all Office Heads, Section Heads, Managers and Supervisors acting in the interest of Department and the County can be held individually liable for violations of the FMLA.

Employer Notification for FMLA: A required County form used by OHSM, (see N below) to formally respond to an employee's request for FMLA leave or to notify an employee of a leave designated by Management as FMLA. The response form includes the criteria determining FMLA eligibility and approval and/or a decision whether the employee's leave situation will be counted against the employee's FMLA entitlement.

Equivalent Position: A position with the same pay, benefits and working conditions (including the same privileges, entitlements and status) and involving the same or substantially the same responsibilities and duties as the position held before the FMLA leave was taken.

FMLA Approval: A determination made by Management when the request reason for an eligible employee's leave time falls under one of the four qualifying FMLA factors (see box on Page 1 of this directive) and is supported by proof/documentation. It is not necessary that the employee request FMLA designation to initiate any qualifying FMLA leave status.

FMLA Certification of Health Care Provider: A required County form letter which must be completed by a health care provider to justify the need for an employee's

medically based FMLA leave request (regardless if the request concerns the employee's health condition or that of the employee's spouse, child, or parent).

FMLA Year: A 12-month period starting with the first day an employee takes the FMLA leave and ending 12 months later (e.g., April 1, 2001 through March 31, 2002). Once the leave starts, the days taken as leave within that year may be on a continuous, intermittent, or part-time basis, and not to exceed an aggregate of 12 weeks.

Health Care Provider:

Those authorized to practice in their state and who are performing within the scope of the license provided by that state, to include:

1. Doctors of medicine, surgery or osteopathy;
2. Podiatrists, dentists, optometrists, and clinical psychologists;
3. Chiropractors (limited to treatment which involves manual manipulation of the spine to correct sublimation shown to exist by x-ray);
4. Nurse practitioners and nurse midwives;
5. Licensed Clinical Social Workers (LCSWs);
6. Christian Science practitioners listed with First Church of Christ Scientist, in Boston Massachusetts;
7. A health care provider recognized under the County sponsored or County approved, union sponsored health plans; and
8. A health care provider who practices in another country, who is authorized to practice in that country and practicing within the law as defined by that country.

Hours Worked: For the purposes of FMLA, the same definition as found in the Fair Labor Standards Act. In addition to regular hours worked, overtime hours are considered "hours worked." However, "hours worked" does not include unpaid leave, layoff periods, or time paid but not worked (e.g., vacation, holidays, personal or sick leave, etc.).

Immediate Family Member:

An employee's spouse, child or parent, defined as follows:

1. Spouse: The husband or wife as recognized under California law for the purpose of a legal marriage in California. California does not recognize common law marriages, except when such marriages are contracted in a state that does recognize common law marriages and where the specific marriage is recognized as a legal marriage in that state.



NOTE: FMLA does not confer the rights of spouse to the domestic partner, unless he/she has become the common-law partner in a state which recognizes common law marriage as legal.

2. **Child:** A biological, adopted or foster child, stepchild, legal ward, or a child of an employee standing in “loco parentis.” Under this definition, the child must be under 18 years of age unless he/she is incapable of self-care due to a mental or physical disability.
3. **Parent:** A biological or adoptive parent of the employee or an individual who stood in “loco parentis” to the employee when the employee was a child. “Parent” does not apply to mother-in-law or father-in-law.

Incapable of Self-Care: A condition of a spouse, child or parent which requires that an individual have active help or supervision with daily self-care in three or more of the Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). ADLs include such activities as personal hygiene, bathing, dressing, eating, etc. IADLs include activities such as cooking, cleaning, paying bills, maintaining a residence, using transportation, etc.

Intermittent FMLA Leave: Usually sporadic periods of unpaid leave which are due to the qualifying reason for the FMLA leave and which, in part or total, make up the designated time allotted for the leave during the 12-month FMLA year. Once granted, re-certification can be requested every six months (previously once yearly).

Leave Coordinator:

The designated OHSM staff person who:

1. Receives and assesses for sufficiency all leave request packets sent by Office Heads and Section Managers;
2. Consults with the Office Heads or their designees regarding potential FMLA designations; and
3. Handles ongoing issues concerning approved FMLA leaves.

Leave Request Packet:

Materials required of the Office Head to justify the designation of an FMLA leave of absence, as follows:

1. “Request for FMLA Leave Designation” DCFS 86-1
2. “FMLA Certification of Health Care Provider;” and

3. Any other required proofs/documentation.

In Loco Parentis: A person who stands in the place of the parent and are responsible for the day-to-day care and financial support of the employee when the employee was a child. If the employee has standing in “loco parentis,” the natural parent cannot be residing with the child or substantially contributing to the support of the child. There does not have to be a biological relationship between the individual and the child, but there must be a true parent-child relationship. (For example, an older sister or other person who raised the employee, due to the death or absence of the parents, can stand in “loco parentis” and qualify as a parent under the FMLA.)

The term “parent” does not include a parent-in-law unless the in-law stood in “loco parentis.”

Physical or Mental Disability: Defined under the Americans with Disabilities Act (ADA) as a physical or mental impairment or condition that significantly restricts one or more of the major life activities of the individual.

Placement for Adoption Date: The date in which a child is adoptively placed in a home or the date where the adoptions have been made legally final.

Qualifying Reason for FMLA Leave: Under the conditions of the FMLA, one of four specified reasons which qualifies the eligible employee to utilize the 12 weeks of unpaid leave. (See Box on page 1.)

Reduced Leave: A reduction in an employee’s regularly scheduled number of work hours per day or per week.

Serious Health Condition: An illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment, to include:

1. Any period of incapacity due to pregnancy;
2. Any period used for prenatal care;
3. Any period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition that involves:
 - a. Treatment two or more times by a health care provider or a provider of health services (e.g., physical therapist) under the orders of or the referral by a health care provider (treatment by a nurse or physician’s assistant under the direct supervision of a health care provider also qualifies); First visit for treatment must be within seven (7) days of first date of incapacity; Second visit must be within 30 days of first date of incapacity; or
 - b. Treatment by a health care provider on at least one occasion which results in a course of continuous treatment under the supervision of a health care provider.

Example: An employee's son sprains his ankle playing baseball. He is seen by the doctor that afternoon (one occasion) and is told to undergo physical therapy three times weekly for the next two weeks (continuing treatment).

4. Any period of incapacity or treatment due to a chronic serious health condition which:
 - a. Requires periodic visits for treatment;
 - b. Continues over an extended period of time; and
 - c. May cause episodic rather than continuous periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.). Such episodic absences would qualify for FMLA leave even though the employee does not visit a health care provider or the absence does not last for more than three days.
5. A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. Examples of such conditions are Alzheimer's, a severe stroke, or terminal stages of a disease. The patient must be under the continuing supervision of a health care provider, but need not be receiving active treatment.
6. Any period of absence to receive multiple treatments, including recovery periods, either for restorative surgery after an accident or for any other injury.
7. Any period of absence to receive multiple treatments for any condition that will probably result in a period of incapacity of more than three consecutive days if the treatments are not given. Examples of such conditions are cancer (chemotherapy or radiation), severe arthritis (physical therapy), or kidney disease (dialysis).
8. Hospital care (hospital, hospice or residential care facility), including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

<p>Note: Routine physical examinations, eye examinations, dental examinations, cosmetic treatments or surgery for acne, stomach upsets (including minor ulcers), ear arches, common cold and flu, headaches other than migraines, and routine dental, orthodontia or periodontal disease conditions are <u>not</u> considered serious health conditions.</p>

Request for FMLA Designation (DCFS 86-1): Required departmental form to be used by Management (supervisors, managers, etc.) to formally notify the Leave Coordinator of the need for a Family and Medical Leave Act (FMLA) leave designation.

Termination of Pay and Benefits Notice: A notice sent by the Payroll section, via certified mail, to the absent employee at his/her home address, informing the employee of the status of his/her remaining leave benefits and expected dates of termination for the pay and group health benefits. This notice is sent at least 10 days prior to the termination of pay/benefits and includes the expected dates of termination for the pay and group health benefits.

Workweek: The employee's regularly scheduled workweek prior to the start of FMLA leave.

POLICY AND STANDARDS

- A. As an FMLA-covered employer, the Department may not interfere with, restrain, or deny the exercise of any right provided under FMLA to its employees and may not discharge or discriminate against any employee for opposing any practice made unlawful by FMLA or for that employee's involvement in any proceeding relating to FMLA.
- B. It is the responsibility of Management to ensure that FMLA notices describing the provisions of the law be posted at visible locations for employees (i.e., employee bulletin boards) at each work site.
- C. In all circumstances detailed in this policy, it is solely Management's responsibility to immediately designate leave, paid or unpaid, as FMLA leave when a qualifying factor is indicated. The employee or the employee's designated spokesperson need not request FMLA leave or even know that FMLA exists at the time of a leave request.

NOTE: The employee is only obligated to explain the reason (purpose) for the leave request and to give the expected duration of the leave to the extent possible. **EXAMPLE:** An employee asks for two weeks of vacation in another state to be with a terminally ill parent. The employee must not only ask for the vacation leave but must state the reason, (e.g., the parent's illness in another state) for Management to make the FMLA leave designation.

- D. For Management to appropriately determine FMLA designation, the employee is responsible and obligated to provide sufficient information in a timely manner to allow Management to make the designation.

Example: In the example above, the employee would have the parent's health care provider justify the reason for the FMLA leave by documenting the parent's serious health condition and the helping role fulfilled by the employee, giving the expected start and stop dates on the required "FMLA Certification of Health Care Provider" form.

- E. Designation of the FMLA leave by Management cannot be denied or delayed merely because it is not in writing, if the eligible employee gave timely verbal or other notice.
- F. The employee shall forfeit protection under FMLA if notification to Management as to the reason (purpose) for the leave request is not provided. If a leave request of any kind is approved, the employee must give the reason for the leave within two business days of returning to work to receive the protection and benefits of the FMLA.
- G. Management is not permitted to designate an absence as FMLA leave after the employee returns to work, except in the following two circumstances:
 - 1. The reason for the leave was previously unknown to the Office Head (and provided that the designation is made within two business days after the employee's return); or
 - 2. The Office Head or OHSM has designated the leave as FMLA and is awaiting proof/documentation.
- H. If Management learns approved leave is for a FMLA qualifying reason after the leave has begun, the entire or some portion of the leave may be retroactively designated as FMLA leave based on when the FMLA qualifying reason occurred.

Example: The employee takes sick time for bronchitis. When the condition turns into bronchial pneumonia, the employee requests an extension of time-off. Due to this serious health condition experienced by the employee, the requested time off (whether paid or unpaid) qualifies for FMLA leave and the entire period leave time, including the period when bronchitis was diagnosed, should be designated by the Office Head as FMLA leave time.
- I. FMLA leave allows a maximum of 12 weeks available to an employee during the designated 12-month FMLA year. Regardless of the number of qualifying reasons or approved requests, all approved/ designated FMLA leave for an employee applies to the FMLA 12 weeks in the FMLA year taken.
- J. After determining that an approved leave qualifies for FMLA coverage, Management is to credit the absence against the employee's 12 weeks allowed under FMLA law.
- K. There may be situations where the employee's request for leave exceeds 12 weeks allowed under FMLA. In these situations, Management has the discretion to work with the employee in scheduling the use of FMLA with the employee's available leave accrued time to provide the maximum health benefit coverage for the employee.

NOTE: In such situations, leave accrued time must be used on a continual basis and cannot be staggered for purposes of ensuring additional health benefit coverage (i.e., one accrued day a month) for which an employee may not normally have been eligible.

- L. FMLA leave is generally unpaid leave time and provides continuance of the employee's group health plan provided the County's contribution is adequate to cover the cost of the benefits. When the County's contribution is not adequate, continuance of such benefits is based on the employee paying the billed share (which the amount shown on the employee's 15th pay warrant) of the group health premium in an ongoing and timely manner.

NOTE: An employee who has chosen to waive health care coverage will not be covered through the County and will remain responsible for continuing his/her own outside health programs. Waived coverage (which includes the non-payment of bill shared by the employee) will result in no County contribution.

- M. Although FMLA leave is unpaid, the employee may elect to use accrued paid leave (vacation time, non-elective leave, or up to 12 days per year of full-pay sick leave as personal leave and accrued overtime), short-term Disability and Compensatory Time off (CTO) to cover part or all of the 12 week unpaid leave allowed by FMLA. Sick leave (except for the 12 personal days) may be used to cover FMLA time only when the leave is taken for the employee's own serious health condition, including pregnancy. Once accrued leave time has started and ended, the use of any additional and available accrued leave time by the employee is subject to the approval by the Department Head or designee.
- N. Exempt employees (most non-represented employees) on intermittent leave or reduced schedule due to the FMLA can be docked on an hourly basis without it affecting their status, if:
1. The time is taken for an FMLA qualifying reason and is designated as FMLA by Management; and
 2. The "docking" does not take place prior to the first day of the FMLA intermittent leave or reduced schedule.
- O. For all unpaid FMLA leave time (full-shifts or in hourly increments), the employee's immediate supervisor must code such time on the Daily Absence Report and payroll time sheets the following: AWOP code 076. Use of this code triggers continuance of the employee's health and dental coverage, as provided under FMLA. Any FMLA time covered by paid leave time (non-elective, elective, vacation, sick leave, overtime, etc.) should be recorded with the appropriate earnings code designated for each specific leave time.

- P. The OHSM shall retain all records and documentation pertaining to compliance with FMLA standards and procedures. This includes the employee's pertinent medical certification or other documentation, a copy of the Department's notification to the employee, etc.
- Q. Supervisors and Payroll's central timekeepers shall maintain and monitor records when the FMLA hours for eligible employees are covered with accrued paid leave to ensure adherence to the 12-week FMLA limitation. (The County automated timekeeping system, CWTAPPS, cannot differentiate between accrued leave time taken as regular time and that taken as FMLA leave.)
- R. Employee eligibility for FMLA benefits fall under the following:
1. The employee must have a minimum of 1,250 hours worked during the 12-month period immediately preceding the start of the leave. Employee hours may be verified with Payroll. However, transfers within the County from one Department to another, verification of time must be sought from prior County Department via e-mail or first class mail. Office Heads and supervisors may not intentionally limit or manipulate an employee's work schedule so as to deny the employee eligibility for FMLA leave (e.g., deny hours of work solely in order that the employee falls short of the 1,250 hour FMLA requirement).
 2. The right to take family leave applies equally to male and female employees. In the case of the birth of a child or a foster or adoptive placement, the "father" is entitled to take FMLA leave as well.
 3. Temporary help agencies are the primary employers for their contract staff and are responsible for providing FMLA leave and continued health coverage benefits to their eligible employees. As the secondary employer, the Department is responsible for returning the temporary contract employee over a replacement worker when FMLA leave time ends, if the Department continues to use the temporary help agency and that agency chooses to place the returning employee with the Department.
- S. FMLA leave must be granted for any of the following qualifying reasons:
1. The birth of a child and the care of the newborn, but no longer than one year following the date of birth;
 2. The placement of a child with the employee for adoption or foster care, but no longer than one year following the date of placement for adoption or foster care. (It is not necessary for the adoption to be processed through a State licensed adoption agency; however, for foster care, the employee must have a foster care license issued by the State.);
 3. To care for a seriously ill child, spouse, or parent if the health care provider has certified that third-party care is required or that the employee's presence

would be beneficial to the patient (such as comfort given to a sick child or to a spouse involved in a substance abuse treatment program); and

4. An employee's own serious health condition (including substance abuse) which prevents performance of the job.

NOTE: An absence due to the employee's substance abuse is not protected under FMLA unless documentation has been provided that the employee is under medical care for treatment. In fact, Management is permitted to take disciplinary action against an employee pursuant to a uniformly communicated and applied policy regarding substance abuse, but Management cannot take disciplinary action against an employee solely because the employee exercised his/her right to take FMLA leave due to a substance abuse problem.

- T. FMLA leave is not available to employees for the purpose of bonding with new stepchildren after marriage, unless the stepparent formally adopts the children. However, if a stepchild has a serious health condition, the stepparent employee is entitled to FMLA leave.
- U. Requested leave to provide child care does not qualify for FMLA leave if it is beyond one year of birth or placement of the child and the child is otherwise healthy.
- V. The employee's requirements to provide notification of potential FMLA leave include the following:
 1. Where the need for such leave is foreseeable, the employee should notify their immediate supervisor of the need for FMLA leave at least 30 calendar days in advance.

If the need for such leave is unforeseen, the employee or the employee's spouse or spokesperson should give immediate notice regarding the reason (purpose) of the leave and provide medical certification/documentation within 15 calendar days.
 2. The employee may request FMLA leave (emergency or non-emergency request) by telephone, telegram, fax, or any other electronic means. If the employee is unable to do so personally, notice can be given by the employee's spouse or designated spokesperson. Any such request made must be followed up within a period of two business days by a formally written request by the employee (or the employee's spouse or designated spokesperson, if the employee is physically unable to sign).
 3. Because an employee's eligibility is determined from the date the FMLA leave will begin and not the date of notice, an employee can request FMLA leave before meeting the eligibility requirements as long as the requirements are met by the date the leave begins.

- W. Management may require reasonable documentation concerning the qualifying reason for the FMLA leave. Such documentation may pertain to a medical certification of illness/ injury or proof of adoption, foster home placement, birth of child, family relationship, “loco parentis,” etc. Depending on the qualifying event, the documentation required could be the “FMLA Certification of Health Care Provider” form, a birth certificate, a court document, or a simple statement or affidavit from the employee.

Medical Certification Requirements

1. Completion of the “FMLA Certification of Health Care Provider” form by a health-care provider is required as supportive material for any designation of a “serious health condition” or “substance abuse treatment” plan. (In the case of an unforeseen, urgent FMLA leave, the employee will be given 15 calendar days **from the date management made the request** to obtain such certification or other documentation.)
2. An employee who requires leave to care for a family member must have a health-care provider certify that third-party care is required or that the employee’s presence would be beneficial to the patient, such as providing psychological comfort to a seriously ill child or parent. This option would include the need for the employee to fill in for others who are caring for the family member or to make arrangements for changes in care (e.g., transfer to a nursing home, etc.). Under FMLA, the employee is not required to provide any details regarding the type of care provided to the family member. This shall remain a confidential matter to be assessed by the health care provider (Item 10 on the “FMLA Certification of Health Care Provider” form).
 3. Once the employee provides a completed certification signed by the health care provider, additional information from the provider cannot be requested by Management. However, Management (supervisors are excluded) can contact the provider, after notifying employee, for clarification and authenticity of the medical certification.

NOTE: FMLA prohibits asking a health care provider for a diagnosis in regard to the serious health condition of an employee or family member.

- a. If Management has reason to doubt the validity of the initial medical certification, it may, at the Department’s expense, request a second opinion from a health care provider who is not employed by the County on a regular basis.

The arrangement for a second medical opinion is handled through the OHSM. If the second opinion conflicts with the first opinion, a final opinion – again at County expense – can be required. The health care provider

selected to provide the third and final opinion must be jointly approved by Management and employee.

The third opinion is final and binding.

- b. Both CFRA and the Pregnancy Disability Leave Act require Management's acceptance of the original certification when the disability is related to pregnancy or when the certification is for a family member. A second or third opinion provided under FMLA situations is not allowed in these specific situations.

Medical Re-certification Requirements

1. Re-certification by Management concerning the employee's "serious illness" may be ordered at reasonable intervals, but not more than every 30 days unless:
 - a. Circumstances described in the previous certification have changed significantly (e.g., the nature of the illness, the duration or frequency of treatment, the severity of the condition, etc.);
 - b. Information has been received which casts doubt upon the continuing validity of the certification; or,
 - c. The employee requests a leave extension.
2. If the minimum duration of the leave stated on the original medical certification is for more than 30 days, Management may not request re-certification until the minimum duration period has expired, unless there is a question of continuing validity of the leave.
3. The employee must provide any re-certification at his/her expense and within 20 calendar days from the date of Management's request.
- X. Management's response and notification requirements regarding employee requests for leave time which fall under the qualifying situations governed by FMLA, include the following:
 1. When evidence of a qualifying factor has been determined but necessary medical certification or other reasonable documentation has not been submitted, Management shall designate FMLA from the first date of absence to the requested leave. OHSM shall be notified immediately and will forward Health Care Provider Form to employee.
 2. If knowledge to make a FMLA determination at the time notice of leave has been provided, or the leave commences and is not designated as "FMLA" Management may not designate FMLA leave retroactively. However, in such circumstances, the employee will have the full protection of the FMLA, but

none of the absences can be charged against the employee's 12-week entitlement.

3. Once the FMLA leave has been approved by Management, the employee must be notified within five business days that the leave will be designated as FMLA and will be applied against the FMLA 12 week entitlement. This notice may be oral or in writing, using the "Employer Notification for FMLA" form. If oral notification is made, the same written response must be sent to the employee within five business days of the oral notification.
- Y. The maximum length of FMLA leave afforded to the eligible employee is not to exceed 12 weeks during the designated FMLA year. Each week is calculated on a 40-hour work schedule, for a total of 480 hours. Other provisions include the following:
1. An employee may not be required to take more leave than is necessary to satisfy the employee's need for FMLA.
 2. For FMLA leave based on birth or placement of a child, entitlement to leave time expires 12 months from the birth or the placement of the child. Childcare beyond this one-year period does not qualify for FMLA, if the child is otherwise healthy.
 3. If both spouses are employed by the County, FMLA and CFRA limit the amount of leave that can be taken by spouses to a combined total of 12 weeks within the FMLA year when the leave is taken for the birth, or placement for adoption or foster placement of a healthy child or to care for the employee's parent with a serious health condition. (CFRA also covers unmarried parents of a child in the availability of combined total of 12 weeks of leave time.) However, the time the mother is on pregnancy disability leave is not subject to the FMLA combined 12-week limit for either spouse.

The husband and wife who both use a portion of the total 12 weeks under the above limitation are each entitled to the difference between the amount used individually and the 12-week per person limit if FMLA leave is subsequently taken for another reason.

Example: Employees X and Z work in two different County departments. Employee X is expecting a baby in October. Employee Z takes two weeks of FMLA leave in August to care for his mother. Their combined total of 12 weeks is now 10 weeks. X will be entitled to 6 weeks of pregnancy disability leave if she has a normal birth. She intends to use 6 weeks of FMLA leave to care for the newborn. If Z also wishes FMLA to care for their newborn, he will have 4 weeks left of their now combined 10-week total.
 4. There is no combined limit for spouses to care for a seriously ill child, spouse, or one's own serious health condition under FMLA. Each employee shall have 12 weeks available.

5. The employee taking intermittent FMLA leave cannot have the 12-week entitlement reduced by time which the employee would otherwise not be required to report for duty (e.g., RDO, weekends, etc.).

However, the employee who chooses to take FMLA leave in larger blocks of continuous time and are on alternative work shifts (9/80 or 4/40), will have their schedules changed to a 5/40 work shift and will no longer have an RDO.

If a holiday occurs within a week taken as FMLA leave, it will have no effect on that week. The week is still counted as a week of FMLA leave.

Z. The following are the FMLA benefits provided to eligible employees:

1. FMLA leave does include continuance of the employee's group health plan and covers benefits up to 12 weeks. If after the 12-week period the employee has exhausted all leave benefits and has not paid the medical or dental premium sent to him/her, the health care coverage may be terminated.
2. Health care coverage may be terminated when the employee's share of the premium is 30 days overdue, provided a written notice is issued to the employee when the premium is 15 days overdue. In other words, written notice must be given to the employee regarding the employee's nonpayment of premium, with a subsequent 15-day waiting period prior to the Department's termination of coverage. The suspension of coverage will take effect on the first day of the month following the last month for which the premium payment was made.

The written notice and termination are issued from the County's Employee Benefits Administration branch of the Department of Human Resources (DHR).

3. There is no impact on paid leave accruals, retirement service credit, continuous service date, or seniority while under FMLA leave. The use of FMLA leave should not result in the loss of any employment benefits, which may have accrued prior to the start of the employee's leave.
4. The employee may continue other benefit coverage (such as life insurance, contributions to a Dependent Spending Account, Short-Term or Long-Term Disability coverage, etc.) on a "non-deduct" basis. The Employee Benefits Administration branch of the Department of Human Resources will notify the employee of all coverage and the cost to continue each coverage while on FMLA leave.

- AA. The California Pregnancy Disability Act (Section 12945 of the Government Code) provides for up to four months of unpaid leave for disability due to pregnancy, as certified by a physician.

At the end of the pregnancy disability period, the employee is then entitled to take 12 weeks of CFRA family leave. Pregnancy disability leave and CFRA leave run consecutively. FMLA, however, runs concurrently with both the pregnancy disability leave and then with CFRA.

The Pregnancy Disability Act does not mandate continuation of health coverage, but FMLA does. Therefore, the County's contribution for the employee's medical and dental coverage will continue during the pregnancy disability leave to a maximum of 12 weeks. If the employee is not on pregnancy disability a full 12 weeks, the health and dental coverage will continue into CFRA until the 12-week maximum is reached. There is a combined FMLA and CFRA 12-week cap on the continuation of health coverage.

Example: An employee is out on unpaid leave due to pregnancy for six weeks. After she is no longer disabled by pregnancy, she elects to take 12 weeks of CFRA leave. The first six weeks are authorized as pregnancy disability leave; the first six weeks are also authorized by FMLA. These two leaves run concurrently and the employee is entitled to the FMLA guaranteed continuation of health coverage during this period.

After her six-week disability, the employee is entitled to another 12 weeks of CFRA leave to care for her baby. However, since she is also entitled to six more weeks of FMLA leave, the remaining six weeks of FMLA leave will run concurrently with the first six weeks of CFRA leave. When the latter six weeks of FMLA leave conclude, the health coverage will also conclude. The employee will have six weeks remaining of CFRA leave and may continue her health coverage by paying through the County's non-deduct procedures.

BB. Interaction of the FMLA with Workers' Compensation

1. The FMLA provides that an employee's serious health condition can be the result of an illness or injury on or off the job. In the case of a job-related illness or injury, FMLA may run concurrently with Workers' Compensation leave if the illness or injury meets the FMLA definition of a "serious health condition" and the employee is properly notified by Management.
2. An employee who is off from work due to an alleged work related injury, but not yet receiving compensation, may concurrently request FMLA leave. However, accrued paid leave cannot be used for FMLA leave if the employee is collecting Workers' Compensation benefits and/or County Industrial Injury Leave benefits.

3. An employee whose FMLA and Workers' Compensation are running concurrently may not be forced to return to light duty work under FMLA. Under FMLA, the employee may decline the employer's offer of the light duty job. However, if the employee does not return, he/she may forfeit the Workers' Compensation benefits.
4. When choosing to return to light job duty instead of continuing on FMLA, the employee retains the right under FMLA to be restored to the same or equivalent job and benefits until the 12-week FMLA entitlement, including the light duty work, expires.

CC. Interaction of FMLA with the Americans With Disability Act & Fair Housing Employment Act (ADA/FEHA)

1. FMLA leave may run concurrently with ADA/FEHA leave granted as reasonable accommodation for the employee designated as an ADA/FEHA covered eligible individual. Management must notify the employee that the ADA/FEHA leave will run concurrently with FMLA leave. Whichever law, FMLA or ADA/FEHA, provides the greater or more generous benefit to the eligible employee, that law's provisions shall prevail.
2. The ADA/FEHA does not require continuation of health benefits while FMLA does. Therefore, once the ADA/FEHA leave is designated to run concurrently with the FMLA, health coverage must be continued for the employee. FMLA leave shall not be denied in order to avoid continuation of such health coverage.
3. Unlike the eligible employee covered only by the FMLA, the employee covered by both the FMLA and the ADA/FEHA does not have to accept a temporary assignment to an alternate position. Acceptance is done on a purely voluntary basis.
4. An eligible FMLA employee is entitled to be reinstated to an "equivalent" position upon return from leave, whereas an employee qualifying with a disability under ADA/FEHA is entitled to be reinstated to the "same" position upon return from leave.
5. If a medical certification of fitness-for-duty under FMLA is required, then the Department must conform to the ADA/FEHA provision that a fitness-for-duty exam be job-related and consistent with business necessity.
6. An employee can return to work part-time by using the remaining weeks of the FMLA to cover the difference between part-time and full-time hours. Until the 12 weeks are exhausted, the employee remains entitled to all rights under the FMLA.

DD. Intermittent/Reduced Schedule Leave

1. The FMLA and CFRA provide eligible employee the right to take intermittent leave or leave on a reduced work schedule under the following circumstances:
 - a. A serious health condition of the employee or a family member when medically necessary for planned or unanticipated medical treatment;
 - b. Recovery from treatment of a serious health condition of the employee or a family member. (For example, an employee recovering from a serious illness/injury may not be strong enough to work full-time, but can return to work on a reduced hour schedule.);
 - c. Need to care or provide psychological comfort to a family member with a serious health condition;
 - d. A serious health condition which requires periodic treatment rather than one longer period of treatment (e.g., doctor appointments, chemotherapy, physical therapy, etc.);
 - e. A pregnant employee experiencing severe morning sickness or needing prenatal care; and
 - f. A chronic serious health condition such as migraines or diabetes, even if the person does not receive treatment from a health care provider.
2. If the leave is foreseeable, Management and employee shall attempt to work out a schedule which meets the employee's FMLA needs without unduly disrupting the operational needs of the Department.

Final resolution of the leave schedule remains subject to the approval of the health care provider and the schedule established for the planned medical treatment.
3. An employee may take intermittent FMLA leave during all or any portion of the 12-month period as long as the total does not exceed 12 weeks in one 12-month period.

Leave may be taken intermittently to provide care or psychological comfort to an immediate family member with a serious health condition.
4. Intermittent or reduced FMLA leave is not available after the birth or placement of a child without Office Head approval. (The Office Head's approval is not necessary for leave time should the mother or child develop a serious health condition.)

5. For coding of FMLA leave increments of less than one hour, the Department standard payroll policy governing leave time shall apply.
6. Based on Office Head discretion and in consultation with OHSM, the employee on FMLA leave may be transferred to an alternate position for the appropriate accommodation under the leave.

However, the employee may not be transferred to an alternate position to discourage the employee from taking the leave or to create a hardship for the employee (e.g., transfer to graveyard shift, reassignment to a remote area, etc.).

A CSW or SCSW is approved for FMLA and whose name appears on the Transfer Match can be transferred to the new office while on leave.

7. When a full-time employee switches to part-time or a reduced leave under FMLA, the employee must continue to receive the same full level of benefits enjoyed prior to FMLA leave. However, the accruing of leave benefits will be proportionally reduced as these are accrued based on actual hours worked.
8. The conditions of a temporary transfer may not violate any applicable collective bargaining agreements or federal or state laws such as ADA/FEHA.

EE. The extension of a FMLA leave requires the employee to timely submit medical certification from the treating physician with estimated return to work date. All policies and procedures regarding approval remain the same as with a new leave request.

FF. Standards governing the employee's return from an FMLA leave, include:

1. When the leave is for a serious health condition and if the requirement for a fitness for duty prior to return to work has been provided in the "Employer Notification for FMLA", the employee is required to provide such a statement from the health care provider upon return to work. The statement by the health care provider must clearly explain the employee's fitness to perform the assigned duties and explain any restrictions and/or limitations.

<p>NOTE: If the qualifying event is the employee's own serious health condition, and if Item #6 is checked positively on the "Employer Notification for FMLA" form, then a copy of the class specification or job description for the employee's position shall be attached so the health care provider can determine the employee's capability of performing the essential functions of his/her job.</p>
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Management may not require a fitness for duty report from the employee taking intermittent FMLA leave for a serious health condition.

2. Management must restore employees returning from an FMLA leave to their original or equivalent position with equivalent pay, benefits, and other employment terms.

GG. With regard to County workforce reduction actions, the employee on FMLA leave shall have no greater or lesser rights than if they were not on FMLA leave. Similarly, Civil Service Rules and collective bargaining agreements regarding re-employment after lay-off apply the same to employees on FMLA leave as they do to laid off employees not on FMLA leave.

The Department's obligation to maintain health benefits and reinstate the employee on FMLA leave ends when the employee is laid off or voluntarily terminates County service, although Civil Service Rules and collective bargaining agreements still apply. An employee cannot be laid off or terminated solely because they are on approved FMLA leave.

HH. An employee's failure to return to work for at least 30 days at the end of an FMLA leave allows the County the right to recover the total amount paid by the County toward that employee's health coverage during the entire family leave period unless one of the following is proven to exist:

1. The continuation, recurrence or onset of a serious health condition which would qualify the employee for family leave (were the 12 FMLA weeks still available); or
2. Circumstances which appear to be beyond the employee's control and which prevent him/her from returning to work.

RESPONSIBILITIES

The parties listed below are responsible for completing the following actions to adhere to the standards and provisions in implementing an effective FMLA program:

The Employee's Responsibilities

The notification of FMLA leave request is the product of either a foreseen/planned or unforeseen/unplanned event. The actions below describe the employee responsibilities pertinent to each.

1. On a foreseen FMLA leave of absence request, the employee shall:

- a. Notify, in writing, **the Office Head** of the need for leave within 30 days of the start date of the leave, where possible, or as soon as the need for leave arises via form (DCFS 86) "Leave Request Form" (**Attachment E**).
 - b. Provide the required proofs and/or documentation appropriate to justify the need for the leave. Depending on the FMLA qualifying factor, the proofs/documentation might include:
 1. "FMLA Certification of Health Care Provider" (**Attachment B**) for any factor concerning a serious health condition; or certification on the treating physician's letterhead;
 2. Proofs of birth, adoption or foster care placement for care of a newborn or newly placed adoptive or foster care child;
 3. Verification of marriage or relative status, "de facto" parent or child status;
 - c. Be knowledgeable and up-to-date on available leave balances (shown on the 15th of each month's payroll deposit warrant or obtained through Payroll).
 - d. Complete a (DCFS 158-1), "Request for Time Off or Overtime" (**Attachment C**), showing the requested time to be used and indicating in the "Reason for Request" section that such leave is FMLA.
 - e. Provide the immediate supervisor with a "Leave Packet," which consists of the following documents: Leave Request Form (DCFS 86); DCFS 158-1, and all required proofs and documentation.
 - f. Consult with the immediate supervisor or with the OHSM concerning any questions or issues relating to the FMLA leave time.
 - g. Fully cooperate with all instructions from the immediate supervisor, Office Head, Section Manager or OHSM regarding FMLA policies and standards.
 - h. For leaves exceeding 12-weeks, discuss with the immediate supervisor and/or Office Head regarding the coordination of the use of FMLA with available leave accrued time in order to establish the maximum health care coverage.
2. On an unforeseen FMLA leave of absence request, the employee shall:
 - a. Notify the immediate supervisor immediately of the need for the leave. If not physically able to do so, designate a family member/spokesperson to contact the supervisor. Specify the type of leave, the qualifying factor and, if possible, the projected return date.
 - b. Provide the required proofs and/or documentation pertaining to the FMLA need for leave to the supervisor within 15 calendar days. Discuss directly with the supervisor any need for an extension on the required time frame.

- c. Be knowledgeable and up-to-date on leave time balances through pay warrant information or contacting Payroll Section if necessary.
 - d. Designate for the immediate supervisor the type of leave time to be used (and coded by the supervisor) on the Daily Absence Report (DAR), Time Card, or E-Caps Time Collection.
 - e. For leaves exceeding 12-weeks, discuss with the immediate supervisor and/or Office Head regarding the coordination of the use of FMLA with available leave accrued time to establish the maximum health care coverage.
 - f. Fully cooperate with all FMLA leave instructions from the immediate supervisor, Office Head, Section Manager or Office of Health & Safety Management.
3. The employee whose leave is designated as FMLA shall comply with all instructions given above in 1.b-f or 2.b-f, whichever is applicable.
 4. The employee who is on an approved leave of absence shall:
 - a. Fully cooperate with instructions or orders made by the immediate supervisor, Office Head, Section Manager and Office of Health & Safety Management.
 - b. Provide in a timely basis all required materials necessary in case the leave is prolonged or extended.
 - c. If fully fit to do so, return to work on the projected return date. No further documentation is required.
 - d. If returning to work with any temporary or permanent work restrictions, provide the Office Head or designee with the Certification of Injury/Illness and/or Return-to Work form completed by health care provider, with any specified restrictions and/or limitations, at least one week prior to the return date. The health care provider's specified work restrictions should be in consideration of employee provided class specification or essential duties and any other information provided by the Office Head detailing such duties.

NOTE: An interactive meeting must occur when an employee is released to return to work with or without work restrictions. An employee returning to work without work restrictions or limitations, the interactive process meeting should occur with the supervisor and/or manager within 10 business days of employee's return to work. **The Supervisor/Manager is to notify OHSM of the meeting date. Copies of the Interactive Process Agreement must be provided to OHSM.** Employees returning to work with work restrictions or limitations, the interactive should occur prior to the employees return to work and should include the Return to Work Coordinator in the meeting. The purpose of the Interactive

Meeting is to discuss employee's ability to perform the essential functions of the job, and how best to make appropriate accommodations. Therefore, employees returning to work with restrictions/limitations, it is in the employee's best interest to submit the return to work certification as soon as possible before the date to return to work.

- e. Cooperate with the Department if a determination is made to have a medical assessment/reassessment done by the Los Angeles County's Occupational Health Program (OHP) based upon the return-to-work statement listing temporary or permanent work restrictions and/or limitations.
- f. Comply with the Department's "Report of Outside Employment" policy (Personnel Manual Chapter 8), including notification to the Office Head of any pending employment activities while on leave.

The Immediate Supervisor's Responsibilities

The notification of FMLA leave request is the product of either a foreseen/planned or unforeseen/unplanned event. The actions below describe the supervisor's responsibilities pertinent to each. **The Immediate Supervisor should consult with their section manager in regards to the below steps.**

1. When the employee's FMLA leave is foreseen and requested ahead of time, the supervisor shall:
 - a. Review the leave request information, checking for evidence of an FMLA factor in the nature of the leave request.
 - b. Immediately seek Office Head or designee approval for FMLA, if the request is for FMLA leave or if there is evidence of an FMLA qualifying factor.
 - c. Ensure that all necessary information and sufficient proofs are provided by the employee.
 - d. For any leaves exceeding 12-weeks, discuss with both the employee and Office Head in order to coordinate the use of FMLA and the employee's available accrued leave time and provide the maximum health benefit coverage for the employee.
 - e. Immediately forward the completed leave request information with form (DCFS 86-1) "Request for FMLA Leave Designation" (**Attachment F**) to the OHSM via office protocol.
 - f. Fully cooperate with the Office Head, Section Manager and/or OHSM instructions or directions regarding leave of absence follow-through.
 - g. Request and monitor any necessary additional documentation and information from the employee should the leave be prolonged or extended.

- h. During the employee's FMLA leave, code the employee's time usage on the Daily Absence Report (DAR), Time Card or E-Caps Time Capturing with the leave time benefits approved on the DCFS 158-1, unless other directions are received from the Office Head or designee. Remember to indicate "FMLA" on the DAR for each time period taken as FMLA leave time.
 - i. During the employee's FMLA year, monitor the employee's use of the 12 weeks of FMLA approved leave time.
 - j. Ensure that the employee returning from an FMLA leave due to a serious health condition provides an appropriate return-to-work certification on health care provider's official letterhead or form. Make sure the medical statement allows the employee to return to the regularly assigned job function without any restrictions and/or limitations. Conduct an interactive meeting. Forward all medical documentation and IPM Agreement document to OHSM. (See Leave Management Timeline in MD 09-07 Disability Management/Return to Work.)
 - k. Ensure that any return-to-work statement specifying restrictions/ limitations are processed via the Office Head to OHSM for appropriate follow-up with the employee. This includes setting of an interactive meeting to discuss the restrictions/limitations, and how the office can best accommodate the work restrictions/limitations based on ADA/FEHA reasonable accommodation requirements (See MD 09-07 Disability Management/Return to Work).
 - l. In consultation with the Office Head and with the Human Resources, Performance Management unit, take the appropriate administrative actions should an employee fail to cooperate with any of the leave of absence policy and standards.
2. When the employee's FMLA leave is unforeseen and emergent, the supervisor shall:
- a. Obtain pertinent information from the employee or his/her family spokesperson regarding the emergent leave of absence, including the reason (purpose) for the leave, the projected return date and the employee's designation of leave time benefits.
 - b. Inform the employee or his/her spokesperson of the type of proof/ documentation for the leave and the time frame requirement of no more than 15 calendar days.
 - c. Immediately inform the employee or his/her family spokesperson that FMLA leave is granted, pending a verification of the employee's eligibility and receipt of the required medical documentation, and that if documentation not received, FMLA will be denied.

- d. On the 1st day of the employee's absence, notify the OHSM of the employee's absence so that FMLA eligibility can be determined and designated for the employee. Notification can be by e-mail, telephone, or medical certification.
- e. Should the FMLA leave involve a seriously ill family member, remind the employee to give the health care provider, under separate cover, a description of the care he/she plans to provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule.
- f. Immediately notify the office leave coordinator or designated staff person of the employee's absence. If office protocol, complete the DCFS 158-1 for the employee (after consulting with the regional timekeeper regarding the employee's available leave balance). Indicate on the DCFS 158-1 that the leave time is concurrently running with FMLA leave time.
- g. For leaves over 12-weeks only, confer with the employee and the Office Head regarding the coordination of the use of FMLA with the employee's available accrued leave time to ensure the maximum health care coverage for the employee.
- h. Complete DCFS 68 for leaves of 30 days or longer via Bureau protocol and DCFS 158-1 to the Office Head or designee and notify the Office Head of the need for FMLA approval.
- i. Cooperate with the Office Head, Section Manager and/or office Leave Coordinator instructions or directions regarding leave of absence follow through.
- j. Request and monitor any necessary additional documentation and information from the employee should the leave be prolonged or extended.
- k. During the FMLA leave, code the employee's Daily Absence Report (DAR), Time Card and/or E-Caps with the leave time benefits approved on the DCFS 158-1, unless other directions are received from the Office Head or designee. Remember to indicate "FMLA" on the DAR for each time period taken as FMLA leave time.
- l. During the employee's FMLA year, monitor the employee's use of the 12 weeks of FMLA approved leave time.
- m. Ensure that the employee returning from an FMLA leave based on his/her own serious health condition provides an appropriate return-to-work statement from the treating physician. Notify OHSM immediately of employee's return to work. Notification can be by e-mail, telephone, or medical release to return to work.

Make sure the medical statement allows the employee to return to his/her normal job function without any restrictions and/or limitations. Engage employee in the interactive process within 10-days of return to work.

- n. Ensure that any return-to-work statement specifying restrictions/ limitations are forwarded, via Bureau protocol, to Health & Safety Management so that employee can be engaged in the interactive process to determine accommodations required, if any, to facilitate employee's ability to perform essential job functions (See MD 09-07 Disability Management/Return to Work).
 - o. In consultation with the Office Head and with the Human Resources, Performance Management unit, take the appropriate administrative action should an employee fail to cooperate with any of the leave of absence policy and standards.
3. When an employee's absence is designated as FMLA approved, the supervisor shall follow the steps shown above in 1.a-l or 2.a-o, whichever is applicable.

When an employee's foreseen request for medical or personal leave is changed to FMLA leave or a request for pregnancy or CFRA leave is designated as FMLA as well, the supervisor shall have the employee to provide written notification and then follow the steps shown above in 1.a-l.

4. When the employee is on an approved FMLA leave, the immediate supervisor shall:
- a. Monitor and ensure the employee's compliance with the responsibilities listed under Employee's Responsibilities 4.a-f above.
 - b. If the employee fails to comply, follow through with the appropriate administrative action in consultation with the Office Head and the Human Resources, Performance Management unit.

The Office Head/Section Manager's Responsibilities

To adhere to and enhance this directive, Office Heads and Section Managers have the following responsibilities:

- 1. Ensure the posting of notices regarding the FMLA in each work site in areas visible to all employees (i.e., employee bulletin boards).
- 2. Immediately designate an employee's request for any type of leave as FMLA leave if an FMLA qualifying reason is discernable by notifying OHSM via e-mail, telephone or medical certification. Designate on the employee submitted DCFS 158-1, "Request for Time Off or Overtime" that the leave time is FMLA when FMLA has been designated.

3. For all other requests, evaluate employee requests for FMLA leave by reviewing the FMLA leave request packet. Designate FMLA status when a qualifying reason is present; designate "FMLA" on the DCFS 158-1 submitted by the eligible employee.
4. Within five business days of receiving information indicating an FMLA qualifying factor, notify the employee that the FMLA request has been approved. Upon receipt of the leave request packet, OHSM will notify employee and office of FMLA designation.
 - a. By written form, this should be done via the "Employer Notification for FMLA" (**Attachment A**). If Item #6 is checked, make sure that a copy of the class specification of the employee's position is attached and any other job assignment information that would assist the health care provider.
 - b. If the initial notification is done verbally, a written confirmation of the approval must be given to the employee within five business days through the "Employer Notification for FMLA".
5. For leaves over 12-weeks, discuss with the eligible employee regarding the coordination of the use of FMLA with any available leave accrued time to ensure maximum health care coverage for the employee.
6. For FMLA request, designate on the employee's completed DCFS 158-1 that the leave time requested by the employee is to be concurrently coded as FMLA.
7. Forward the FMLA leave request packet with copies of the "FMLA Certification of Health Care Provider", and/or other proof/ documentation required, to the OHSM.
8. If employee remains on leave of absence for 30 days or longer, complete DCFS 68, Section III, and process to OSHM via Bureau protocol.
9. Continue to request medical certifications from an employee for any uncovered absence following the projected return date, or regarding any extension of the FMLA leave time. DCFS 68 should be completed as appropriate to extend leaves until employee returns to work.
10. In consultation with the Human Resources, Performance Management unit, take the appropriate administrative action should an employee fail to cooperate with any of the leave of absence policy and standards.
11. Maintain office copies of the following records for at least three years:
 - a. "Employer Notification for FMLA";
 - b. "FMLA Certification of Health Care Provider" and any other medical certification and documentation, including return to work and interactive meeting agreements;

- c. Any copy of the intermittent leave or reduced schedule agreed upon by the employee and his/her health care provider;
- d. A record of all disputes regarding the approval or denial of leave as FMLA and reasons for whichever decision.

Office of Health & Safety Management Responsibilities

To adhere to and enhance this directive, the OHSM shall:

1. Provide direct consultation to Management, supervisors and all employees regarding the FMLA and this directive and will act as the official “management” in verifying eligibility and establishment of FMLA designation.
2. Receive and assess for sufficiency all FMLA leave requests sent by Office Heads and Section Managers. When necessary, consult with Office Heads and Section Managers regarding medical certifications, proofs/documentation, or other aspects of the leave request packet.
3. Notify Payroll regarding the approval of FMLA and the projected start-stop dates.
4. Monitor leave approvals on all on-going FMLA leaves, including return-to-work dates.
5. Schedule interactive meeting with employee, supervisor, and/or manager when employee returns to work with work restrictions/limitations.
 - a. Schedule appointment with Occupational Health Program (OCP) services when the Office Head or Section Manager requests a second opinion on an employee’s medical certification.
6. Maintain Medical Folder copies of the following records for at least three years:
 - a. “Employer Notification for FMLA”;
 - b. “FMLA Certification of Health Care Provider” and any other medical certification and documentation, including return to work and interactive meeting agreements;
 - c. Any copy of the intermittent leave or reduced schedule agreed upon by the employee and his/her health care provider;
 - d. A record of all disputes regarding the approval or denial of leave as FMLA and reasons for whichever decision.

Payroll Timekeeping Responsibilities

To adhere to and enhance this directive, Personnel’s centralized timekeeping staff have the following responsibilities:

1. Coordinating with the employee’s supervisor in coding all unpaid FMLA leave time as AWOP code 076 and in tracking all FMLA approved paid time through management approval of “FMLA” in the “Reason for Request” box of the DCFS 158-1.
2. Send the “Termination of Pay and Benefits Notice” to the employee who is running out of pay and benefits while he/she is absent from the workplace on a FMLA provisional status or FMLA approved leave. (This will inform the employee regarding application for COBRA.)
3. For FMLA purposes, monitor any employee who enters into a “no-pay” status and report to Health & Safety Management all such occurrences for possible FMLA designation.

APPROVAL LEVELS

Request for Time of or Overtime	Supervisor and Office Head
Personnel Transaction Request	Office Head and Deputy Director

FORM(S) REQUIRED/LOCATION

“Employer Notification for FMLA” (Used by Office of Health & Safety Management only)

HARD COPY - ORIGINAL: EMPLOYEE
COPY: OHSM

“FMLA Certification of Health Care Provider” (County form)

HARD COPY - ORIGINAL: EMPLOYEE
COPY: OHSM

DCFS 158-1, “Request for Time Off or Overtime”

HARD COPY - ORIGINAL: THE OFFICE
COPY: EMPLOYEE

DCFS 68, “Request for Personnel Recruitment, Transfer and/or Status Change

HARD COPY - ORIGINAL: OHSM

COPY: THE OFFICE

DCFS 86, "Leave Request Form (30 Days or Longer) NEW

HARD COPY - ORIGINAL: OHSM
COPY: THE OFFICE

DCFS 86-1 "Request for FMLA Leave Designation" NEW

HARD COPY - ORIGINAL: OHSM
COPY: THE OFFICE

The County of Los Angeles
 Department of Children and Family Services
 Office of Safety Management, Room 402
 425 Shatto Place, Los Angeles, CA 90020
 (213) 351-3268

DESIGNATION OF FMLA/CFRA
 (Family & Medical Leave Act of 1993/California Family Rights Act)

Date: _____

To:

From:

Subject: DESIGNATION OF FAMILY/MEDICAL LEAVE

On _____ we determined that you need to take family/medical leave due to:
 Date

- The birth of your child, or placement of a child with you for adoption or foster care;
- A serious health condition that makes you unable to perform the essential functions of your job;
- A serious health condition affecting your spouse child parent , for which you need to provide care.

Except as explained below, you have a right for up to 12 weeks of unpaid leave in a 12-month period for the reason listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment on your return from leave. If you do not return to work following family leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to family leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your family leave.

This is to inform you that (check appropriate boxes, and explain where indicated)

1. You are **eligible** **not eligible** for family leave.
2. The requested leave **will** **will not** be counted against your family leave entitlement.
3. *You **will** **will not** be required to furnish medical certification of a serious health condition. If required, you must furnish certification by (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.
4. We require you to use accrued paid time for unpaid family leave in accordance with the following County terms:
 - A. You may use any accrued time including sick leave, during family leave taken for your own serious health condition, including pregnancy. The use of paid sick leave, except for the twelve personal days, requires that the employee be unable to perform his or her job due to disability.

Employer Notification of FMLA
Page 2

- B. During family leave taken to care for a newborn or placement of a child or to care for a seriously ill family member, you may use any accrued time, except sick leave. You may also use up to twelve days per year of full-pay sick leave as personal leave.
- C. You may start and stop using accrued paid time at any time during the family leave. However, once you have stopped using paid accrued time, you **cannot** start again without Office Head approval.
- 5. A. If you normally pay a portion of the premiums for your health insurance, you will be required to continue these payments during your family leave. You will be billed for these premiums by the County Benefits Plan Administrator.
- B. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, **provided** you are notified in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during the family leave and recover these payments from you upon your return to work.
- 6. You **will** **will not** be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.
- 7. While on leave, you **will** **will not** be required to furnish us with periodic reports every _____ (indicate interval of periodic reports, as appropriate for the particular leave situation) of your leave status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this letter, you **will** **will not** be required to notify us at least two work days prior to the date you intend to report for work.
- 8. ****You** **will** **will not** be required to furnish recertification relating to a serious health condition. (Explain below, if necessary, including the interval between the recertification.)
- 9. ******* Other. Please see below.

FMLA leave is approved for _____ **for the period of** _____ **through** _____.

A *preliminary* FMLA designation has been made for the period of _____ through _____.

Final FMLA designation is granted when the following documentation is received.

Program Manager

Date

REVIEWED AND APPROVED:

Manager
Health and Safety Management

THE COUNTY OF LOS ANGELES
Department of Children and Family Services
Health & Safety Section – Room 402
425 Shatto Place, Los Angeles, CA 90010

A. FMLA CERTIFICATION OF HEALTH CARE PROVIDER

(The completion of this form is mandated by the U.S. Department of Labor to protect the rights of all employees under the Family & Medical Leave Act/California Rights Act of 1993.)

1. Employee's Name	2. Patient's Name (if different from employee): <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> child
--------------------	--

3. Page 4 describes what is meant by a “**serious health condition**” under both the Family and Medical Leave Act and the California Family Rights Act. Does the patient’s condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories (NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT):

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient’s present **incapacity**² if different):

b. Will it be necessary for the employee to be absent from work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking family medical leave.

² Incapacity,” for purposes of family medical leave, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment there for, or recovery therefrom.

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

Attachment B

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

- c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

-
- 7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind? **(See attached class specification).**

 - b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform:

 - c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

-
- 8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

- b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

- c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider	License Number
Health Care Provider (Print Name)	
Address	Telephone Number
	Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature	Date
--------------------	------

A "**Serious Health Condition**" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

- (a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:
- (1) **Treatment³ two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment⁴** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **incapacity²** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

REQUEST FOR TIME OFF OR OVERTIME **ORG CODE:**

OFFICE HEAD	EMPLOYEE NAME	DATE
TO:	FROM:	

REQUEST PERMISSION TO:	NO. OF HOURS	DATE	TIME
Take Accumulated Time Off			
Take A.W.O.P. Time Off			
Take Holiday Time Off			
Take Vacation Time Off			
Take Personal Sick Time Off			
Work Overtime			
Work Overtime On RDO (Exempt Employees Only)			
Extended Benefits (Megaflex) Eligible Employees Only:			
• Elective Leave			
• Non-Elective Leave			
• Accumulated			

REASON FOR REQUEST:

EMPLOYEE'S SIGNATURE	SUPERVISOR'S APPROVAL	DIST. OF AUTH. PERSONNEL APPROVAL
----------------------	-----------------------	-----------------------------------

C:/OT PAID (MD 158 DIR)

PERSONNEL TRANSACTION REQUEST

ATTACHMENT D

SECTION I				CHECK FOR APPROPRIATE ACTION		FOR PERSONNEL USE:	
<input type="checkbox"/> NEW HIRE (Request to fill Vacancy) <input type="checkbox"/> REHIRE <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> RESTORATION <input type="checkbox"/> TRANSFER MATCH <input type="checkbox"/> HR CODE CHANGE <input type="checkbox"/> PAY LOCATION CHANGE <input type="checkbox"/> FACILITY CODE CHANGE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/> UNIT CODE CHANGE: <input type="checkbox"/> OTHER				EXAM #		CERT LIST DATE	
				AREA #			
				BAND #		REACHABLE	
				DATE CERTIFIED/INITIALS: /			
EMPLOYEE NUMBER		FIRST NAME		M.I.	LAST NAME		TODAY'S DATE
BUREAU		DIVISION		OFFICE/SECTION /			
NEW ITEM	NEW ITEM TITLE	NEW SECTION NAME	NEW PAY LOCATION		NEW FACILITY CODE		
CURRENT ITEM	CURRENT ITEM TITLE	CURRENT SECTION NAME	CURRENT PAY LOCATION		CURRENT FACILITY CODE		

SECTION II				EMPLOYEE BEING REPLACED			
NAME				EMPLOYEE NUMBER		EFFECTIVE DATE	
ITEM NUMBER		LETTER		CIVIL SERVICE TITLE			
CHECK FOR APPROPRIATE ACTION:		<input type="checkbox"/> PROMOTION <input type="checkbox"/> RETIRING <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> VOLUNTARY DEMOTION <input type="checkbox"/> TRANSFER OR REASSIGNMENT <u>WITHIN</u> <input type="checkbox"/> TRANSFER OR REASSIGNMENT TO (REGION/OFFICE/SECTION)					

SECTION III				LEAVE OF ABSENCE			
NEW LEAVE	FROM	THROUGH	EXTENDED LEAVE	FROM	THROUGH	TYPE OF LEAVE	
<input type="checkbox"/>			<input type="checkbox"/>				
<input type="checkbox"/> RETURN FROM LEAVE		EFFECTIVE DATE:					

SECTION IV							
CONTACT NAME:				PHONE #:		EMAIL:	
DIVISION CHIEF/OFFICE HEAD APPROVAL SIGNATURE				DATE:		DEPUTY DIRECTOR APPROVAL SIGNATURE	
						DATE:	

TO BE USED BY PERSONNEL							
NEW UNIT CODE				HR#		UNIQUE#	
AFFIRMATIVE ACTION INFORMATION:							
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		ETHNICITY CODE			SECOND LANGUAGE		
RECEIVING BONUS(ES)		BONUS(ES) RECEIVED		BEGINNING DATE		ENDING DATE	
SSN (FOR PERSONNEL USE ONLY)		SYSTEMS MAINTENANCE APPROVAL		BUDGET VERIFIED BY/DATE		BUDGET SECTION APPROVAL	
PERSONNEL OFFICER APPROVAL		EXECUTIVE COMMITTEE APPROVAL		CAO APPROVAL RECEIVED		68 RECEIVED BY PERSONNEL	
EMPLOYEE FUNCTION CODE		EFFECTIVE DATE		DESCRIPTION OF ACTION TAKEN			
DESCRIPTION OF ACTION TAKEN CONTINUED						DATE ACTION COMPLETED	



LEAVE REQUEST FORM
(30 Days or Longer)

Date: _____

To: _____
Supervisor/Manager

From: _____
Employee

Employee Number: _____ Title: _____

Work/Office Location: _____

Type of leave:

- Medical (FMLA) Personal Educational Military
Other, specify _____

Date Leave Begins: _____

Expected Date of Return: _____

Note: Complete DCFS 158-1 for paid leave information

Approved Denied

Processed by: _____
Name Title

Form Distribution:

- Office File
Employee
Health & Safety (Medical only)



FMLA REQUEST PACKET
(New Leaves Only)

Date: _____

To: Leave Coordinator, Health and Safety Management

From: _____, Supervisor/Manager

_____, _____
Title Phone Number

For Employee: _____
Name

Employee Number: _____ Title: _____

Work/Office Location: _____

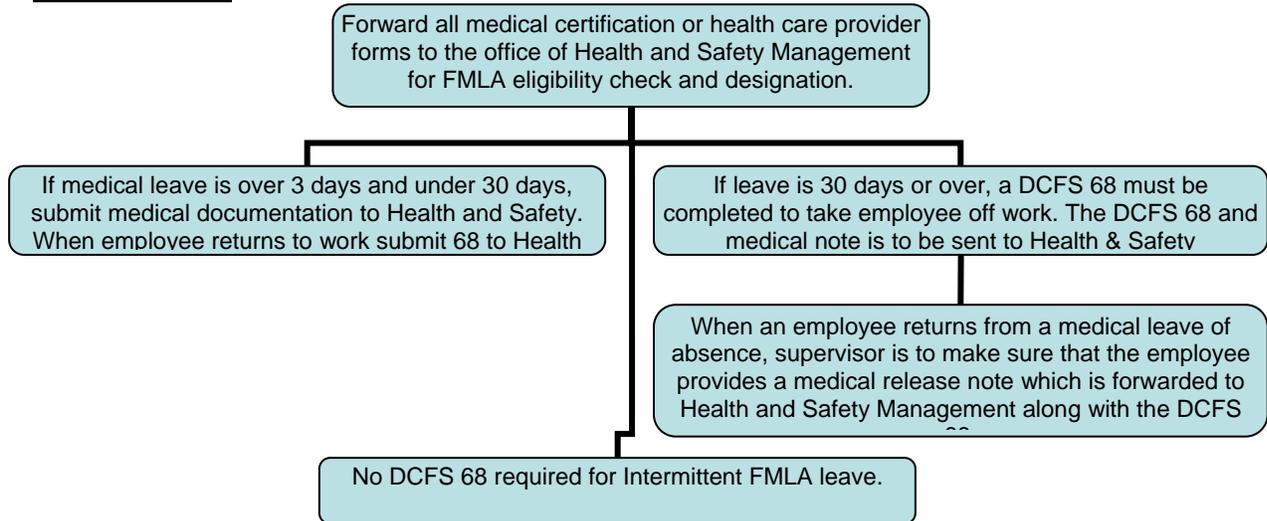
Check all that apply!

- Leave Request Form (30 days or more)
- Leave Request (29 days or less) (DCFS 68 not required)
- FMLA County Health Care Provider Form
- FMLA/Medical Certification

FMLA/CFRA INSTRUCTIONS Attachment G

As soon as there is evidence of an FMLA qualifying factor (employee's own serious health condition; to care for employee's child after birth, or placement for adoption or foster care; to care for the employee's child, spouse, or parent with a serious health condition), notify the office of Health and Safety Management as soon as possible.

Steps to take



For all medical leaves, Supervisors are to monitor employee's absence and continue to request medical certification for any uncovered absence following the projected return date.

Ensure that employee's FMLA leave time is also coded on his/her E-caps.

Health and Safety Management has a designated mailbox "Health and Safety Management" to which all 68s and medical notes should be sent.

REMINDER: FMLA PROHIBITS ASKING A HEALTH CARE PROVIDER FOR A DIAGNOSIS IN REGARD TO THE SERIOUS HEALTH CONDITION OF AN EMPLOYEE OR FAMILY MEMBER, WITHOUT WRITTEN CONSENT FROM THE EMPLOYEE. (MD #09-13)

PER THE OFFICE OF THE CEO, MEDICAL NOTES SHOULD NOT CONTAIN DIAGNOSIS. MEDICAL NOTES SHOULD DESCRIBE WORK RESTRICTIONS. PLEASE BLOCK OUT ANY DIAGNOSIS FROM MEDICAL NOTES SUBMITTED BY EMPLOYEES.