STANDARD PROCEDURE FOR FAMILY AND MEDICAL LEAVE ACT

I. PROCEDURAL STATEMENT:

This standard procedure provides guidelines for statewide administration of the Ohio Department of Transportation’s Family and Medical Leave Act (FMLA) program. It specifies Central Office and District responsibilities for the consistent administration of FMLA throughout ODOT.

II. AUTHORITY:

Ohio Department of Administrative Services Family and Medical Leave Act Policy

III. REFERENCES:

Ohio Department of Administrative Services Family and Medical Leave Act Policy

IV. SCOPE:

The Family and Medical Leave Standard Procedures are applicable to all Districts, Divisions, and Offices within the Ohio Department of Transportation.

V. DEFINITIONS:

See 29 CFR 825.800 for a complete list.

Continuing Treatment by a Health Care Provider (one or more of the following):

1. Incapacity and Treatment: period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves

   a. Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
b. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

2. **Pregnancy or prenatal care**: Any period of incapacity due to pregnancy or prenatal care.

3. **Chronic Conditions**: Any period of incapacity or treatment due to a chronic serious health condition. A chronic serious health condition is one which:

   a. Requires periodic visits (at least twice per year) for treatment by a health care provider, or by a nurse under direct supervision of a health care provider;

   b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and

   c. May cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

4. **Permanent or long-term conditions**: A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

5. **Multiple Treatments (Non-Chronic Conditions)**: Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

   a) Incapacity, for purposes of FMLA, is defined to mean inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor or recovery therefrom.

   b) Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical, eye, or dental examinations.

   c) A regimen of continuing treatment includes, for example, a course of prescription medication (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.

FMLA:

Family and Medical Leave Act of 1993. Federally mandated program allowing eligible state employees to use up to twelve work weeks of leave per rolling twelve-month period for:

- Incapacity due to pregnancy, prenatal medical care or child birth;
- Caring for the employee's child after birth, or placement for adoption or foster care;
- Caring for the employee's spouse, child, or parent with a serious health condition; or
- The serious health condition of the employee that makes the employee unable to perform their job.

Health Care Provider:

1. A Doctor of Medicine or osteopathy who is authorized to practice medicine or surgery by the State in which the doctor practices; or

2. Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in the State and performing within the scope of their practice as defined under State law; or

3. Nurse practitioners, nurse-midwives, and clinical social workers who are authorized to practice under State law and who are performing within the scope of their practice as defined under State law; or

4. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; or

5. Any health care provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; or

6. A health care provider as defined above who practices in a country other than the United States, who is licensed to practice in accordance with the laws and regulations of that country.
Incapable of Self-care:

The individual requires active assistance or supervision to provide daily self-care in several of the activities of daily living (ADLs) or instrumental ADLs. ADLs include adaptive activities such as caring for one’s grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

Intermittent Leave:

Leave taken in separate blocks of time due to single illness or injury, rather than for one continuous period of time, and may be time used from one-tenth of an hour (six-minute increments) to several days. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over a period of six months, such as for chemotherapy.

Parent:

The biological, adoptive, step, or foster father or mother, or any other individual fitting in loco parentis (in place of the parent) to the employee.

Physical or Mental Disability:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual. A physical impairment is defined by ADA as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine. A mental impairment includes any mental or psychological disorder, such as . . . emotional or mental illness. Examples of emotional or mental illnesses include major depression, bipolar disorder, anxiety disorders (which include panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder), schizophrenia, and personality disorders.

Serious Health Condition:

An illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. Cosmetic treatments such as treatments for acne or plastic surgery are not “serious health conditions” unless inpatient hospital care is required or unless complications develop. Restorative dental or plastic surgery after an injury or removal of cancerous growths are serious health conditions provided all other conditions of regulations are met. Mental illness or allergies may be serious health conditions, but only if all the conditions of regulations are met.
Son or Daughter:

Means a biological, adopted, foster child, stepchild, legal ward, or child of a person standing *in loco parentis*, who is under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability.

Spouse:

Spouse means a husband or wife as defined or recognized in the state where the individual was married and includes individuals in a same-sex marriage or common law marriage. Spouse also includes a husband or wife in a marriage that was validly entered into outside of the United States if the marriage could have been entered into in at least one state.

VI. EMPLOYEE ELIGIBILITY:

To be eligible for FMLA leave, an employee must have worked for the State of Ohio (paid directly by warrant of the Director of Budget and Management) for a total of twelve (12) months and have been in an active work status (not on vacation, sick, personal, administrative, bereavement leave, compensatory time, holidays, salary continuation, BWC lost time claims, or disability leave) at least 1,250 hours over the previous twelve (12) months.

FMLA leave is based on a total of 12 weeks of leave within a 12-month period. ODOT will calculate leave eligibility based on a "rolling" twelve-month period measured backward from the date an employee uses any FMLA leave. Using this method, the employer will look back over the last 12 months from the date of the request, add all FMLA time the employee has used during the previous 12 months and subtract that total from the employee's 12-week leave allotment. For example, if Employee A has used 4 work weeks in the last 12 months, he/she has 8 weeks remaining.

If the employee and his/her spouse are both employed by ODOT, each employee is entitled to 12 workweeks of family leave for a FMLA qualifying event. The one exception to this rule is for childbirth leave; in the case of an employee and his/her spouse having a child, a combined total of 12 workweeks may be charged to both employees.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) requires a person re-employed under its provisions to be given credit for any time he/she would have been employed but for the military service in determining eligibility for FMLA leave. This credit includes time toward the requirements of twelve (12) months and the 1,250 hours in active work status. A person re-employed, following military service, has the hours he/she would have worked added to any hours actually worked during the previous twelve (12) month period to meet the 1,250 hours in active work status.
VI. MILITARY FAMILY LEAVE ENTITLEMENTS:

Qualifying Exigency Leave

Eligible employees with a spouse, child, or parent on federal active duty or called to federal active duty status in the National Guard or Reserves in support of a contingency operation, may use their 12 week leave entitlement to address certain qualifying exigencies. Qualifying exigencies include activities related to short notice deployment, attending military events, arranging for alternative childcare or attending school activities, addressing financial and legal arrangements, attending counseling sessions, attending post-deployment reintegration briefings, to care for a military member's parent when the care is necessitated by the member's covered active duty, and spending time with a covered military member who is on rest and recuperation leave.

Military Caregiver Leave

Employees may also be eligible to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. "Covered service members" are an employee's spouse, child, parent, or next of kin who is a current member of the Regular Armed Forces, National Guard or Reserves, who have serious injuries or illnesses incurred in the line of duty; or On Federal active duty that render the service members medically unfit to perform their duties and for which the service members are undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary retired list.

"Next of kin" has the same definition as set forth in 29 CFR 825.127(b) (3).

“Serious illness or injury” for military caregiver leave is expanded to include illnesses/injuries that existed prior to military service

The "single 12-month period" begins on the first day the employee takes leave to care for the covered service member and ends 12 months after that date. An employee who is entitled to take leave due to a different FMLA qualifying reason may take leave during the same single 12-month period in which leave is taken to care for a covered service member, but the total leave taken for any purpose during the single 12-month period may not exceed a total of 26 workweeks.

VII. INTERACTION WITH OTHER LEAVE PROGRAMS:

Exempt Employee: Employees will be required to exhaust all accumulated sick, vacation, personal leave and compensatory time as allowed by law prior to being granted leave without pay. The order in which leave must be used for exempt employees shall be: sick, vacation, personal and compensatory time in lieu of sick. All paid leave, including compensatory time must be exhausted before using unpaid leave.
**Bargaining Unit Employee:** Employees will be required to exhaust all accumulated sick, vacation, and personal leave time. The order in which leave must be used for bargaining unit employees shall be: sick, vacation and personal leave. All paid leave, excluding compensatory time, must be exhausted before using unpaid leave.

a. Employers may not require Bargaining Union employees to use compensatory time as a substitute for unpaid FMLA leave.

b. For an FMLA qualifying illness, a Bargaining Unit employee who has exhausted all sick, vacation and personal leave may request to use compensatory time. This time will also be counted toward the employee’s twelve-week FMLA entitlement.

Employees who apply and are approved for state-paid benefit programs (childbirth, disability, salary continuation or worker’s compensation) shall be exempt from the above order in which leave shall be used. State-paid benefit program rules and regulations will supersede the FMLA policy when applicable.

The exception to being required to exhaust all paid leave before taking unpaid time is when the employee (Exempt or Bargaining Unit) is on a waiting period for childbirth/adoption, is injured while on military leave, workers’ compensation, or declines to supplement one of these programs. All leave, paid or unpaid, will count concurrently as FMLA leave.

All absences attributed to Childbirth/Adoption, Disability Leave Benefits, and Workers’ Compensation will be counted as FMLA leave unless the employee has exhausted this benefit.

**VIII. CERTIFICATION:**

Leave requests must also include a complete and sufficient certification on one of the following forms, depending on the nature and condition of the leave requests:

- **Certification of Health Care Provider for Employee's Serious Health Condition**
- **Certification of Health Care Provider for Family Member's Serious Health Condition**
- **Certification of Qualifying Exigency for Military Family Leave**
- **Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave**
- Equivalent documentation in the case of an adoption/foster care.

C.O. and District H.R. may contact the employee's health care provider for the purpose of clarification and authentication of the medical certification after the employee has been given the opportunity to correct any deficiencies. C.O. H.R. will decide whether a second opinion from another health care provider is needed.
An employee will be required to recertify his or her certification or the certification of a family member if:

- The employee requests an extension of leave; or
- Circumstances described by the previous certification have changed significantly and a period of six months has transpired from the date of certification (e.g. duration of illness, nature of illness, complications, etc.); or
- Leave taken by the employee is inconsistent with the circumstances described in the employee's certification; or
- One year has elapsed since the last FMLA certification was approved for the same condition.

IX. RESPONSIBILITIES:

C.O. and District H.R., Employees, and Managers/Supervisors are responsible for managing ODOT's FMLA program as detailed below.

A. C.O. H.R.:
1. Reviews original FMLA requests (Medical Certification) for completeness/legibility.
2. Determines whether C.O. employees are eligible for FMLA per FMLA policy.
3. Provides C.O. employees with appropriate FMLA paperwork for completion by him or herself and treating physician.
4. Provides C.O. employees with the Paid Leave Request Form for the employee to advise on which paid leaves to take concurrently with the unpaid FMLA leave.
6. Approves pending leave cases for Districts and enters leave cases for C.O. on Kronos Workforce Absence Manager (WAM).
7. Ensures Disability Leave (DLB) & Childbirth/Adoption is charged to FMLA for eligible C.O. and District employees.
8. Completes Kronos Workforce Absence Manager (WAM) leave case to ensure employees are properly paid.
9. Advises Health and Safety Department on FMLA issues as they relate to C.O. employees on BWC claims.
10. Tracks FMLA usage for C.O. employees.

B. District Offices H.R.:
1. Reviews medical certification for completeness/legibility.
2. Determines whether district employees are eligible for FMLA per FMLA policy.
3. Provides district employees with appropriate FMLA paperwork and paid leave request form for completion by him or herself and treating physician.
4. Sends medical certification and related documents to C.O. H.R.
5. Enters leave case in Kronos WAM.
6. Ensures the time an employee is off work due to a BWC claim is charged to FMLA.
7. Tracks FMLA usage for district employees

C. Employees
1. Notify local (District or C.O.) FMLA Coordinator of the need for leave under FMLA.
2. Notify manager and FMLA Coordinator of anticipated time away from work and estimated return to work date. Keep them up to date in any change in the return to work date and whether the return will be full duty or with restrictions.
3. Complete employee portion of the certification documents and supply paperwork to doctor for completion.
4. Complete the paid leave request form to advise on which paid leave to take in conjunction with FMLA and return to appropriate H.R. office.
5. Ensure paperwork is submitted to FMLA Coordinator within the time stated on the FMLA Notice of Eligibility.
6. Complete the Paid Leave Request Form and return to the FMLA Coordinator.
7. If applicable, enter intermittent FMLA used through Kronos Quick Leave Editor. (Exhibit D)

D. Managers/Supervisors:
1. Track employee call offs related to FMLA.
2. Ensure the FMLA is posted on the Kronos employee timecards for the days specified.
3. Notify C.O. or District FMLA Coordinator of potential FMLA for his or her staff.
4. Inform C.O. or District FMLA Coordinator of possible misuse of time under FMLA.

E. Notification - Within five (5) business days after receiving sufficient information to determine whether the requested leave is FMLA qualifying, C.O. and/or District H.R. Offices will notify the employee if he/she is eligible for the leave, the rights under the leave, and provide a reasonable timeframe for completed paperwork to be submitted. Within five (5) business days of receipt of the certification, a decision will be made on whether leave will be designated and counted as FMLA leave. In the case of Original FMLA Requests, C.O. will notify the C.O. employee and supervisor in writing or notify the District H.R. for them to provide to the District employee and supervisor.

F. Denials - C.O. or District H.R. will notify the employee and supervisor using the Designation Notice. (Exhibit B). This occurs when their 12-week FMLA entitlement is exhausted. This may also occur if the employee fails to submit a completed FMLA Certification.
X. PROCEDURE

ORIGINAL FMLA REQUEST:

Original FMLA requests are comprised of one component:

Medical Professional Certification – Copy sent to C.O. H.R.

- C.O. H.R. will review each FMLA certification within five (5) business days and do the following: Approve/Disapprove certification based on the medical information provided and whether the request is in accordance with eligibility and regulation requirements.

- Communicate the result to the employee and supervisor via email. Approval/Disapproval is communicated using the Designation Notice. (Exhibit B)

Managers will review the Designation Notice to understand the frequency and duration of employee’s leave and notify C.O. or District H.R. if usage is outside of the approved Designation Notice on file.

SUBSEQUENT FMLA REQUEST (Medical Certification is already on file)

If an FMLA certification has been approved by C.O. and the medical certification is still current, the manager will approve the employee’s timesheet containing FMLA. If the FMLA request does not fit the medical certification and more than one year from the original approval has transpired, or if the medical certification is out of date, C.O. or District H.R. must send the Notice of Eligibility and Rights and Responsibilities to request recertification.

XI. EMPLOYEE BENEFITS:

While the employee is on unpaid FMLA leave, ODOT will continue to pay the employer’s portion of the health insurance premium. It is the employee’s responsibility to pay their share of the monthly premium to the Office of Payroll and Benefits by the 10th of each month. Coverage may be cancelled if the employee fails to make payments by the 20th of each month.

Use of FMLA leave under this policy will not result in the loss of any employment benefit earned or entitled to before using the leave.

Upon return from FMLA leave, an employee will be restored to his/her original position or to an equivalent position with equivalent pay, benefits, and other employment terms and conditions, without loss of seniority credits.
XII. EMPLOYEE EXPECTATIONS:

Employees are expected to do the following:

• Provide as much advance notice of their leave as possible, indicating FMLA-qualifying leave use, start of the leave, and duration.
• Submit the appropriate certification for each medical condition considered FMLA qualifying for you and/or your immediate family.
• Communicate with their supervisor on an agreed upon schedule for their return to work.
• Enter the hours and tenths under intermittent FMLA through the Quick Leave Editor.
• Submit an updated certification if your certification has expired or if your medical condition changes.

When leave is needed to care for an immediate family member or the employee’s own illness, and is for planned medical treatment, the employee must schedule treatment so that it will not unduly disrupt ODOT’s operations.

XIII. FISCAL ANALYSIS:

ODOT spends approximately $159M per year on employee benefits. Specific FMLA costs (i.e. Workers’ Compensation, Disability Leave Benefits, Childbirth Adoption, and the use of existing employee leave balances for FMLA purposes) are included in these costs.
STATE OF OHIO
Notice of Eligibility and Rights and Responsibilities
(FAMILY AND MEDICAL LEAVE ACT)

In general, to be eligible, an employee must have worked for an employer for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave. This form provides employees with the information required by 29 CFR 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 CFR 825.300(b), (c).

PART A – NOTICE OF ELIGIBILITY
To:
______________________________
(Employee)

From:
______________________________
(Employer Representative)

Date:
______________________________

On _________________, you informed us that you need leave beginning on _________________ for:

__ The birth of your child, or placement of a child with you for adoption or foster care;
__ Your own serious health condition, which renders you unable to perform the essential functions of your job;
__ The serious health condition of your __ spouse; __ child; __ parent for which you are required to provide care.
__ A qualifying exigency arising out of the fact that your __ spouse; __ son or daughter; __ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
__ A serious illness or injury to a covered servicemember who is your __ spouse; __ son or daughter; __ parent; __ next of kin.

This notice is to inform you that you:
__ Are eligible for FMLA leave (see part B below for Rights and Responsibilities)
__ Are NOT eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
__ You have not met the FMLA's 12-month length of service requirement. As of the first date of the requested leave, you will have worked approximately __ months towards this requirement.
__ You have not met the FMLA’s 1,250 hours-worked requirement. If you have any questions, please contact ________________________________ or view the FMLA poster located online at www.ohio.gov/hrpolicy.
PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by ________________.** If sufficient information is not provided in a timely manner, your leave may be denied.

Please return:
___ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ___ is/ ___ is not enclosed.
___ Sufficient documentation to establish the required relationship between you and your family member.
___ Other information needed:
___________________________________________________________________________
___________________________________________________________________________

If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave (only checked blanks apply):

___ Contact ______________________ at __________________ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premium during FMLA leave, and recover these payments from you upon your return to work.

___ You will be required to use your available paid leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

___ While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work every ______________________ (indicate interval of periodic reports, as appropriate for the appropriate leave situation.)

**If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to return to work.**

If your leave does qualify as FMLA leave, you will have the following rights while on FMLA leave:
You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.

You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period commenced on: ________

Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA).

If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence or onset of a covered service member’s serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave usage, please refer to __________________________, which is available at __________________________.

Applicable conditions for use of paid leave:

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: __________________________ at __________________________.

We are exercising our right to have you obtain a second or third opinion medical certification at our expense. We will provide further details at a later time.

Your FMLA Leave request is not approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.
STATE OF OHIO
Designation Notice
(FAMILY AND MEDICAL LEAVE ACT)

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee’s FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. This form, when fully completed, provides employees with the written information required by 29 CFR 825.300(c), 825.301, and 825.305(c).

To: ________________________________

Date: ______________________________

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on ____________________ and decided:

__ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

__ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:

__ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

| Frequency: | time(s) per |
| Duration:  | hours or day(s) per |

Please be advised (check if applicable):

__ We are requiring you to substitute or use paid leave during your FMLA leave.

__ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position __ is/ __ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.
Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than ________________, unless it is not (Provide at least seven calendar days) practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

____________________________________________________________________

We are exercising our right to have you obtain a second or third opinion medical certification at our expense. We will provide further details at a later time.

Your FMLA Leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.
FMLA Paid Leave Request Form

This document is to be used any time an employee is going to receive FMLA continuous or intermittent. If possible, this document should be completed prior to starting the leave.

Employee Name

EmplID (OAKS) #

FMLA that is not tied to a paid leave program (childbirth, disability, salary continuation or worker’s compensation).

Continuous _____  Intermittent _____

Exempt Employee: Will be required to exhaust leave in the following order: sick, vacation, personal and compensatory time in lieu of sick. All paid leave, including compensatory time must be exhausted before using unpaid leave.

Bargaining Unit Employee: Will be required to exhaust leave in the following order: sick, vacation and personal leave. All paid leave, excluding compensatory time, must be exhausted before using unpaid leave.

a. Employers may not require Bargaining Union employees to use compensatory time as a substitute for unpaid FMLA leave.

b. For an FMLA qualifying illness, a Bargaining Unit employee who has exhausted all sick, vacation and personal leave may request to use compensatory time. This time will also be counted toward the employee’s twelve week FMLA entitlement.

Employee Signature ________________________

Date ________________
Workers Compensation Paid Leave Request Form

This document is to be used any time an employee is going to apply for Temporary Total (TT), Worker’s Compensation. If possible, this document should be completed prior to starting the leave.

**Employee Name**

**EmplID (OAKS) #**

**Leave Type** - Please check the appropriate type of leave below.

Worker’s Compensation (Temporary Total)

- Pending Approval _____
- Supplement _____

**Paid Leave Requested** - Please select the type of leave to use in the order of use for time pending approval or for supplement.

- An employee may elect to use sick, vacation, personal, compensatory or leave of absence while **pending approval**. However, TT will not be paid for any day sick leave is used for wage replacement.
- Employees may utilize sick, vacation, personal or compensatory to **supplement** Temporary Total (TT) Worker’s Compensation to receive 100% of the rate of pay. Notify Central Office Safety about supplementing to receive the approved weekly amount.
- Amount to retain refers to the number of hours desired to keep in your balance. Once the amount has been reached, your next type leave selected will be used.

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<th>Pending Approval</th>
<th>Supplement</th>
<th>Order of Usage</th>
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<td>Unpaid</td>
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Please note, if eligible, FMLA will be charged concurrently with all the paid leave forms listed above.

**Employee Signature** ______________________
(Exhibit C)

Childbirth or Disability Paid Leave Request Form

This document is to be used any time an employee is going to receive Childbirth or Disability. If possible, this document should be completed prior to starting the leave.

Employee Name  EmplID (OAKS) #

Leave Type - Please check the appropriate type of leave below.

Adoption/Childbirth Leave _______
Disability Leave _______

Paid Leave Requested - Please select the 14-day waiting period and supplement in the order of which to be used.

- The **childbirth** 14-day waiting period can be worked, unpaid or usage of leave. *Fathers may work during the waiting period or benefit period for childbirth leave only. Mothers must be released by a treating physician if they wish to work during childbirth leave. Any parent during adoption leave may work during the waiting or benefit period.* Extended childbirth leave is considered FMLA and will follow the leave usage order requirement.
- There is a 14-day waiting period for **disability**. Employees are not paid regular hours during this time; however, they may elect to use available accrued leave.
- Amount to retain refers to the number of hours desired to keep in your balance. Once the amount has been reached, your next type leave selected will be used.

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<thead>
<tr>
<th>Waiting Period</th>
<th>Supplement</th>
<th>Order of Usage</th>
<th>Amount to Retain or exhaust all</th>
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<tbody>
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Please note, if eligible, FMLA will be charged concurrently with all the paid leave forms listed above.

Employee Signature ______________________
Date ____________________
Pending Salary Continuation Approval Paid Leave Request Form

This document is to be used any time an employee is going to apply for Salary Continuation. If possible, this document should be completed prior to starting the leave.

Employee Name

EmplID (OAKS) #

Paid Leave Requested - Please select the type of leave to use in the order to use for time pending approval.

- Amount to retain refers to the number of hours desired to keep in your balance. Once the amount has been reached, the next type of leave selected will be used.
- Upon the approval of Salary Continuation, the leave used while pending will be replaced with the Salary Continuation pay code.

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<tr>
<th></th>
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<th>Supplement</th>
<th>Order of Usage</th>
<th>Amount to Retain or exhaust all</th>
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Please note, if eligible, FMLA will be charged concurrently with all the paid leave forms listed above.

Employee Signature _____________________________

Date ___________________
Quick Leave Editor Instructions

To enter FMLA for intermittent usage, use the Quick Leave Editor instead of entering a Time Off Request.

From your timecard, click on the orange GoTo icon, which is located on the upper right side of the screen. A drop-down menu will appear.

Scroll, and select “Quick Leave Editor.”

Under the Leave Time Amount Column, select the day you will need to use FMLA, and type in the number of hours you will need, and then click SAVE.

When you refresh your timcard, you will see the FMLA on your timecard, posted along with your leave time.

If you have any difficulties posting the time, please contact Payroll or Benefits.