

A Natural Beauty

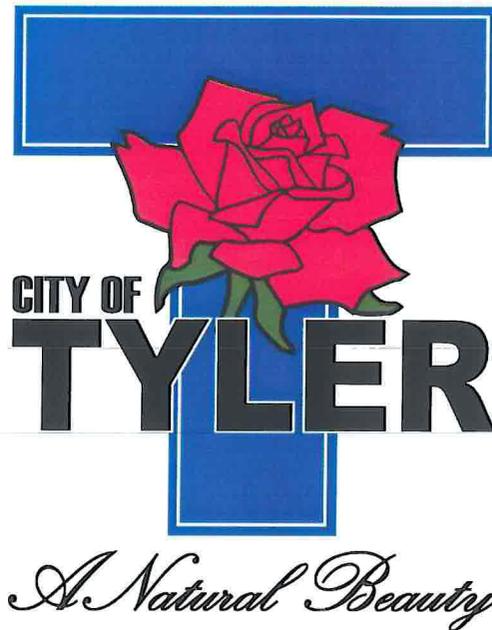
**FAMILY MEDICAL LEAVE
Packet for
Family Member's Serious Health Condition**

Contact Information:

**Jami Rogers
Human Resources Representative**

**212 N. Bonner
P.O. Box 2039
Tyler, Texas 75710**

**Phone: (903) 363-0600 Fax: (903) 531-1248
Email: jrogers@tylertexas.com**



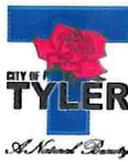
**FAMILY MEDICAL LEAVE
Documents To Return To
Human Resources**

Contact Information:

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Family and Medical Leave Act (FMLA) Acknowledgment

I acknowledge that I have received the *Family and Medical Leave Act (FMLA) Packet* and understand my rights.

I have read the Family and Medical Leave policy contained in [\(Ch. 2-20\)](#) and I am aware of my responsibilities. I understand the information provided in the FMLA policy is not meant to create a warranty or right, expressed or implied, to benefits and is provided for informational purposes only. The FMLA policy and procedure documents adopted by Federal/State/Local laws are controlling in the event of errors or discrepancies.

I understand that I will need to provide necessary certification documentation for any period of FMLA to validate my request. I also understand that I will need to notify my supervisor and the Human Resources Department immediately if any of the information submitted should change.

I understand that if in the future I have any questions, I am responsible for contacting the Human Resources Department at (903) 531-1112 for more information.

Family and Medical Leave Act (FMLA) Packet Contents:

- [Ch. 2-20](#) Policy: Position Classification, Compensation and Pay Plan, Benefits and Employee Programs

- [Form 2-25](#) Employee Benefit Brochure – Regular Full-Time Employees
- [Form 2-26](#) Employee Benefit Brochure – Civil Service Employees
- [Form 2-28](#) Family and Medical Leave Act (FMLA) Notice
- [Form 2-29-A](#) FMLA Employee Request/Notification Form
- [Form 2-29-B](#) FMLA Notice of Eligibility and Rights & Responsibilities
- [Form 2-29-C](#) FMLA Acknowledgment
- [Form 2-29-D](#) FMLA Designation Notice
- [Form 2-30-A](#) FMLA Certification of Health Care Provider for Employee’s Serious Health Condition
- [Form 2-30-B](#) FMLA Certification of Health Care Provider for Family Member’s Serious Health Condition
- [Form 2-30-C](#) FMLA Certification of Qualifying Exigency For Military Family Leave
- [Form 2-30-D](#) FMLA Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

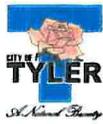
- [Form 2-82](#) Return to Work Form

Employee Signature

Date

Human Resource Representative/City Official

Date



FAMILY MEDICAL LEAVE ACT (FMLA) EMPLOYEE REQUEST FORM

Employee Information

(Print Information below)

Employee Name:			Employee #:
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
Department Name:			Position:
Supervisor's Name:			Supervisor's Phone #:
Work Days:	Hours Per Day:	Work Location:	
Home Address:			Home Phone #:
City:	State:	Zip:	Other Contact #:
Contact Person (If you are unable to communicate):			Contact's Phone #:

Reason for Request

(Check Which One Below Applies to You)

<input type="checkbox"/> Mother's Incapacity Due to Pregnancy, Prenatal Medical Care or Child Birth.
<input type="checkbox"/> Birth of your child. (i.e. Bonding Time) (Both the mother and father are entitled to FMLA leave to be with the newborn child.)
<input type="checkbox"/> Placement of a child for adoption or foster care with the employee.
<input type="checkbox"/> Employee's (i.e. Your) Serious Health Condition.
<input type="checkbox"/> A serious health condition of your <input type="checkbox"/> spouse <input type="checkbox"/> child or <input type="checkbox"/> parent that you need to provide care for.
<input type="checkbox"/> Military Qualifying Exigency – Leave arising out of the fact that your <input type="checkbox"/> spouse, <input type="checkbox"/> child, or <input type="checkbox"/> parent is on active duty OR called to active duty in support of a contingency operation as a member of the Armed Forces (including National Guard and Reserves).
<input type="checkbox"/> Military Caregiver Leave – Leave because you are the <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> parent, or <input type="checkbox"/> next of kin of a covered service member with a serious injury or illness.
<input type="checkbox"/> Other (explain):

Type of Leave

(Check Which One Below Applies to You)

<input type="checkbox"/> All at Once Leave.
<input type="checkbox"/> Intermittent Leave. (A leave taken in separate periods of time rather than one (1) continuous period.)
<input type="checkbox"/> Reduced Schedule Leave. (A leave schedule that reduces an employee's usual number of working hours per work-week, or hour per workday. It is a change in the employee's normal work schedule.)

Prior Leave Taken

Have you taken a leave of absence under this policy during the preceding 12 months? Yes No
If yes, how many workweeks (or portions thereof) have you taken? _____

Duration of Leave

Start Date: ____/____/____ End Date: ____/____/____ Return Date: ____/____/____
If **All at Once Leave** # of days _____ or # of weeks _____ If **Intermittent Leave** Specify Periods of Time _____
If **Reduced Schedule Leave** # of hours per work-week _____ or hours per workday _____

Acknowledgement Signature

I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums. I also agree that if I fail to return to work at the end of the leave period, I will reimburse my employer for the cost of health benefits provided by the City during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition. I will provide medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired or that I am needed to care for a covered relation because he/she has a serious health condition on the date that my leave expired. If I am unable to return to work at the end of my leave, I may submit to my supervisor two (2) weeks prior to my FMLA expiration a request for additional leave.

Employee's Signature **Date** **HR Representative:** **Date**



**Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: City of Tyler - Jami Rogers - (903)363-0600

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____



SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):



PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ___ No ___ Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? ___ No ___ Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? ___ No ___ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ___ No ___ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:



7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

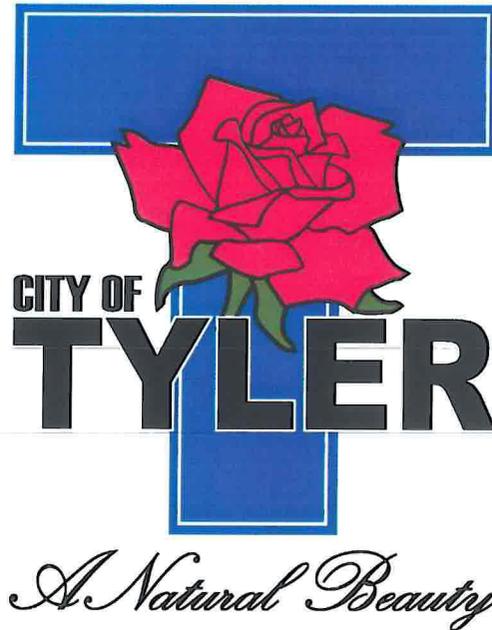
Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.



**FAMILY MEDICAL LEAVE
Documents For Your Records**

Contact Information:

Jami Rogers
Human Resources Representative

212 N. Bonner
P.O. Box 2039
Tyler, Texas 75710

Phone: (903)363-0600 Fax: (903) 531-1248
Email: jrogers@tylertexas.com

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth,
- to care for the employee's child after birth, or placement for adoption or foster care,
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition, or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family 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.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA, and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



E. Family and Medical Leave Act (FMLA)

1. FMLA Policy Statement

The City of Tyler shall provide authorized leave for family and medical reasons to eligible employees in accordance with the provisions of the "Family and Medical Leave Act"³ (FMLA) of 1993 and its amendments. The purpose of FMLA is to allow employees to balance their work and family life.⁴

Disclaimer:

The information provided in this FMLA policy is not meant to create a warranty or right, expressed or implied, to benefits and is provided for informational purposes only. The FMLA policy and procedure documents adopted by Federal/State/Local laws are controlling in the event of errors or discrepancies.

2. Basic Family Leave

Eligible employees have the right to take job-protected unpaid leave, or to substitute paid leave if the employee has earned it, for up to a total of twelve (12) workweeks in a *twelve (12) month period*, as defined in this policy, because of an FMLA *qualifying reason*:

- a. the birth of a child⁵ or the placement of a child with the employee for adoption or foster care⁶, and/or
- b. because the employee needs to care for a family member (e.g. child, spouse, or parent) with *serious health condition*⁷, and/or
- c. because the employee's own *serious health condition* makes the employee unable to do the employee's job.⁸

3. Military Family Leave Entitlements

a. Military Caregiver Leave

Eligible employees have the right to take job-protected unpaid *military caregiver leave*⁹ (also referred to as *covered servicemember leave*), or to substitute paid leave if the employee has earned it, for a period of up to twenty-six (26) workweeks in a *single 12-month period* to care for a *covered servicemember* (e.g. spouse, son, daughter, parent, or next of kin) with a *serious injury or illness*.

³ Family and Medical Leave Act of 1993, Public Law 103-3 (February 5, 1993), 107 Stat. 6 (29 U.S.C. 2601 *et. seq.*, as amended).

⁴ See 29 C.F.R. § 825.101 (July 1, 2010 Edition)

⁵ See 29 C.F.R. § 825.120 (July 1, 2010 Edition)

⁶ See 29 C.F.R. § 825.121 (July 1, 2010 Edition)

⁷ See 29 C.F.R. §§ 825.113, 114, 115, 119 (July 1, 2010 Edition)

⁸ See *Id.*

⁹ The National Defense Authorization Act for Fiscal Year 2008 (2008 NDAA) Public Law 110-181, amended the FMLA.

CITY OF TYLER POLICIES, PROCEDURES, REFERENCE GUIDE, AND ORGANIZATIONAL CULTURE

Military caregiver leave is a type of FMLA leave and is known as one of the military family leave entitlements. (See Form 2-30-D)

- b. **Military Qualifying Exigency Leave**
Eligible employees have the right to take job-protected unpaid *military qualifying exigency leave*,¹⁰ or to substitute paid leave if the employee has earned it, for a period of up to twelve (12) workweeks in a *twelve (12) month period* for any *military qualifying exigency* arising out of the *active duty or call to active duty status* of a spouse, son, daughter, or parent. *Military qualifying exigency leave* is a type of FMLA leave and is known as one of the military family leave entitlements. (See Form 2-30-C)

4. Definitions related to the Family and Medical Leave Act (FMLA)

a. **Active Duty or Call to Active Duty Status**

“*Active duty or call to active duty status*” means duty under a call or order to active duty (or notification of an impending call or order to active duty) in support of a “contingency operation¹¹” pursuant to:

- (i) Section 688 of Title 10 of the United States Code, which authorizes ordering to active duty retired members of the Regular Armed Forces and members of the retired Reserve who retired after completing at least 20 years of active service;
- (ii) Section 12301(a) of Title 10 of the United States Code, which authorizes ordering all reserve component members to active duty in the case of war or national emergency;
- (iii) Section 12302 of Title 10 of the United States Code, which authorizes ordering any unit or unassigned member of the Ready Reserve to active duty;
- (iv) Section 12304 of Title 10 of the United States Code, which authorizes ordering any unit or unassigned member of the Selected Reserve and certain members of the Individual Ready Reserve to active duty;
- (v) Section 12305 of Title 10 of the United States Code, which authorizes the suspension of promotion, retirement or separation rules for certain Reserve components;
- (vi) Section 12406 of Title 10 of the United States Code, which authorizes calling the National Guard into federal service in certain circumstances;
- (vii) chapter 15 of Title 10 of the United States Code, which authorizes calling the National Guard and state military into federal service in the case of insurrections and national

¹⁰ The National Defense Authorization Act for Fiscal Year 2008 (2008 NDAA), Public Law 110-181, amended the FMLA.

¹¹ For definition of “Contingency Operation” see FMLA Definitions 29 C.F.R. Ch. V, § 825.800.

CITY OF TYLER POLICIES, PROCEDURES, REFERENCE GUIDE, AND ORGANIZATIONAL CULTURE

- emergencies; or
- (viii) any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation.
- b. **Child**
“*Child*” (son or daughter) is a biological, adopted, foster, or legal ward, *child* of a person standing in the place of a parent, or a step-son or step-daughter who is under eighteen (18) years old or who is over eighteen (18) years old and incapable of self-care because of a mental and/or physical disability.
- c. **Contingency Operation**
For definition of “*Contingency Operation*” see FMLA Definitions 29 C.F.R. Ch. V, § 825.800.
- d. **Covered Military Member**
A “*covered military member*” means the employee's spouse, son, daughter, or parent on active duty or call to active duty status.
- e. **Covered Servicemember**
“*Covered servicemember*” is 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* incurred in the line of duty on active duty; **OR**

“*Covered servicemember*” is a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who as a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.
- f. **Covered Servicemember Leave**
See Military Caregiver Leave
- g. **Eligible Employee**
“*Eligible Employee*”¹² is an employee who has been employed with the City for at least twelve (12) months **AND** has been employed for at least 1,250 hours of service during the *twelve (12) month period* immediately preceding the commencement of the FMLA leave.

The twelve (12) months an employee must have been employed by

¹² See 29 C.F.R § 825.110, § 825.800 (July 1, 2010 Edition)

CITY OF TYLER POLICIES, PROCEDURES, REFERENCE GUIDE, AND ORGANIZATIONAL CULTURE

the City need not be consecutive months. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. However, separate periods of employment will be counted **IF** the break in service exceeds seven (7) years due to National Guard or Reserve military service obligation, as protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA¹³).

In addition, under USERRA returning servicemember's are entitled to receive all rights and benefits of employment that they would have obtained if they had been continuously employed. Therefore, under USERRA, a returning servicemember would be eligible for FMLA leave if the months and hours that he or she would have worked for the civilian employer during the period of military service, combined with the months employed and the hours actually worked, meet the FMLA eligibility threshold of 12 months and 1,250 hours of employment.¹⁴

h. Health Care Provider

"Health care provider" is a doctor of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices or Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; **or**

"Health care provider" includes Nurse practitioners, nurse-midwives and clinical social workers authorized to practice, and performing within the scope of their practice, as defined under state law; **or**

"Health care provider" includes Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; **or**

"Health care provider" is any health care provider recognized by the employer or the employer's group health plan benefits manager.

i. Incapacity

*"Incapacity"*¹⁵ means inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore or recovery therefrom.

¹³ See 38 U.S.C. 4301, *et seq.*

¹⁴ See §§825.702(g) and 825.110(b)(2)(i) and (c)(2) (July 1, 2010 Edition)

¹⁵ See 29 C.F.R. § 825.113(b) (July 1, 2010 Edition)

CITY OF TYLER POLICIES, PROCEDURES, REFERENCE GUIDE, AND ORGANIZATIONAL CULTURE

- j. **Intermittent Leave**
“*Intermittent leave*”¹⁶ is leave taken in separate periods of time rather than one (1) continuous period.

- k. **Military Caregiver Leave**
FMLA *qualifying reasons*¹⁷ to take leave include “*Military Caregiver Leave*” (also known as *covered servicemember* leave) in which an employer must grant an *eligible employee* who is a spouse, son, daughter, parent, or *next of kin* of a *covered servicemember* with a *serious injury or illness* for up to a combined total¹⁸ of twenty-six (26) workweeks of unpaid leave, or to substitute paid leave if the employee has earned it, during a *single 12-month period* to care for the *covered servicemember*. (See Form 2-30-D)

The City will measure the *twelve (12) month period* as a *rolling twelve (12) month period* measured forward from the date an employee’s first FMLA leave to care for the covered servicemember.

- l. **Military Qualifying Exigencies**
FMLA *qualifying reasons*¹⁹ to take leave include Military “*Qualifying Exigencies*” extending to an employee with a *covered military member* (i.e. the employee’s spouse, son, daughter or parent on active duty or call to active duty status as a member of the Armed Forces (including National Guard or Reserves). (See Form 2-30-C)

Military “*Qualifying Exigencies*” include:

- (i) Issue arising from an employee’s *covered military member’s* **short notice deployment** (i.e. deployment on seven or less days of notice) for a period of seven (7) days from the date of notification;

- (ii) Employee attending **military events and related activities**, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of the employee’s *covered military member*;

- (iii) Certain **childcare and related activities** arising from the active duty or call to active duty status of an employee’s

¹⁶ See 29 C.F.R. §§ 825.202; 203; 204; 205; 800 (July 1, 2010 Edition)

¹⁷ See 29 C.F.R. § 825.100 and § 825.112 (July 1, 2010 Edition)

¹⁸ Provided that the employee is entitled to no more than twelve (12) workweeks of leave for one or more of the “other” FMLA *qualifying reasons*.

¹⁹ See 29 C.F.R. § 825.100 and § 825.112 (July 1, 2010 Edition)

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covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the employee's *covered military member*;

- (iv) Employee making or updating **financial and legal arrangements** to address an employee's *covered military member's* absence;
 - (v) Employee attending **counseling** provided by someone other than a *health care provider* for oneself (i.e. the employee), the employee's *covered military member*, or the child of the employee's *covered military member*, the need for which arises from the active duty or call to active duty status of the employee's *covered military member*;
 - (vi) Employee taking up to **five (5)** days of leave to spend time with employee's *covered military member* who is on short-term temporary, **rest and recuperation** leave during deployment;
 - (vii) Employee attending certain **post-deployment activities**, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of ninety (90) days following the termination of the employee's *covered military member's* active duty status, and addressing issues arising from the death of an employee's *covered military member*; and/or
 - (viii) Any other event that the employee and employer agree is a *qualifying exigency*.
- m. **Next of Kin**
"Next of Kin" is used with respect to an individual and means the nearest blood relative of that individual.
- n. **Outpatient Status**
"Outpatient Status" in respect to a *covered servicemember*, means the status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

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- o. **Parent**
“*Parent*” is the biological, legal adoptive or stepparent of an employee or an individual who had day-to-day responsibilities to care for and financially supported the employee when he/she was a child. The term does not include parents-in-law.
- p. **Period of Incapacity**
“*Period of Incapacity*”²⁰ is the timeframe an employee is unable to work, attend school or perform other regular daily activities due to a serious health condition, treatment therefore, or recovery therefrom.
- q. **Qualifying Reasons**
FMLA “*Qualifying Reasons*”²¹ to take job-protected leave include:
- Birth of a child and in order to care for that child.
 - Placement of a child for adoption or foster care with the employee.
 - Care for a spouse, child or parent with a *serious health condition*.
 - Employee’s *serious health condition*
 - *Military qualifying exigency* leave for families of members of the Armed Forces (including the National Guard and Reserves) when the covered military member is on *active duty or called to active duty* in support of a *contingency operation*.²²
 - *Military caregiver leave* (also known as *covered servicemember leave*) to care for an ill or injured *covered servicemember*.
- r. **Reduced Schedule Leave**
“*Reduced Schedule Leave*” is fewer workdays per week or hours per workday than an employee’s normal work schedule. For employees who work part-time or variable hours, the leave is determined on a pro-rata basis.
- s. **Regimen of Continuing Treatment**
“*Regimen of Continuing Treatment*” includes, for example, a course of prescription medications (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*.

20 See 29 C.F.R. § 825.113(b) (July 1, 2010 Edition)

21 See 29 C.F.R. § 825.100 and § 825.112 (July 1, 2010 Edition)

22 For definition of “Contingency Operation” see FMLA Definitions 29 C.F.R. Ch. V, § 825.800.

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t. **Rolling Twelve Month Period**

The City measures a *twelve (12) month period* as a “*rolling twelve (12) month period*” measured forward from the date an employee’s first FMLA leave begins under this policy.²³

u. **Serious Health Condition**

“*Serious Health Condition*” means an illness, injury, impairment, or physical or mental condition (including, in some situations, substance abuse²⁴) that involves either one (1) or more of the following:

(i) Inpatient care²⁵ (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, **including** any *period of incapacity* (i.e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection with such inpatient care; **OR**

(ii) Continuing treatment²⁶ by a *health care provider*, which includes:

(a) A *period of incapacity* lasting more than three (3) consecutive, full calendar days, **AND** any subsequent treatment or *period of incapacity* relating to the same condition that also involves:

- treatment two (2) or more times by or under the supervision of a *health care provider* (i.e., in-person visits, the first within seven (7) days and both within thirty (30) days of the first day of *incapacity*); **or**
- one (1) treatment by a *health care provider* (i.e., an in-person visit within seven (7) days of the first day of *incapacity*) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); **OR**

(b) Any *period of incapacity* related to pregnancy or for

²³ See 29 C.F.R. § 825.200; See also definitions for *Single Twelve (12) Month Period* and *Rolling Twelve (12) Month Period*.

²⁴ See 29 C.F.R. § 825.119 (July 1, 2010 Edition) Treatment for substance abuse does not prevent the City from taking employment action against an employee. The City may not take action against the employee because the employee has exercised his or her right to take FMLA leave for treatment. However, pursuant to City policy the employee may be terminated whether or not the employee is presently taking FMLA leave. An employee may also take FMLA leave to care for a covered family member who is receiving treatment for substance abuse. The City may not take action against an employee who is providing care for a covered family member receiving treatment for substance abuse.

²⁵ See 29 C.F.R. § 825.113 and § 825.114 (July 1, 2010 Edition)

²⁶ See 29 C.F.R. § 825.113 and § 825.115 (July 1, 2010 Edition)

prenatal care. A visit to the *health care provider* is not necessary for each absence²⁷; **OR**

- (c) *Any period of incapacity* or treatment for a chronic *serious health condition* which continues over an extended period of time, requires periodic visits (at least twice (2) a year) to a *health care provider*, and may involve occasional episodes of *incapacity*. A visit to a *health care provider* is not necessary for each absence²⁸; **OR**
- (d) *A period of incapacity* that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a *health care provider* is required, rather than active treatment; **OR**
- (e) Any absences to receive multiple treatments (including any period of recovery therefrom) for restorative surgery after an accident or other injury; **OR** for a condition that would likely result in a *period of incapacity* of more than three (3) days if not treated.²⁹

v. **“Serious Injury or Illness”**

- (i) *“Serious Injury or Illness”* in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank, or rating; **or**
- (ii) Is otherwise on the temporary disability retired list for a *serious injury or illness*.

w. **Single 12-Month Period**

A *“single 12-month period”* for leave to care for a *covered servicemember* with a *serious injury or illness* begins on the first (1st) day the employee takes FMLA leave to care for a *covered servicemember* and ends twelve (12) months after that date, regardless of *twelve (12) month period* established by the employer

27 For example, an employee who is pregnant may be unable to report to work because of severe morning sickness.

28 For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee’s health care provider has advised the employee to stay home when the pollen count exceeds a certain level.

29 For example, cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

for other types of FMLA leave.³⁰

- x. **Spouse**
“*Spouse*” means a husband or wife as defined by State law, including a common law marriage recognized in the state where the employee resides.
- y. **Treatment**
“*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.
- z. **Twelve (12) Month Period**
The City measures a “*twelve (12) month period*” as a *rolling twelve (12) month period* measured forward from the date an employee’s first FMLA leave begins under this policy.³¹

5. Eligibility

In order to be eligible for leave under the FMLA, an employee must meet the following three (3) criteria:

- a. **The employee must have been employed for at least twelve (12) months at any time by the City of Tyler prior to the commencement of the leave;³² AND**

The twelve (12) months, or fifty-two (52) weeks, an employee must have been employed by the City need not be consecutive months. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. However, separate periods of employment will be counted IF the break in service exceeds seven (7) years due to National Guard or Reserve military service obligation, as protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA³³).

If an employee is maintained on the payroll for any part of a week, including any periods of paid or unpaid leave (sick, vacation) during which other benefits or compensation are provided by the employer (e.g., workers’ compensation, group health plan benefits, etc.), the week counts as a week of

30 See 29 C.F.R. § 825.200; See also definitions for *Twelve (12) Month Period* and *Rolling Twelve (12) Month Period*.
31 See 29 C.F.R. § 825.200; See also definitions for *Rolling Twelve (12) Month Period* and *Single Twelve (12) Month Period*.

32 See 29 C.F.R § 825.110 (July 1, 2010 Edition)

33 See 38 U.S.C. 4301, *et seq.*

employment.

- b. **The employee worked for the City at least 1,250 hours during the twelve (12) month period immediately before the date when the leave is requested to commence;³⁴ AND**

The principles established under the Fair Labor Standards Act (FLSA) determine the number of hours worked by an employee. The FLSA does not include time spent on paid leave or unpaid leave as hours worked. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.

- c. **The employee must have a FMLA *qualifying reason* for taking leave, described below.³⁵**

6. FMLA *Qualifying Reasons* for Taking Leave

- a. Basic Family Leave
- (i) Birth of a child and in order to care for that child.³⁶
 - (ii) Placement of a child for adoption or foster care with the employee.
 - (iii) Care for a spouse, child or parent with a *serious health condition*.
 - (iv) Employee's *serious health condition*
- b. Military Entitlements
- (i) *Military qualifying exigency* leave for families of members of the Armed Forces (including National Guard and Reserves) when the covered military member is on active duty or called to active duty in support of a contingency operation.³⁷ (See Form 2-30-C)
 - (ii) *Military caregiver leave* (also known as *covered servicemember leave*) to care for an ill or injured *covered servicemember*. (See Form 2-30-D)

7. Duration of Leave

- a. Leave Maximum(s):
- (i) Duration of Basic Family Leave and Military Qualifying Exigency Leave
- Eligible employee can take up to twelve (12) workweeks of*

³⁴ See 29 C.F.R § 825.110 (July 1, 2010 Edition)

³⁵ See 29 C.F.R. § 825.100 and § 825.112 (July 1, 2010 Edition)

³⁶ See 29 C.F.R. § 825.120 (July 1, 2010 Edition)

³⁷ For definition of "Contingency Operation" see FMLA Definitions 29 C.F.R. Ch. V, § 825.800.

leave during a *twelve (12) month period* for a FMLA *qualifying reason* for circumstances defined as:

- Birth of a child and in order to care for that child³⁸.
- Placement of a child for adoption or foster care with the employee³⁹.
- Care for a spouse, child or parent with a *serious health condition*.
- Employee's *serious health condition*
- *Military qualifying exigency* leave for families of members of the Armed Forces (including National Guard and Reserves) when the covered military member is on active duty or called to active duty in support of a contingency operation.

The City will measure the *twelve (12) month period* as a *rolling twelve (12) month period* measured forward from the date an employee's first FMLA leave begins under this policy.⁴⁰

(ii) *Duration of Military Caregiver Leave*

An *eligible employee* is entitled to a combined total⁴¹ of twenty-six (26) workweeks of leave during a *single twelve (12) month period* for a FMLA *qualifying reason* defined as:

- *Military caregiver leave* (also known as *covered servicemember* leave) to care for an ill or injured *covered servicemember*.

The City will measure⁴² the *twelve (12) month period* as a *rolling twelve (12) month period* measured forward from the date an employee's first FMLA leave to care for the covered servicemember begins.

The leave entitlement described in this section is to be applied on a **per-covered-servicemember, per-injury basis** such that an *eligible employee* may be entitled to take more than

38 Both the mother and father are entitled to FMLA leave to be with the healthy newborn child (*i.e.*, bonding time) during the 12-month period **beginning on the date of birth**. An employee's entitlement to FMLA leave for a birth expires at the end of the 12-month period beginning on the date of the birth. Under this section, both the mother and father are entitled to FMLA leave even if the newborn does not have a serious health condition.

39 See 29 C.F.R. 825.121 (July 1, 2010 Edition)

40 See 29 C.F.R. § 825.200

41 Provided that the employee is entitled to no more than twelve (12) workweeks of leave for one or more of the "other" FMLA *qualifying reasons*.

42 See 29 C.F.R. § 825.200(f)

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one period of twenty-six (26) workweeks of leave if the leave is to care for different covered servicemembers or to care for the same servicemember with a subsequent *serious injury or illness*, except that no more than twenty-six (26) workweeks of leave may be taken within any *single 12-month period*.

Calculating the *Military Caregiver Leave* available to an employee:

For example, an *eligible employee* may, during the *single twelve (12) month period*, take sixteen (16) weeks of FMLA leave to care for a *covered servicemember* under *Military Caregiver Leave* and ten (10) weeks of basic FMLA leave to care for a newborn child, thus the combined total here is twenty-six (26) weeks.

However, the employee may not take more than twelve (12) weeks of FMLA leave for "other" FMLA *qualifying reasons*, such as to care for a newborn child, during the *single 12-month period*, even if the employee takes fewer than fourteen (14) weeks of FMLA leave to care for a *covered servicemember*. (See Form 2-30-D)

b. Both Spouses are Employees of the City

When both spouses are employees of the City, they are entitled to a COMBINED TOTAL of twelve (12) workweeks for basic family leave to care for a newly born child, placement for adoption or foster care, and/or medical leave to care for a parent with a *serious health condition*.

Each employee separately, however, is entitled up to twelve (12) workweeks TOTAL LEAVE (for each) for a medical leave due to a *serious health condition* of self, spouse or child. Where the husband and wife both use a portion of the total twelve (12) week FMLA leave entitlement for either the birth of a child, for placement for adoption or foster care, or to care for a parent, the husband and wife would each be entitled to the difference between the amount he or she has taken individually and 12 weeks for FMLA leave for other purposes. For example, if each spouse took six (6) weeks of leave to care for a parent, each could use an additional six (6) weeks due to his or her own *serious health condition* or to care for a child with a *serious health condition*.⁴³

If the spouses both work for the City and the employee is requesting to take leave to care for a covered injured or ill *covered*

⁴³ See 29 C.F.R § 825.120(a)(3); § 825.121(a)(3); § 825.201(b)

servicemember, the spouses may only take a combined total of twenty-six (26) weeks of leave.

8. Coordination of Benefits (i.e. Health Insurance, PTO, Sick Leave, Vacation Leave, etc.)

a. Health Insurance

During approved FMLA leave, the employee will continue to pay their portion of the health insurance premium, through payroll deduction or personal finances. The employee is also responsible for other benefit premiums normally taken from his/her paycheck. **If an employee does not return to work, other than for a continued serious health condition of the employee or the employee's family member, or the serious injury or illness or a covered servicemember, or another reason beyond the employee's control, the City may require the employee to reimburse the City the amount the City paid for health, dental and life insurance premiums during their leave.**⁴⁴

b. Paid Leave Concurrent With FMLA - PTO, Sick Leave, Vacation Leave and Holiday Pay

If an employee has accumulated PTO (non-civil service), sick or vacation time or "comp time" (Civil Service) (if eligible), he/she **MUST** take paid leave concurrent with FMLA leave until paid leave is exhausted. The balance of the employee's FMLA leave entitlement will be provided without pay. Contact the Human Resource Department for additional information regarding how this will apply to your type of FMLA event.

Employees will continue to accrue leave benefits such as PTO (non-civil service), sick leave (Civil Service), vacation leave (Civil Service) and holiday pay while on **paid** leave status (paid leave status does not include short term disability). However, once an employee is on an **unpaid** leave status, the employee will not accrue additional PTO, vacation, sick leave or paid City holidays, until the employee returns to work.

9. Employee's Responsibility

a. If the need for leave is foreseeable, an employee must give at least a thirty (30) day notice written by completing a FMLA Request form

⁴⁴ See 29 C.F.R § 825.100(b) (July 1, 2010 Edition)

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(Form 2-29-A) and submit to supervisor or Human Resources Department if his/her desire to take family and/or medical leave.

- b. If the need for leave is unforeseeable, an employee must give notice as soon as practicable by completing an FMLA Request form (Form 2-29-A) and submit to supervisor or Human Resources Department. If unable to complete an FMLA request form, employee must make contact with his/her supervisor or Human Resource Department. Typically, this is within one (1) or two (2) business days of learning of the need for leave, except in extraordinary circumstances where such notice is not feasible.
- c. When requesting FMLA leave, the employee must specify when the leave is to begin and end, or any intermittent or reduced leave schedule requested. City will require an *eligible employee* to use any accrued PTO, sick leave, vacation, and compensatory time, for part of the FMLA leave requested.
- d. It is the employee's responsibility to make every reasonable effort to schedule leave so as not to disrupt unduly the Department's operations.
- e. During any FMLA leave, City will maintain the employee's Insurance coverage under City's group health, dental, and life, insurance plans, as well as other benefits under the same conditions and coverage that would have been provided if the employee had been continuously employed during the entire leave period. Employees must pay their normal premiums during the FMLA leave to the Finance Department in accordance with procedures established by Finance Department at the end of each month to maintain next month's coverage.
- f. During approved FMLA leave, the City may require an employee to periodically report to his/her supervisor and/or Human Resources Department about the employee's status and intent to return to work.
- g. When employee has been on FMLA status because the employee was unable to perform the employee's job due to a *serious health condition*, before returning to work the employee must provide a completed Return to Work form (Form 2-82) completed by their physician or practitioner verifying that the employee is able to perform the essential functions of the employee's job with or without reasonable accommodation. In addition, City may require a work fitness examination before allowing the employee to return to work. If an employee fails to provide Return to Work form (Form 2-82), the City may deny job restoration until the form is received.⁴⁵

⁴⁵ See 29 C.F.R. § 825.100(d) (July 1, 2010 Edition)

10. Department Responsibilities

- a. All Department Leaders/Manager are required to post a notice of the Family Medical Leave Act's provisions (Form 2-28). This notice must be posted prominently where it can be readily seen by employees, such as on a Department bulletin board.
- b. Once aware of an absence that may qualify under FMLA, the employee may complete an FMLA Request form (Form 2-29-A) and submit it to their supervisor or Human Resources Department within two (2) business days. If the employee does not request FMLA and the employee is absent due to a possible FMLA *qualifying reason*, the Department Leader/Manager must complete the FMLA Request form (Form 2-29-A) and submit to the Human Resources Department with three (3) business days.
- c. Department Leader/Manager is required to forward any communication from an employee related to FMLA to the Human Resources Department.
- d. If communication with an employee who is out on FMLA is needed, Department Leader/Manager needs to contact Human Resources Department for guidance.
- e. Before allowing an employee to return to work from an FMLA *qualifying reason*, the Department Leader/Manager needs to contact Human Resources Department to make sure the employee is clear to return to work with or without accommodation if they did not receive notification.

11. Human Resource Department's Responsibilities

- a. Upon receipt of an FMLA leave request, Human Resources Department will determine eligibility and mail to employee's address of record an "Employee Rights and Responsibilities Under The Family and Medical Leave Act Notice" (Form 2-28), a completed "Notice of Eligibility and Rights and Responsibilities" form (Form 2-29-B), and Acknowledgement form (Form 2-29-C) within five (5) business days of receipt of request.
- b. Upon receipt of the certification, Human Resources Department will examine and determine whether or not the certification supports the FMLA *qualifying reason*. Human Resources Department then will complete and mail to employee's address of record a "Designation Notice" form (Form 2-29-D) within five (5) business days after receipt of certification.

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- c. Human Resources Department will notify the Department Leader/Manager that their employee will be out on FMLA leave and of the employee's anticipated return to work date, if known.
- d. Human Resources Department will send out all required FMLA event notices to employee at their address of record while on FMLA leave.
- e. Upon receipt of a Return to Work form (Form 2-82), Human Resources Department will review and notify employee if they are clear to return to work or if additional requirements are needed.
- f. Human Resources Department will notify Department Leader/Manager of the employees return to work status and if any accommodation will be needed.

12. Paperwork and Timelines

- a. All FMLA leave, including intermittent leave or reduced schedule, must be documented on the "**Family and Medical Leave Request**" form (Form 2-29-A) and will be charged against the employee's entitlement. The completed request must be submitted to the Human Resources Department within three (3) business days from the date of notice to the department.
- b. In addition to a completed "Family and Medical Leave Request" form (Form 2-29-A), an employee requesting leave for medically related reasons must also provide medical certification by submitting a completed "**Certification of Health Care Provider**" form (Form 2-30-A or Form 2-30-B) **within fifteen (15) days of the request or provide a reasonable explanation for the delay**. If an employee fails to provide medical certification in a timely manner, the City may deny the leave request.
- c. During approved FMLA leave, the City may require an employee to periodically report to his/her supervisor about the employee's status and intent to return to work.
- d. If an Employee is unable to return to work at the end of their leave, the Employee may submit to their supervisor two (2) weeks prior to their FMLA expiration a request for additional leave.

13. Return to Work

- a. If an employee is out due to a *serious health condition* of self, he/she must provide a "Return to Work" form (Form 2-82) completed by the employee's *health care provider* prior to the time the employee

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returns to work. If an employee fails to provide the Return to Work form, the City may deny job restoration until the certification is submitted.

- b. When the employee returns to work the employee will return to an equivalent position with equivalent benefits, pay and other terms and conditions of employment, in accordance with FMLA regulations.

Department of Labor regulations governing the FMLA are available for review at the Human Resources Department. Employees who fraudulently misrepresent themselves and/or circumstances regarding this policy will be subject to disciplinary action.

Disclaimer

The information provided in this FMLA policy is not meant to create a warranty or right, expressed or implied, to benefits and is provided for informational purposes only. The FMLA policy and procedure documents adopted by Federal/State/Local laws are controlling in the event of errors or discrepancies.
