

NOTICE OF EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER WISCONSIN AND FEDERAL FAMILY AND MEDICAL LEAVE ACTS

The following information concerns your rights and responsibilities under the Wisconsin and federal Family and Medical Leave Acts and explains the consequences of your failure to meet these obligations. Please read the information carefully. For additional information, see Policy C-3 – Leaves of Absence of the City of Waukesha Human Resources Policies/Procedures. If you have any questions, please contact the Human Resources Department at (262) 524-3745.

1. **Leave Entitlement.** Under the Wisconsin FMLA, you are potentially entitled, within one calendar year, to six weeks of family leave for the birth or adoption of a child, two weeks of medical leave for your own serious health condition and two weeks of family leave to care for a spouse, domestic partner, parent of a domestic partner, parent, parent-in-law, or child who has a serious health condition.

Under the federal FMLA, you are potentially entitled, within any employer-designated twelve month period to twelve weeks of unpaid leave for a qualifying condition including the birth, adoption or placement of a child for foster care, leave for your own serious health condition, or leave to care for a parent, spouse or child who has a serious health condition. The City of Waukesha has designated the rolling twelve-month period for its federal FMLA leave year. The actual amount of time you spend on family and/or medical leave will be subtracted from your unpaid Wisconsin and federal FMLA leave weeks allotment described above. Federal and Wisconsin FMLA leaves run concurrently when the condition or leave qualifies under both laws.

If you have a spouse, son, daughter, or parent on active duty or call to active duty or deployment to a foreign country in the regular Armed Forces, National Guard, or Reserves, you may also use your twelve-week leave entitlement under the federal FMLA to address certain qualifying exigencies, including, for example, attending certain military events, arranging for alternative childcare, and addressing certain financial and legal arrangements. The actual amount of time you spend on such exigency leave will be subtracted from your twelve-week entitlement of federal FMLA leave, but not your 10 weeks of Wisconsin FMLA leave.

The federal FMLA also includes a leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member (reduced by any other FMLA-qualifying leave taken) during a 12-month period (“caregiver leave”). A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, and veterans, provided they were members of the regular Armed Forces, National Guard, or Reserves at some point during the five years preceding the need for care, who has a serious injury or illness that was incurred or aggravated in the line of duty, while on active duty, for which the service member is undergoing medical treatment, recuperation or therapy; or is in outpatient status; or is on the temporary disability retired list.

2. **Certification.** The City of Waukesha requires that you submit the appropriate Employer-issued certification form, completed by the appropriate individual, to confirm the need for your family, medical, exigency, or caregiver leave. The certification must be provided to the Human Resources Department within fifteen (15) calendar days of its request, or in cases of medical emergency or unforeseen circumstances, as soon as practicable under the circumstances. **THE CERTIFICATION IS NECESSARY TO JUSTIFY YOUR ABSENCE FROM WORK FOR LEAVE. IF YOU FAIL TO PROVIDE THE CITY OF WAUKESHA WITH A TIMELY CERTIFICATION, YOUR LEAVE REQUEST, OR YOUR CONTINUATION OF LEAVE, WILL BE DELAYED OR DENIED.**
3. **Other Documentation.** Requests for leave based on adoption or foster care will require that you submit a copy of court adoption papers or foster care documentation to the City of Waukesha. Requests for leave to care for a domestic partner, or parent of a domestic partner, will require that you submit a Certification of

Domestic Partnership, and any support documentation to the City of Waukesha. These documents must be given to the City of Waukesha thirty (30) calendar days before the leave begins.

4. **Intent to Return to Work.** You must provide the City of Waukesha with a periodic report on your status and intent to return to work. Should you decide you will not return to work at the end of your FMLA leave, you must advise the City of Waukesha immediately.
5. **Fitness-for-Duty Certificate.** If you are on medical leave because of your own serious health condition, you must provide the City of Waukesha with a Fitness-for-Duty Certificate before you can return to work. If you fail to provide a complete and sufficient Fitness-for-Duty Certificate from your health care provider, this will result in the delay, and potential denial, of your return to work.
6. **Substitution.** You may be able to be paid any available accrued paid leave during the time of your FMLA leave. It is your option to choose payment of your accrued paid leave during the period of Wisconsin FMLA leave. You may be required to be paid any remaining available accrued paid leave while you are on remaining federal FMLA leave. If you suffer a serious health condition that is work related, your federal family and medical leave entitlement will be counted along with the period you are absent from work and receiving worker's compensation benefits. You will not be able to be paid available employer-provided accrued paid leave during the time of a worker's compensation leave because you will be receiving worker's compensation benefits from our carrier.

When paid leave is used along with your FMLA leave, this paid leave will not be available to you later. If you do not meet the requirements for the use of accrued paid leave under applicable City of Waukesha policies, you may still be entitled to take unpaid FMLA leave. Under no circumstances will you be entitled to additional family and/or medical leave as a result of the substitution of paid leave.

7. **Maintenance of Benefits and Employment Protections.** During any period of Wisconsin and federal FMLA leave, the City of Waukesha must maintain your health coverage under our group health plan on the same terms as if you had continued to work. Upon your return from FMLA leave, the City of Waukesha must restore you to your original or equivalent position with equivalent pay, benefits, and other employment terms. Your use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of your leave.
8. **Insurance Premium Payments.** While you are on Wisconsin and federal FMLA leave, you are required to make your share of the premium payments on your health insurance to maintain those benefits. You will have a minimum 30-day grace period in which to make premium payments. If payment is not timely made, your group health insurance may be cancelled, provided the City of Waukesha notifies you in writing at least 15 days before the date that your health coverage will lapse, or, at the City of Waukesha's option, the City of Waukesha may pay your share of the premiums during an FMLA leave, and recover these payments from you upon your return to work.
9. **Potential Liability for Health Insurance Premium Payments.** If you do not return to work following an FMLA-qualifying leave for a reason other than: a) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; b) the continuation, recurrence, or offset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or c) other circumstances beyond your control, you may be required to reimburse the City of Waukesha for its share of health insurance premium payments made on your behalf during your FMLA leave.

THE CERTIFICATION IS NECESSARY TO JUSTIFY MY ABSENCE FROM WORK FOR LEAVE. IF I FAIL TO PROVIDE THE CITY OF WAUKESHA WITH A TIMELY CERTIFICATION, MY LEAVE REQUEST, OR MY CONTINUATION OF LEAVE, WILL BE DELAYED OR DENIED.

Other Documentation

I understand that for leave based on adoption or foster care I will be required to submit a copy of court adoption papers or foster care documentation to the Employer. I further understand that for leave to care for a domestic partner, or the parent of a domestic partner, I will be required to submit a Certification of Domestic Partnership, and supporting documentation to the employer. These documents must be given to the Human Resources Department at least thirty (30) calendar days before the leave begins.

While I am on leave, I understand I must provide the employer with a Recertification and Intent to Return to Work form on a periodic basis. If the medical leave was due to my own serious health condition, I must also provide the employer with a Fitness-for-Duty Certificate from my health care provider, before my return to work. I understand that my failure to provide the Fitness-For-Duty Certificate on a timely basis may result in the delay, or potential denial, of my return to work.

In the event that I desire to return to work prior to the expiration of my leave, I will notify the employer at least two (2) working days prior to my desired return date. If I attempt to return early, the employer will attempt to place me in my former position, or in an equivalent position until the expiration of the time of my initial requested leave.

Premium Payments and Recovery

I understand and agree that if I elect to continue health insurance coverage that I will pay such amounts while I am on leave consistent with my present payment schedule. I also understand that under the Wisconsin FMLA, the Employer may require that I have in escrow with the Employer up to eight (8) weeks of the entire premium to maintain my health insurance coverage while I am on leave. If I fail to return to work at the expiration of my leave, the employer may recover its share of the premiums paid to maintain my coverage.

Substitution of Leave

An employee may elect, or the Employer may require the use of any accrued vacation or other paid leave to which the employee is eligible under the terms of the employer's benefit policies, along with the time taken for the unpaid family and medical leave. The use of any accrued paid leave for family and medical leave will not extend or result in additional family and medical leave being available to the employee. The family and medical leave will run concurrently with any accrued paid leave used.

If I have any questions or require the forms necessary to comply with the requirements of the employer's FMLA Policy, I must contact the Human Resources Department at (262) 524-3745.