



GENESEE COUNTY DRAIN COMMISSIONER'S OFFICE

-DIVISION OF-

WATER & WASTE SERVICES

G-4610 BEECHER ROAD • FLINT, MICHIGAN 48532-2617

PHONE (810) 732-7870 • FAX (810) 732-9773

JEFFREY WRIGHT
COMMISSIONER

FMLA CERTIFICATION PROCESS

You notified the Division of your possible need to take medical leave due to one of the following reasons:

- A serious health condition that makes you unable to perform the essential functions for your job
- To care for your child after birth or placement in adoption or foster care
- To care for your spouse, child or parent who has a serious health condition; or
- To care for a spouse, son, daughter, parent, or next of kin to take up to 26 work weeks of leave to
- care for a member of the Armed Forces

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons.

Attached you will find:

1. Application for FMLA Leave
2. The Division of Water and Waste FMLA policy
3. Your Rights Under FMLA
4. Certification of Health Care Provider
5. If requesting for your own serious health condition a copy of your job description will be provided upon your request.

Procedure:

1. Submit the application for FMLA form at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practical, submit the request as early as possible.
2. Pursuant to the Division policy of Water & Waste Services, you are required to provide documentation from your health care provider, at your expense, certifying the medical necessity for your absence. The Certification of Health Care Provider form is the only document approved for FMLA determination.
3. If this is for your own serious medical condition, have your healthcare provider review the job description and then fully complete and sign the Health Care Provider form.
4. The Health Care Provider Certification must be returned to the Human Resource office within 15 calendar days after date of application. Review the policy for request for extension conditions. Failure to return this form may result in your FMLA being denied.
5. You will receive a written response to your request.

Additional Information:

- FMLA runs concurrently with short-term disability and workers compensation events.
- You may be required to submit recertification from your health care provider of the existence or continued existence of a serious health condition every 30 days. In the event that you do not submit appropriate medical certification when requested, this preliminary designation will be withdrawn and your leave will not be protected under the FMLA.





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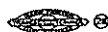
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- Water & Waste Services requires that you substitute available paid leave for unpaid FMLA leave. This paid leave counts towards your FMLA time. You will be required to exhaust accumulated personal and vacation time balances prior to beginning unpaid FMLA leave but will be permitted to retain an amount of accumulated vacation time equivalent to their current annual allotment and up to a maximum of 24 hours of accumulated personal leave.
- If you qualify for FMLA leave, your health benefits will be maintained during any period of approved leave under the same conditions as if you continued to work. Also, Water & Waste Services will reinstate you to the same or an equivalent position with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following approved FMLA leave for a reason other than: The continuation, recurrence, or onset of a serious health condition, which would entitle you to FMLA leave; or other circumstances beyond your control, you may be required to reimburse us for health insurance premiums paid on your behalf during your FMLA leave.
- If your leave is for caring for an eligible person, you will be required to notify us at least three working days prior to the date you intend to report for work.
- If this is for your serious health condition, you are required to provide a three working day return to work notice.
 - You must produce a note from your Physician stating that you are released to work with no restrictions including a clear return to work date. It is strongly recommended that you notify your Physician that a three working day notice is a requirement of the Division.
 - You will be required to visit the Division's doctors/clinic to obtain an occupational release for duty. The day that you notify the Human Resource office in writing that you can return to work shall be considered day one of the three working day notice.
 - Every effort will be made to get a timely appointment. If you contact us prior to what you anticipate your final physician appointment, we will try to schedule a clinic appointment that same day or the next day.
 - REMINDER: you must provide a note from your Physician stating that you are released to work with no restrictions including a clear return to work date **PRIOR TO YOUR CLINIC APPOINTMENT**.





APPLICATION FOR FMLA LEAVE

Employee's name: _____

Location: _____ Department _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons.

Submit this request form at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as early as is practicable.

According to the Division's Family and Medical Leave (FMLA) policy, you are required to exhaust Vacation leave up to your annual allotment and Personal time above 24 hours before going on leave without pay for FMLA leave.

EMPLOYEE STATEMENT: I am requesting leave for the following reason:

- For a serious health condition that makes me unable to perform my job**
(Medical certification must be provided 15 calendar days after date of application)
- To care for a family member with a serious health condition**
(Medical certification must be provided 15 calendar days after date of application)
- The birth of a child:** Expected Delivery Date _____
(Medical certification must be provided 15 calendar days after date of application)
- The placement of a child for adoption or foster care** (documentation required)
- To care for a spouse, son, daughter, parent, or next of kin to take up to 26 work weeks of leave to care for a member of the Armed Forces**
(Medical certification must be provided 15 calendar days after date of application)

DATE OF LEAVE REQUESTED:

- I request leave from _____ to Expected Return Date _____
- I request intermittent leave according to the following schedule: _____
- I request reduced schedule leave according to the following schedule. _____

The total number of days of leave that I request is: _____

Employee Signature _____ Today's Date _____

Human Resource Signature _____ Date _____

Supervisor's Signature _____ Date _____

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

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 · Revised February 2013

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

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



OMB Control Number: 1215-0181
Expires: 12/31/2011

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.

Employer name and contact: _____

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. 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 as 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.**



Division of Water and Waste FMLA Policy

Division of Water and Waste Policies and Work Rules Article 9.3 FMLA Leave Bargaining Unit Agreement AFSCME Local 1918.15 Article 12 Section 10

Family and Medical Leave Act (FMLA)

- A. Eligibility: Employees who have a minimum of one (1) year's seniority and have worked a minimum of twelve hundred and fifty (1250) hours during the preceding twelve (12) month period are eligible for a Family and Medical Leave Act (FMLA) leave in accordance with existing federal statutory provisions for the following reasons:
1. The birth of the Employee's child and in order to care for the child;
 2. The placement of a child with the Employee for adoption or foster care;
 3. To care for a spouse, child or parent who has a serious health condition; or
 4. A serious health condition that renders the Employee incapable of performing the function of his or her job.
 5. Leave Related to Military Service – connection with any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is on active duty or has been notified of an impending call or order to active military duty in the Armed Forces in support of a contingency operation. Employees may take up to 12 weeks of leave in a 12 month period for this type of leave.
 6. To Care for an Injured or Ill Service Member – Leave is available to an eligible employee whose spouse, son, daughter, parent or next-of-kin is recovering from a serious injury or illness sustained while on active military duty and who is unable to perform the duties of the service member's office, grade, rank or rating. Unlike the other types of leave available under the FMLA, an employee may take up to 26 weeks in a 12 month period for this type of leave.

NOTE: If the employee and his or her spouse are both employed by the Division and both take FMLA leave, the spouses' combined leave cannot exceed 12 weeks during any 12-month period if the leave is taken for the birth of a child, for the placement of a child with the employee for adoption or foster care, or to care for the employee's parent with a serious health condition. However, spouses may each take up to 12 weeks of leave to care for a newborn child with a serious health condition even if both are employed by the Division.

- B. Duration of Leave: Employees meeting the eligibility requirements will be granted up to a total of twelve (12) weeks/60 workdays/480 hours of paid or unpaid FMLA leave and paid personal and vacation time combined during any "12-month period." Employees will be required to exhaust accumulated personal and vacation time balances prior to beginning unpaid FMLA leave but will be permitted to retain an amount of accumulated vacation time equivalent to their current annual allotment and up to a maximum of 24 hours of accumulated personal leave. The amount of leave available to the employee will be determined on a "rolling" 12-month period, measured backward from the date the employee's leave is to begin. Any leave that qualifies as a FMLA leave, according to federal statute, may be counted against an employee's 12-week-leave, whether paid or unpaid provided the employer gives proper notice as outlined in federal guidelines.

FMLA leave may be taken intermittently or on a reduced leave schedule under certain circumstances. Leave taken because of a birth or placement of a child for adoption or foster care may be taken intermittently or on a reduced leave schedule only if mutually agreed upon by the Employee and the Employer. Leave taken to care for a sick child, spouse, or parent or for an Employee's own serious health condition or covered service member may be taken intermittently or on a reduced schedule when medically necessary, as evidenced by medical certification. Intermittent Leave will be counted first in one hour increments and then half (.5) hour increments.

- C. **Medical Certification of Leave:** An application for FMLA leave based on a serious health condition of the Employee's spouse, child, or parent, must also be accompanied by a medical certification statement, completed by the applicable health care provider within 15 calendar days of application. If needed, the employee may request up to two (2) extensions of three (3) days per extension to submit such documentation. For employees requesting leave related to Military Service must provide proof of the qualifying family member's call-up or active military service. This documentation may include a copy of the military orders or other official communications. For Employees who are covered by the Employer's sick/accident insurance, the completed sick leave forms shall serve as the medical leave forms, which shall serve as the medical certification statement. For an Employee out on Workers Compensation lost time, the physicians' report shall serve as the medical certification statement. The completed medical certification statement must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition. If the Employee is needed to care for a spouse, child, or parent, the medical certification statement must so state, along with an estimate of the amount of time the Employee will be needed. If the Employee has a serious health condition, the medical certification statement must document that the Employee cannot perform the functions of his/her job.
- D. **Group Health Benefits Coverage during Leave:** During a period of FMLA leave, an Employee will be retained on their current group health plans (life, dental, optical, and hospital medical insurances) under the same conditions that applied before the leave commenced.
- E. **Restoration to Employment and Seniority Accumulation:** An Employee returning from FMLA leave will be restored to his/her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. When an employee is on intermittent or reduced schedule leave caused by foreseeable medical treatment, the Employer may temporarily transfer an employee to an equivalent hourly pay and benefits that will be better accommodate the Employer's needs and the Employee's recurring periods of leave. The Employer will first attempt to place them at their facility but if no opening exists the Employer will place them at another facility within the Division. Upon discontinuation of intermittent or reduced schedule leave, the employee will then transfer back to the position/shift from which they were transferred. An Employee is not entitled to the accrual of any seniority or employment benefits (vacation time, personal days, or holidays) that would have accrued if not for the taking of unpaid FMLA leave, with the exception that an Employee who takes an unpaid FMLA leave will not lose seniority for the first thirty (30) calendar days of said unpaid FMLA leave. Any Employee who takes FMLA leave will not lose any seniority or employment benefits that accrued before the date of the leave began. Employees on such leave will also accumulate retirement credit if the employee submits both the Employer and employee contributions for the duration of time the employee is off. The Employee will need to make application with the Retirement office for the contribution amount and conditions of repayment.