



GENESEE COUNTY DRAIN COMMISSIONER'S OFFICE

DIVISION OF WATER & WASTE SERVICES

G-4610 BEECHER RD – FLINT, MI – 48532 PHONE (810) 732-7870 FAX (810) 732-9773

JEFFREY WRIGHT – COMMISSIONER

Planned Sick Leave due to Birth of a Child

Congratulations on the upcoming birth of your child, we hope that you recover quickly! Please provide a Doctor's note (if you have not already done so) to the HR Office as soon as possible. The note should clearly state how long you will be away from work and can be brought in person, sent via mail, faxed (810 732-2670) or emailed to hr@gcdcwws.com.

The Short Term Disability Plan has a 7 calendar day elimination period. As this has been deemed Planned Leave, you must cover the first five work days with personal time. If you have exhausted your personal time you may then use vacation time. If you have not already given your Supervisor a request for leave, please complete the Request for Leave form and submit it to your Supervisor. Enclosed is the application for Short Term Disability. Please complete the Employee portion and send it directly to the carrier. With the advent of privacy laws, the Division will no longer accept the medical data that is required on these forms. The Doctor's statement is extremely important so please have your Doctor fax it directly to the carrier as soon as possible. It is important that you communicate with your Doctor's office to assure this step is completed.

The Division has recognized Sick Leave as a Family & Medical Leave Act (FMLA) event. FMLA therefore runs concurrently with Sick Leave. Under FMLA qualified employees are entitled to 12 weeks of unpaid leave for certain reasons in a given 12 month period. Enclosed is the FMLA application and official notices. Please complete the FMLA application and return it to the HR Office.

If your Doctor authorizes an extension of your Sick Leave, you must provide an original updated Doctor's note to the HR Office. This note must be provided prior to the end of the approved Sick Leave date. The HR Office will fax this note to the carrier however office notes from your visit must be sent to the carrier in a timely manner. The carrier often encloses medical paperwork in their mailing or email communication to you so please read everything carefully.

You are required to provide a three working day return to work notice. You must produce a note from you Doctor 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 Doctor that a three working day notice is a requirement of the Division. You will be required to visit the Division's Doctor/Clinic to obtain an occupational release for duty. This visit may require a physical agility

test so please be prepared by dressing appropriately. Please note that while you may have a scheduled appointment time the Clinic will treat any emergencies first therefore the length of the visit is out of our control.

The day that you notify the HR 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 your final Doctor's appointment, we will try to schedule a Clinic appointment that same day or next day.

REMINDER: YOU MUST PROVIDE A NOTE FROM YOUR DOCTOR STATING THAT YOU ARE RELEASED TO WORK WITH NO RESTRICTIONS INCLUDING A CLEAR RETURN TO WORK DATE PRIOR TO YOUR CLINIC APPOINTMENT.

In Summary:

- Doctor's note and FMLA paperwork to HR Office
- Short Term employee application to carrier
- Short Term Physician's Statement to Doctor with instructions to fax to carrier
- If extension necessary: Doctor's note to HR and office notes to carrier
- Read everything from the carrier carefully
- Return to work with no restrictions note to HR (3 working days prior to return)
- Return to work physical (may require physicality agility test)

Should you have any questions Christine Simms or I can be reached at (810) 732-7870.

Sincerely,



Shannon M. Holder, CHRS, MBA

Human Resources Manager



Sick Leave Request for Leave Covering the First Five Work Days

Name: _____ Department _____

Time Off: Date(s): _____, _____, _____, _____, _____

Charge To:

Personal Time: _____ Annual Leave (Vacation): _____
Hours Hours

APPROVED FMLA _____ Unpaid Emergency Leave _____
Hours Hours

Employee's Signature

Date of Request

Supervisor's Signature

Date Approved:

This is a qualified approval contingent on employee having earned enough of the requested time

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



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 one thousand two hundred and fifty (1,250) 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.

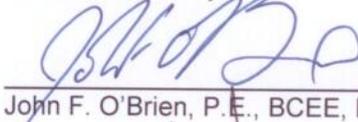
B. Duration of Leave: Employees meeting the eligibility requirements will be granted up to a total of twelve (12) weeks of unpaid FMLA leave and paid personal and vacation time combined during any "12-month period." Employees will be required to exhaust accumulated personal and vacation time balances prior to beginning unpaid FMLA leave but will be permitted to retain an amount of accumulated vacation time equivalent to 40 hours however all personal time shall be exhausted. 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 employee 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 paid position with equal benefits that will be better accommodate the Employer's needs and the Employee's need for 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 FMLA leave, with the exception that an Employee who takes FMLA leave will not lose seniority for the first thirty (30) calendar days of said FMLA leave. Any Employee who takes FMLA leave will not lose any seniority or employment benefits that accrued before the date 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.

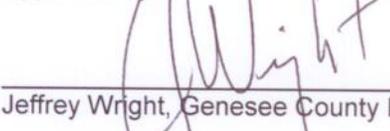
Recommended by:



John F. O'Brien, P.E., BCEE, Director

Dated: 12-19, 2013

Approved by:



Jeffrey Wright, Genesee County Drain Commissioner

Dated: 12.19, 2013

This policy will take effect on January 1, 2014.



APPLICATION FOR FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE

Employee's name: _____

Date: _____

Location: _____

Department: _____

As an employee of GCDC-WWS you may be eligible for up to 12 weeks of unpaid job-protected leave time during a 12 month period for certain family and medical reasons under the Family and Medical Leave Act (FMLA) if and only if you have worked for GCDC-WWS for at least 12 months and in the 12 months immediately prior to requesting FMLA leave you have worked at least 1,250 hours.

You must submit this application at least 30 days before the leave is to begin. If you are not able to submit this application 30 days prior to your leave starting you must submit this application as soon as it is possible.

Please note that in accordance with the Division's Family and Medical Leave (FMLA) policy, you are required to exhaust your bank of Vacation leave (up to 40 hours) as well as your entire bank of Personal time before going on unpaid FMLA leave.

EMPLOYEE STATEMENT: I am requesting leave for the following reason(s):

[] 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 family member with a serious injury or illness who is a member of the Armed Forces.

(The employee must be the spouse, son, daughter, parent or next of kin of the covered service member. This leave is eligible for up to 26 weeks of FMLA during a 12 month period. 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: _____

Date: _____

HR Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____