

The MetroHealth System

Policy: II-42

Subject: Family and Medical Leave

- I. POLICY: A Family Medical Leave of Absence (FMLA) may be granted for a period of up to a total of twelve (12) work weeks during a “rolling” twelve (12) month period for a qualifying condition as outlined below. Employees taking FMLA leave are required to use all available Short Term Disability (sick time) and then all available vacation/personal time to cover the leave period before being placed in an unpaid status. Employees are required to make every reasonable effort to schedule that leave so as not to disrupt the operations of their department.
- II. PURPOSE: To outline The MetroHealth System (MHS) requirements for receiving FMLA.
- III. SCOPE: All employees of MHS.
- IV. ELIGIBILITY: To be eligible for FMLA leave, an employee must:
 - A. Have completed twelve (12) months of employment;
 - B. Have worked 1,250 hours during the twelve (12) month period preceding the commencement of the leave. This includes all hours worked as a temporary, PRN, agency, or contracted employee within MHS.
- V. DEFINITIONS
 - A. “Twelve (12) month period” – The method to be used for determining the period in which the twelve (12) weeks of leave entitlement occurs is a rolling twelve (12) month period. A rolling twelve month period is measured by calculating backward from the date the employee will begin the FMLA leave.
 - B. “Family Member” – a spouse, parent or an individual who has an “in loco parentis” relationship with the employee (as parent or as son/daughter), son or daughter either under age 18, or age 18 or older who is incapable of self care because of a mental or physical disability present before age 18.
 - C. “Incapacity” - Inability to work, attend school, or perform other daily activities due to the serious health condition.
 - D. “Treatment” - Includes examinations to determine if a serious health condition exists and evaluations of the condition. Does not include routine physical examinations, eye examinations, or dental examinations.
 - E. “Regimen of Continuing Treatment” - Treatment that can only be prescribed by a healthcare provider and could not be initiated by the employee. Includes, for example, a course of prescription medication (i.e.

antibiotics) 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.

- F. “Serious Health Condition” - an illness, injury impairment, or physical or mental condition that involves one of the following:
1. *Inpatient care* - (i.e. an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
 2. **Absence Plus Treatment** -
 - a) A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - (1) Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (i.e. physical therapist) under orders of, or on referral by, a health care provider; or
 - (2) Treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
 3. **Pregnancy** - Any period of incapacity due to pregnancy, or for prenatal care.
 4. **Chronic Conditions Requiring Treatments**
 - a) A chronic condition which:
 - (1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider.
 - (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - (3) May cause episodic rather than a continuing period of incapacity.

5. Permanent/Long-term Conditions Requiring Supervision
 - a) A period of incapacity which is permanent or long-term. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.
- G. “Intermittent Leave” – Leave taken in separate blocks of time due to a single illness or injury, rather than for one continuous period of time. A leave may include a period from an hour or more to several weeks.
- H. “Health Care Provider” – Doctor, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to treatment consisting of manual manipulation of the spine to correct subluxation as verified by X-ray), nurse practitioner, and nurse midwife.
- I. “Medical Certification” – Written documentation required from a health care provider when seeking FMLA leave for a serious health condition.
- J. “Military Leave” -
 1. “Caregiver Leave” - Employees who are the spouse, son, daughter, parent or next of kin of a ‘covered service member’ are eligible to take up to 26 weeks of FMLA leave during a designated 12-month period to care for a service member who has suffered a serious injury or illness in the line of duty, which may render the member unable to perform the duties of the member’s office, grade, rank or rating.
 2. “Active Duty Leave” - Employees are eligible to take up to 12 weeks of unpaid FMLA leave for any ‘qualifying exigency’ if they have a spouse, son, daughter, or parent who is on active duty (or has been notified of an impending call or order to active duty) in the armed forces in support of a ‘contingency operation’.
 3. Covered Service Member - a 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 an outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness.
- K. “Reduced Leave Schedule” – Leave schedule that reduces one’s usual number of working hours per week, or per day, for a period of time.

VI. GUIDELINES

- A. Any previously denied leave and/or vacation time that coincides with unscheduled FMLA time off will require medical, agency or court verification specific to that time frame.

- B. Qualifying serious health conditions identified as Worker's Compensation are to run concurrently with FMLA.
- C. FMLA may only be utilized during time when an employee is scheduled to work.
- D. FMLA leave may be taken all at once, intermittently, or on a reduced leave schedule under certain circumstances with proper notification and certification.
 - 1. The intermittent leave must be identified as FMLA at the time of notification or within two (2) days. Failure to identify the time off as FMLA within the required time periods will result in the assigning of attendance points as outlined in the Attendance Policy II-34.
 - 2. If an intermittent leave is required, MHS may temporarily assign the employee to an alternate position with equivalent pay and benefits if the employee is qualified for the position and it accommodates recurring periods of leave. The alternative position does not need to have equivalent duties as long as the employee is determined to be qualified for the position.
- E. Employees are prohibited from working any other job during the same time of an approved FMLA leave at MetroHealth.
- F. Eligibility for leave for birth or placement for adoption or foster care expires at the end of the twelve (12) month period beginning on the date of birth or placement. This leave cannot be taken on an intermittent basis unless approved by the employee's supervisor.
 - 1. If both parents are employed with MHS, FMLA leave is permitted for a combined total of twelve (12) weeks of leave during the twelve (12) month period when taken for the birth of a child, adoption or foster care.
- G. A husband and wife both employed within the system who each have an FMLA for their own parent, are required to share the twelve (12) weeks of leave during the rolling twelve (12) month period.
- H. Use of FMLA for any purposes other than which it was granted will result in disciplinary action.

VII. PROCEDURES

A. **EMPLOYEE RESPONSIBILITIES:**

- 1. Inform supervisor of need for leave and submit the Request for Leave (RLF) form (Attachment A)

2. Must give thirty (30) days advance notice for any foreseeable FMLA leave (i.e. elected surgery, scheduled therapy, doctor's appointments, etc.)
 - a) If an employee fails to give thirty (30) days notice for foreseeable leave with no reasonable excuse for the delay, MHS may delay the taking of the FMLA leave until at least thirty (30) days after the employee provides notice
3. Employees are expected to schedule appointments for a time other than during working hours.
 - a) Time off is limited to three (3) hours, including transportation to/from an appointment.
 - b) Extenuating circumstances requiring more than 3 hours off must be discussed with the employee's supervisor.
4. Employees must notify their supervisor as soon as they become aware of any changed circumstance for a leave extension.
5. Employee must have the treating health care provider complete the FMLA Certification form within fifteen (15) calendar days.
6. Employee sends the FMLA Certification to the FMLA Central Office.
7. Written certification is required from an agency or legal representative validating adoption or foster care placement.
8. If the employee is eligible for FMLA, fifteen (15) calendar days are provided for the employee to submit the FMLA Certification form.

B. SUPERVISOR RESPONSIBILITIES:

1. The supervisor must notify the FMLA Central Office of the employee's request for leave within two (2) business days and provisionally approve the family medical leave request on the Request for Leave (RLF) form.
2. Provide a copy of the completed Rights and Responsibilities memo to the employee when it is received from the FMLA Central Office.
3. If an employee notifies the supervisor of a change in circumstance for a leave extension, the supervisor must inform the FMLA office of the extension. A new RFL form must be submitted to validate the extension.

C. FMLA CENTRAL OFFICE RESPONSIBILITIES

1. Determines if the employee is eligible for an FMLA leave.

2. Completes the Rights and Responsibilities memo and emails it to the immediate supervisor.
3. Reviews the FMLA Certification form to ensure the leave meets FMLA criteria and designates the leave as FMLA qualifying based on the information provided.
4. Sends the approved/disapproved or incomplete FMLA Leave Request to the immediate supervisor. Employees are to be notified within four (4) business days that a request for FMLA leave is approved/disapproved, or if the form is incomplete.
5. The FMLA Certification from the Health Care Provider form and the Rights and Responsibilities memo are filed in the FMLA Central Office.

D. TIMEKEEPER RESPONSIBILITIES

1. Department timekeepers must document on the employee's time card all time taken as FMLA leave.

VIII. RETURN TO EMPLOYMENT

- A. If an employee is able to return to work earlier than anticipated, the employee must notify his/her supervisor with the newly anticipated return date as soon as possible.
- B. On return from leave, the employee is entitled to be returned to the same position held when leave commenced, or to an equivalent position with equivalent pay, benefits and other terms and conditions of employment.
- C. An employee who has been on FMLA leave for fourteen (14) or more consecutive days because of his/her own serious health condition will be required to provide a medical release indicating his/her ability to return to work. The medical release must be provided to the supervisor prior to returning to work.

IX. HEALTH INSURANCE

- A. During a leave, an employee will continue to be provided with health insurance, life insurance and long-term disability coverage and on the same terms and conditions as active employees, provided that the employee makes any required insurance contributions on a timely basis. These contributions for continued coverage are due bi-weekly. In the event that an employee's contribution payment is more than thirty (30) days late, MHS may discontinue health insurance coverage and/or other benefits for which employee contributions are required. MHS will notify an employee in writing that it did not receive premium payment(s) and will wait fifteen (15) days before canceling coverage.

- B. If an employee returns from leave, MHS will deduct and/or withhold from their next paycheck an amount, if any, which was paid by MHS but, which should have been paid on a timely basis by the employee during the leave period.
- C. If an employee fails to return from leave within the appropriate period, MHS will cancel all insurance coverage retroactive to the date the last required premium was paid.

X. CROSS REFERENCES

- A. [Policy II- 20 Leaves of Absence](#)
- B. [Policy II- 30 Employee Work-Related Illness/Injury Investigation](#)
- C. [Policy II- 34 Attendance](#)

XI. ATTACHMENTS

- A. [Request For Leave](#), form #005012201
- B. [FMLA Certification From the Health Care Provider](#)

XII. DATES

- A. Initiated: January 1996
- B. Reviewed/Revised:
 - 1. May 1997
 - 2. January 1999
 - 3. March 1999
 - 4. September 2001
 - 5. June 2005
 - 6. October 2008

XIII. APPROVED

Mark J. Moran
Interim President and Chief Executive Officer