

HOW TO APPLY FOR FAMILY OR MEDICAL LEAVE OF ABSENCE

EMPLOYEE GUIDE

1. You should first discuss the situation with your immediate supervisor and the Human Resources Department.
2. A *Family and Medical Leave of Absence Request Form* will then need to be completed.
 - If the precipitating event is foreseeable, the employee shall notify the City **30 days in advance** of taking the leave.
 - If the precipitating event was unanticipated, the employee shall notify the City as soon as practicable. If you fail to provide 30 day notice for a foreseeable leave with no reasonable excuse for the delay, the leave may be delayed or denied until at least 30 days from the date the City receives the notice. Failure to provide timely notice allows the City to count any absences during the delay as non-FMLA absences and apply the attendance policy.

STEPS FOR COMPLETING THE REQUEST FORM:

1. Provide your name, address, phone number, employee ID, position, and department.
 2. Provide the anticipated start and ending dates. This **MUST** be included!
 3. Check whether this is going to be intermittent (non-continuous) leave.
 4. Check the reason the leave is being requested and the relationship if leave is being requested for a family member.
 5. Check whether you wish to substitute paid leave or take unpaid leave and the number of days.
(Note: the City will only allow you to take up to 10 days or 2 work weeks of unpaid leave; thereafter, we will require you to substitute any accrued paid leave, such as sick or vacation if available).
 6. Sign and date your request.
 7. Have your supervisor sign and date.
 8. Forward the request to the Human Resources Department along with the appropriate certification form. If you do not have the completed medical certification form, forward the request without it and send the certification form when received. The medical certification form should be returned within 15 days of your request or you should provide a reasonable explanation for the delay.
 - a. For your **own** serious medical condition (including pregnancy) use form [WH-380-E](#).
 - b. For a **family member's** serious medical condition use form [WH-380-F](#).
 - c. No certification form is needed for the birth of a child or placement of a child for adoption or foster care, however documentation showing proof of adoption or foster care proceedings should be provided.
 - d. For a Qualifying Exigency or to care for a covered servicemember with a serious injury or illness, use forms [WH-384](#), [WH-385](#), or [WH-385-V](#) as appropriate.
3. The Human Resources Department, upon request for a leave, will determine if you are eligible for FMLA and complete a *Notice of Eligibility and Rights & Responsibilities (WH-381)*. A copy will be forwarded to you and your supervisor. This response will outline all of the specifics regarding the leave and when the medical certification form is due if not already received. This form simply notifies you whether you are **eligible** for FMLA or not and your rights – it is **not** the approval of your FMLA request.

4. Upon receipt of the *Certification of Health Care Provider for Employee's Serious Health Condition (WH-380-E)* or the *Certification of Health Care Provider for Family Member's Serious Health Condition (WH-380-F)* or the applicable military leave form, the Human Resources Department will then determine whether your request is approved, denied, or if more information is needed before a determination can be made and provide you and your supervisor with a *Designation Notice (WH-382)*. This form is the "official" approval or denial of your request for leave.
5. Calling in "sick" is not enough to trigger the FMLA requirements. If you seek leave due to a particular FMLA-qualifying condition for which the City has previously approved FMLA leave, you must specifically reference either the qualifying reason for the leave or the need for the "FMLA leave" when calling in.
6. When you are using FMLA, your time entries in the TMS system should be coded as **FMLA time** taken, whether paid or unpaid. This allows us to track the time taken for FMLA leave. The FMLA codes are 70 thru 78 in the TMS system. For example, if you are using paid leave, such as sick or vacation, you should use the FMLA Sick Time (Code 72) or FMLA Vacation Time (Code 73) codes *instead* of regular sick or vacation codes. These FMLA codes will still deduct from your sick and vacation balances. The FMLA codes that can be used are on the Request Form and in the TMS system.
7. *Please note:* intermittent leave must be taken in *no less than 1 hour increments*. When requesting an intermittent leave or reduced work schedule, the City AND employee must mutually agree to the schedule before the leave begins. If this is not possible, the employee must prove that the use of the leave is medically necessary.
8. You are responsible for notifying your immediate supervisor **and** Human Resources of any changes in your leave status.
9. You are responsible for providing recertification or status of leave reports as specified in the ***Notice of Eligibility and Rights & Responsibilities*** form periodically or when otherwise requested.
10. You will be responsible for providing an evidence of fitness for duty to certify that you are capable of returning to work either with restrictions or full duty. Delays in turning in this certification may result in delays in returning you to duty and pay status. The ***Attending Physician's Report*** can be used for this purpose.