

FAMILY MEDICAL LEAVE	Approval Date:	03.17.08
	Effective Date:	03.17.08
	Revision Date:	01.09.09
	Revision Date:	03.22.10
	Revision Date:	03.28.11
	Revision Date:	12.15.11
	Effective Date:	01.30.12
	Revised Date:	06.20.13

Purpose

These procedures establish guidelines for the County of Summit, Ohio (“County”) to administer County Ordinance 169.22 (j) Leaves of Absence Family Medical Leave and related sections. The Family and Medical Leave Act of 1993 permits eligible employees to take up to twelve (12) weeks of unpaid leave per twelve (12) month period for a qualifying reason. The process begins with the request for Family and Medical Leave.

Revision History

These procedures supersede all previous policies and procedures regarding Family Medical Leave.

Persons Affected

These procedures apply to all offices, departments, divisions, and units as defined in County Ordinance 169.01(a).

Principles Behind Policy

The principle behind County Ordinance 169.22(j) and related sections is to ensure that the County is in compliance with The Federal Family and Medical Leave Act of 1993.

Definitions

Unless otherwise indicated, the definitions listed in County Ordinance 169.02 shall apply.

Applicable Law

County Ordinance 169.22(j) and (5 U.S.C. §§ 6381-6387, 26 U.S.C. §§ 2601, 2611-2619, 2631-2636, 2651-2654, as amended)

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Procedure

1. Determining Employee Eligibility

In order to be eligible for Family Medical Leave, an employee must have been employed with the County for at least twelve (12) months and have worked at least one thousand two hundred fifty (1,250) hours over the previous twelve (12) months immediately proceeding the date when the requested leave would begin.

2. Calculation of the Twelve Weeks

An eligible employee is entitled to twelve (12) weeks of Family Medical Leave within a twelve (12) month period beginning on the first date Family Medical Leave is taken. The twelve (12) month period is counted from the date upon which the leave first begins. The next twelve (12) month period would begin the first time Family Medical Leave is taken after the completion of any previous twelve (12) month period.

3. Reasons for Leave

A. Eligible employees are entitled to Family Medical Leave for the following reasons:

- a. Birth of the employee's child and care of the infant.
- b. Placement of a child with the employee and/or domestic partner for adoption or foster care.
 1. Leave taken for the birth or placement of a child must be taken within twelve (12) months of the birth or placement.
 2. Leave may be taken intermittently after birth or placement for adoption or foster care, only upon approval of the Appointing Authority. If so approved, the schedule for intermittent leave must also be approved by Appointing Authority. (3.28.11)
- c. To care for a spouse, domestic partner, child or parent with a serious health condition.
- d. The employee's own serious health condition, which makes the employee unable to perform the functions of his or her job.

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B. Military Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is:

(1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness;

or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

4. Request and Eligibility Notice

- An employee shall submit the *Employee Request for Family Medical Leave* form (copy attached) to their appointing authority's human resource representative. In the case of foreseeable leave, the form must be completed at least thirty (30) days prior to the requested time off.
- Within five (5) business days of being notified of the need for Family Medical Leave, the human resource representative shall provide the employee with a completed *Notice of Eligibility and Rights & Responsibilities Form WH-381* (copy attached) and the appropriate certification papers (*Certification of Health Care Provider for Employee's Serious Health Condition Form WH-380-E*, *Certification of Health Care Provider for Family Member's Serious Health Condition Form WH-380-F*, *Certification of Qualifying Exigency for Military Family Leave Form Wh-384*, or *Certification for Serious*

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Injury or Illness of Covered Service member for Military Family Leave Form Wh-385, copies attached).

- The employee requesting leave shall submit the completed certification forms to the human resource representative within fifteen (15) calendar days from receipt of the *Notice of Eligibility and Rights & Responsibilities*.
- Once the human resource representative has received the completed certification papers from the employee, they shall forward all paperwork to the Human Resource Commission (“HRC”).

5. Review and Designation Notice

The HRC will review all information and determine if the leave requested qualifies for Family Medical Leave. If the certification form submitted by the employee is incomplete or insufficient, the HRC shall notify the employee, and the employee shall have seven (7) calendar days to cure the deficiency. If the employee fails to cure the deficiency or fails to authorize the HRC to contact the employee’s doctor in order to cure the deficiency, the leave may be denied. Within five (5) business days of the HRC receiving satisfactory certification, the HRC shall complete the *Designation Notice Form WH-382* (copy attached) and send it directly to the employee with a copy to the employee’s human resource representative.

Other Provisions

Health Care Benefits

Employees granted Family Medical Leave shall continue to receive group health insurance coverage for the duration of the leave as long as the employee continues to make the employee’s contribution to the plan. The human resource representative shall notify employees taking unpaid leave for any portion of their Family Medical Leave that the employee must contact the Department of Insurance and Risk Management to arrange to make the employee’s contribution. An employee who fails to return to work, for reasons other than a continued

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serious health condition, shall be required to reimburse the County for the cost to the County of the insurance premiums paid for the employee's health insurance coverage during the leave period.

Record keeping

Each appointing authority's human resource representative will maintain records of leave balances and Family Medical Leave usage. The employee must complete the appropriate departmental leave form for any absence. An employee will be informed by their human resource representative of the Family Medical Leave policy and sent the Family Medical Leave request forms after any 3 day consecutive sick absence.

Reinstatement

Upon return from Family Medical Leave, the employee shall be returned to the employee's original or equivalent job with equivalent status, pay and benefits.

Use of Paid Time Off

Family Medical Leave shall be run concurrently with any leave. If an employee has accrued leave, that time shall be counted as part of the twelve (12) weeks of Family Medical Leave. Employees are required to use all accumulated leave while on Family Medical Leave. Employees on FMLA leave shall be required to use paid leave in the following order: mandatory furlough, sick leave, compensatory leave, birthday leave, vacation, voluntary furlough.

Spouses or Domestic Partners Employed by the County

Spouses or Domestic Partners employed by the County who are eligible for FMLA are entitled only to a combined total of their FMLA for childbirth, adoption, foster placement to care for a parent with a serious health condition or to care for a covered service member.

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Recertification

If an employee applies and is approved for Family Medical Leave for the employee's own serious health condition or the serious health condition of a family member, the employee may be required to recertify such condition every six (6) months in connection with an absence. The employee's human resource representative shall notify the employee of the need to recertify.

Workers' Compensation Leave

FMLA shall run concurrently with workers' compensation leave unless an employees' collective bargaining agreement specifically states otherwise.

Violations

Fraudulently obtaining or using FMLA leave is prohibited. Any employee found to be in violation of this section shall be subject to discipline up to and including termination.