



CHAPTER: Leave Benefits

SUBJECT: Family and Medical Leave

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**RELATED POLICIES:
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DEPARTMENT OF PRIMARY RESPONSIBILITY: HUMAN RESOURCES

SPECIAL NOTES: This Policy/Procedures Manual does not in any way constitute an employment contract. Sedgwick County reserves the right to amend this Manual at any time subject only to approval by the Board of County Commissioners and the Governing Body of Sedgwick County Fire District Number One. The Memorandum of Agreement should be consulted for those Fire District employees who are included in the bargaining unit.

I. Purpose

The intent of this Policy is to allow employees to be absent from work in conformity with the Family and Medical Leave Act of 1993; revisions effective January 16, 2009; and in accordance with the provisions of the National Defense Authorization Act for Fiscal Year 2010 (H.R. 2647).

II. Policy

A. Eligibility and Reasons for Leave

Employees who have worked for the County for at least twelve (12) months (need not be consecutive) and who have been employed for at least one thousand two hundred fifty (1,250) hours of service by the County during the previous 12 months, are entitled to up to twelve (12) cumulative weeks of Family and Medical Leave per year (to be defined as a "rolling" 12-month period) for any of the reasons listed below. Covered service member leave shall be the exception.

1. Child birth, pregnancy or prenatal medical care;
2. Placement of a child with the employee for adoption or foster care and in order to care for such child;
3. To care for a spouse, son, daughter or parent with a serious health condition as described below;
4. When the employee's own serious health condition, as described below, makes the employee unable to perform the functions of his or her position;
5. For a qualifying exigency, and/or covered service member leave, as described below. A serious health condition is defined by this policy in section IV. Definitions E.

This policy covers illnesses or conditions of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, this refers to a chronic or long-term health condition that results in a period of more than three

consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity, and a second visit within thirty (30) days of the incapacity. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

This policy covers qualifying exigency leave for eligible employees with a spouse, son, daughter, or parent on covered active duty in the Armed Forces, or called to covered active duty status in the National Guard or Reserves deployed to a foreign country. Eligible employees may use their twelve (12) week leave entitlement to address certain qualifying exigencies. Qualifying exigencies (29 CFR §825.126) are described in the FML Procedure document located on e-line.

This policy applies to qualifying military caregiver leave to care for a covered service member with an illness or injury incurred in the line of covered active duty. This leave may extend up to twenty-six (26) weeks in a single 12 month period for an employee to care for a spouse, son, daughter, parent, or next of kin who is a covered service member with a serious illness or injury. A covered service member is a current member of the Armed Forces or Veteran of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty that may render the service member medically unfit to perform his or her duties and is undergoing medical treatment, recuperation, or therapy; is in outpatient status; or on the temporary disability retired list. The Veteran's need for a caregiver includes medical treatment, recuperation or therapy for a serious injury or illness that occurred any time during the five years preceding the date of treatment, recuperation, or therapy.

B. Amount of Leave

An eligible employee can take up to twelve (12) weeks of FML leave for the circumstances noted above in Item A. 1. through Item A. 4. To determine the amount of eligible hours available to the employee, a rolling 12-month calendar timeframe will be used. This calculation measures backwards from the date an employee uses any FML leave.

An eligible employee can take up to twenty-six (26) weeks of FML leave for the circumstances noted in item A.5. for covered Service member leave during a single 12-month period and the calculation measures forward from the date leave is used.

If a husband and wife both work for Sedgwick County and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or care for a parent with a serious health condition, the husband and wife may only take a combined total of twelve (12) weeks of leave. If husband and wife both work for Sedgwick County and each wishes to take leave to care for a covered injured or ill service member, a combined twenty-six (26) weeks of covered service member leave may be taken.

FML eligible employees injured on the job receiving Workers' Compensation will have this leave time tracked and deducted from FML entitlement.

C. Types of Leave – Continuous, Intermittent or Reduced Work Schedules

Leave may be taken in consecutive weeks, intermittently (for example, take a day periodically when needed over the year), or under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced work hour schedule. In all cases, the leave may not exceed a total of twelve (12) work weeks (or twenty-six (26) work weeks to care for an injured or ill service member over a 12-month period). Leave taken for the birth or placement of a child for adoption or foster care must be taken consecutively. Prenatal medical appointments may be taken intermittently.

When undergoing planned medical treatment, it is the employee's responsibility to coordinate the scheduling of such treatment with his/her immediate supervisor and the health care provider to minimize disruption to the County.

When intermittent or reduced schedule leave is needed due to a foreseeable reason, Sedgwick County may temporarily transfer an employee to an available alternative position if the alternative position would better accommodate the intermittent or reduced schedule. The alternative position will be equivalent in pay and benefits and used in instances when leave for the employee or family member is foreseeable and for planned medical treatment.

D. Use of Paid and Unpaid Leave:

1. Eligible accrued sick leave, vacation or compensatory time shall be utilized except as exempted below in item #2 and item #3. If an employee has less than twelve (12) weeks of eligible accrued paid leave, the balance of the leave shall be taken as unpaid leave. Employees covered under KP&F in the Fire District, may also be paid injury leave per policy 4.702 Injuries on the job.

2. Family member.

An employee using leave for a medical condition of a qualifying family member has the option of retaining a maximum of forty (40) hours of eligible accrued paid leave (sick, vacation, compensatory time or a combination).

3. Birth, placement of a child for adoption or foster care.

No permanent full time or permanent part time employee shall be compelled, coerced or ordered to begin leave at any time during the period of pregnancy, unless unable to perform the essential functions of the job (see section 701k, Title VII of the 1964 Civil Rights Act Public Law 95-555).

An employee utilizing leave for the occasion of a birth, or the placement of a child for adoption or foster care, has the option of retaining a maximum of forty (40) hours of eligible accrued paid leave (sick, vacation, compensatory time or a combination). Entitlement to leave for this purpose expires twelve (12) months after the birth or placement of the child.

E. Designation of Leave

Paid leave may be retroactively designated as Family and Medical Leave by either the employee or the County if circumstances are such that the leave was unexpected or because the employee is on sick or vacation leave for an FMLA purpose and has not advised the County of said purpose. However, in no event may leave be so designated after the leave has ended, except as provided by law. The County will designate Workers' Compensation absences as FML hours.

III. Procedures

Below is a summary of the basic FML procedures. This section is not an exhaustive list of all FML policy procedures. Please consult the FML Procedure document located on e-line.

- A. When an employee has a foreseeable need for Family Medical Leave, the employee must complete the Family and Medical Leave Request for Leave Form. An employee may obtain this form from his/her immediate supervisor. If unforeseeable need arises the employee may verbally notify the appropriate supervisor of the request. When the need is foreseeable, the completed form must be submitted to the Department Head at least thirty (30) days prior to the commencement of the leave. A copy of the Request for Leave Form shall be forwarded by the Department Head to Human Resources. If, due to unforeseeable circumstances, it is impossible to give a full thirty (30) days notice, as much advance notice as possible is still required. Failure to comply with the above notice requirements may delay the onset of employee's FML leave for a period of up to thirty (30) days.

The Department Head will provide a written Notice of Eligibility and Rights & Responsibilities form to the employee and copy Human Resources within five (5) business days when either 1) the Request for Leave form is received, or 2) a verbal request for FML is made by the employee, or 3) the Department acquires knowledge that an employee's absences may be for an FML qualifying reason.

- B. It is the employee's responsibility to provide a Certification of Health Care Provider form within fifteen (15) calendar days of receipt of the Notice of Eligibility and Rights & Responsibilities form (29 CFR §825.305). The Certification of Health Care Provider is not required for the placement of child for adoption or foster care, however documentation for the event will be required. The certification form provided with the Notice of Eligibility and Rights & Responsibilities form is also available on e-line. Failure to provide the physician's certification within the required time period may delay the onset of FML leave. Human Resources will notify the

Department Head and employee whether the leave has been approved or denied with a Designation Notice form within five (5) days of receiving sufficient information to make the FML determination.

Employees authorize a Sedgwick County Human Resources representative to contact their health care provider to authenticate and clarify any information provided in the certification (Note: Authorization signature is on the Request for Leave Form). Employees will be given an opportunity to resolve any deficiencies in the certification prior to the Division of Human Resources contacting the health care provider.

The County may require other medical opinions for determining eligibility under the provisions of this section. If the Department Head reasonably doubts the initial certification provided by an employee, said Department Head may require an examination by a second health care provider at the County's expense. If the second health care provider's opinion conflicts with the original certification, the Department Head, again at County expense, may require a third, mutually agreed on, health care provider to conduct an examination and provide a final and binding opinion. The County may require subsequent medical re-certification on a reasonable basis. All medical information related to Family and Medical Leave will be considered confidential and available only to those with a legitimate need to know.

- C. Recertification is required for intermittent leave requests of more than six (6) months of leave time per certificate. When an employee is aware of the continuing need for intermittent leave, he or she must submit an updated certification to the Department Head prior to expiration of the current certification. A recertification may also be requested if 1) an employee requests an extension of continuous leave; 2) circumstances described by the previous certification changed (e.g. duration of frequency of absence, nature or severity of the illness, complications, a pattern of using unscheduled leave with scheduled days off); or the County receives information that casts doubt upon the employee's stated reason for the absence or the continuing validity of the certification. The recertification must be returned within fifteen (15) calendar days of the request unless it is not practicable.
- D. When an employee returns from Family and Medical Leave, Sedgwick County will attempt to return the employee to the position held prior to the leave. If this is not possible, the employee will be placed in an equivalent position with equivalent pay, benefits and other terms and conditions of employment. If there are reductions in force while employees are on Family and Medical Leave, and they would have otherwise been included in those reductions had they remained, they lose their right to return to that position.
- E. Salaried employees in the highest paid ten percent of the County's work force may be denied reinstatement in their positions if it is shown that it would cause grievous economic harm to the County.
- F. The employee will be responsible for paying his or her share of the health insurance premium for the insurance to remain in effect during a leave of absence. If an employee chooses not to return to work from unpaid leave for reasons other than a continued serious health condition, or other circumstances beyond the employee's

control, the employee will be liable for health insurance premiums paid by the County during the time of the Family and Medical Leave.

- G. When employees return from leave due to their own serious health condition they are required to provide the Return to Work Certification form. Employees who fail to provide the Return to Work Certification form may not be permitted to resume work until this form is provided. Employees returning for all other FML events are required to provide only Section I. of the form.
- H. When an employee has exhausted all FML and accrued paid leave and is unable to return to work, the Department Head will contact Human Resources for an employment status review of options.

IV. Definitions

For the purpose of this Policy, the following definitions apply:

- A. Department Head - is defined to include Elected Officials and Division Directors as well as Department Heads and Employer Representative.
- B. Spouse - is defined in accordance with applicable State Law.
- C. Parent - includes biological parents and individuals who acted as your parents, but does not include parents-in-law, unless the spouse is also employed by Sedgwick County.
- D. Son or Daughter - includes biological, adopted or foster children, stepchildren, legal wards, and other persons for whom you act in the capacity of a parent who are under eighteen (18) years of age. Children eighteen (18) years of age or older, but incapable of self care because of a mental or physical disability are within the meaning of the definition.
- E. Serious Health Condition - means any illness, injury, impairment, physical or mental condition that involves: a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.
- F. Continuing Treatment - Continuing treatment by a health care provider meets one or more of the following definitions:
 - 1. Incapacity and treatment - Incapacity period of more than three (3) consecutive calendar days and subsequent treatment or incapacity related to the condition. The subsequent treatments must be needed within thirty (30) days of the first day of incapacity and an in-patient visit to a health care provider must occur within seven (7) days of the first day of incapacity, or,
 - 2. Pregnancy or prenatal care and absences due to the condition; or,

3. Chronic conditions – a condition that requires periodic visits for treatment at least twice per year by a health care provider , continues over an extended period of time, and could cause episodic incapacity (e.g., asthma, diabetes, epilepsy) and absences due to the condition ; or,
 4. Permanent or long-term conditions – a period of incapacity due to a condition for which treatment may not be effective. (e.g., Alzheimer’s, a sever stroke, or the terminal stages of a disease); or
 5. Conditions requiring multiple treatments – any period of absence to receive multiple treatments by a health care provider for 1) restorative surgery; or 2) a condition that would likely result in a period of incapacity of more than 3 consecutive days if not treated, such as cancer (chemotherapy, radiation), severe arthritis (physical therapy), or kidney disease (dialysis).
- G. Health Care Provider - licensed medical doctors and osteopaths, podiatrists, dentists, clinical psychologists and clinical social workers, physician assistants, optometrists or chiropractors authorized to practice in the State, nurse practitioners and nurse-midwives authorized under State law and Christian Science practitioners.
- H. The phrase “needed to care for a family member or covered service member” encompasses: 1) physical and\or psychological care; and 2) when the employee is needed to fill in for another person providing care or to arrange for third party care of the family member or 3) intermittent or reduced schedule leave may be used because other care is normally available for the family member.
- I. The phrase "unable to perform the functions of his/her job" - means an employee is: 1) unable to work at all or 2) unable to perform any of the functions of his/her position. The term "function" means "the essential job duties of the employment position" and does not include the marginal functions of the position.