

CITY OF JONESBORO

FAMILY AND MEDICAL LEAVE POLICY

A. GENERAL PROVISIONS

It is the policy of this city to grant up to 12 weeks of family and medical leave during any 12 month period to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA). The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in this policy.

B. ELIGIBILITY

In order to qualify to take family and medical leave under this policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for the city at least 12 months, or 52 weeks. The twelve months, or 52 weeks, need not have been consecutive. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
- 2) The employee must have worked at least 1250 hours during the twelve month period immediately before the date when the leave would begin.
- 3) The employee must work in an office or worksite where 50 or more employees are employed within 75 miles of that office or worksite.

C. TYPE OF LEAVE COVERED

In order to qualify as FMLA under this policy, the employee must be taking the leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.
- 2) The placement of a child with the employee for adoption or foster care.
- 3) To care for a spouse, child, or parent with a serious health condition.
- 4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition which requires

inpatient care at a hospital, hospice, or residential medical care facility, or a condition which requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long term health condition which, if left untreated, would result in a period of incapacity of more than three days, would be considered a serious health condition.

Employees with questions about what illnesses are covered under this FMLA policy or under the city's sick leave policy are encouraged to consult with the Human Resource Department.

The city may require an employee to provide a doctor's certification of the serious health condition. The certification process is outlined in section H.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the city may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

An eligible employee can take up to 12 weeks of leave under this policy during any 12 month period. The city will measure the twelve month period beginning on each individual employee's anniversary of employment. Each time an employee takes leave, the city will compute the amount of leave the employee has taken under this policy and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

D. EMPLOYEE STATUS & BENEFITS DURING LEAVE

While an employee is on leave, the city will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition, the city will require the employee to reimburse the city the amount it paid for the employee's health insurance premium during the leave period.

Under current city policy, the employee pays a portion of the health care premium. While on paid leave, the city will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make this payment, either in person or by mail. The payment must be received in the Finance Department by the 1st day of each month.

If the payment is more than 30 days late, the employee's health care coverage may be dropped for the duration of the leave.

If the employee contributes to a life insurance or disability plan, the city will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee must continue to make those payments, along with the health care payments. If the employee does not continue these payments, the city may discontinue coverage during the leave period, or will recover the payments at the end of the leave period, in a manner consistent with the law.

E. EMPLOYEE STATUS AFTER LEAVE

An employee who takes leave under this policy will be able to return to the same job or a job with equivalent status, pay, benefits and other employment terms. The position will be the same or one which entails substantially equivalent skill, effort, responsibility and authority.

The city may choose to exempt certain highly compensated employees from this requirement and not return them to the same or similar position.

F. USE OF PAID AND UNPAID LEAVE

If the employee has accrued paid leave the employee must use paid leave first and take the remainder of the twelve weeks as unpaid leave.

An employee who is taking leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave.

An employee taking leave for the birth of a child must use paid sick leave for physical recovery following child birth. The employee may then use all paid vacation, personal or family leave, and then will be eligible for unpaid leave for the remainder of the 12 weeks.

An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

G. INTERMITTENT LEAVE OR A REDUCED WORK SCHEDULE

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year), or under certain circumstances may use the leave to reduce the work week or work day, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12

weeks over a 12 month period.

The city may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule.

For the birth, adoption or foster care of a child, the city and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption, or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the city before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary. The city may require certification of the medical necessity, discussed in Section H.

H. CERTIFICATION OF THE SERIOUS HEALTH CONDITION

The city may ask for certification of the serious health condition. The employee should try to respond to such a request within 15 days of the request, or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification may be provided by using the Medical Certification Form contained in Appendix A to this policy.

Certification of the serious health condition shall include: the date when the condition began, its expected duration, diagnosis, and a brief statement of treatment. For medical leave for the employee's own medical condition, the certification must also include a statement that the employee is unable to perform work of any kind or a statement that the employee is unable to perform the essential functions of the employee's position. For a seriously ill family member, the certification must include a statement that the patient requires assistance and that the employee's presence would be beneficial or desirable.

If the employee plans to take intermittent leave or work a reduced schedule, the certification must also include dates and the duration of treatment and a statement of medical necessity for taking intermittent leave or working a reduced schedule.

The city has the right to ask for a second opinion if it has reason to doubt the certification. The city will pay for the employee to get a certification from a second doctor, which the city will select.

If necessary to resolve a conflict between the original certification and the second opinion, the city will require the opinion of a third doctor. The city and the employee will jointly select the third doctor, and the city will pay for the opinion. This third opinion will be considered final.

I. PROCEDURE FOR REQUESTING LEAVE

Except where leave is not foreseeable, all employees requesting leave under this policy must submit the request in writing to their immediate supervisor, with a copy to the Human Resource Department.

When an employee plans to take leave under this policy, the employee must give the city 30 days notice. If it is not possible to give 30 days notice, the employee must give as much notice as is practicable. An employee undergoing planned medical treatment is required to make a reasonable effort to schedule the treatment to minimize disruptions to the city's operations.

If an employee fails to provide 30 days notice for foreseeable leave with no reasonable excuse for the delay, the leave request may be denied until at least 30 days from the date the city receives notice.

While on leave, employees are requested to report periodically to the city regarding the status of the medical condition, and their intention to return to work.

Source:
 U.S. Department of Labor
 Employment Standards Administration
 Wage and Hour Division

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

(Family and Medical Leave Act of 1993)

1. Employee's Name:
2. Patient's Name (If other than employee):
3. Diagnosis:
4. Date condition commenced:
5. Probable duration of condition:
6. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.):
 - a. By Physician or Practitioner:
 - b. By another provider of health services, if referred by Physician or Practitioner:

IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, SKIP ITEMS 7, 8 AND 9 AND PROCEED TO ITEMS 10 THRU 14 BELOW. OTHERWISE, CONTINUE BELOW.

Check Yes or No in the boxes below, as appropriate.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the employee required? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No", skip Item 9) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) |

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, COMPLETE ITEMS 10 THRU 14 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 15.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After reviewing the employee's signed statement (See Item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |
13. Estimate the period of time care is needed or the employee's presence would be beneficial:

ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

14. When Family Leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will 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 leave schedule:

- Employee signature:
- Date:
15. Signature of Physician or Practitioner:
 16. Date:
 17. Type of Practice (Field of Specialization, if any):