FMLA: The Family and Medical Leave Act
Part 1
What does the FMLA say?
What is the FMLA?

• FMLA stands for the 1993 Family and Medical Leave Act

Covered employers must grant an eligible employee up to a total of 12 workweeks of unpaid leave during any [rolling] 12-month period for one or more of the following reasons: for the birth and care of the newborn child of the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

-Federal Department of Labor website

• FMLA also includes up to 26 weeks of Military Caregiver Leave to care for serious illness or injury in the line of duty for service members.
Who Qualifies for FMLA?

• The Federal act provides for unpaid leave, but VPH requires employees out on FML to use their PTO in conjunction with FML.

• Employees typically become eligible for FML after one year of employment and after 1250 work hours immediately preceding the date of approval.

• FMLA time off requires the doctor to complete a Certification of Healthcare Provider Form with information that is not typically found on a regular doctor’s note. This form is on our intranet.

• Using FMLA is never a disciplinary offense, it is an entitlement under Federal law.
What Events Does FMLA Cover?

1. The **birth** and care of the newborn child of the employee;

2. The **placement** of a child with the employee for adoption, or foster care;

3. Care of the employee's **child, spouse, parent** of the employee, who has a serious health condition or;

4. The **employee** is unable to work because of a serious health condition.

5. Qualifying exigency arising out of the fact that the **spouse, or son, daughter, or parent** of the employee is on covered active duty (or has been notified of an impending call or order to active duty) in the Armed Forces including the National Guard and Reserves.

6. A **spouse, son, daughter, parent, or next of kin** who is an active member of the Armed Forces including the National Guard and Reserves who was **injured in the line of duty** that may render the member medically unfit to perform the duties of the member’s office and is undergoing medical treatment, recuperation, or therapy.
Part 2
Applying the FMLA at VPH
FMLA Process Timeline

• When a supervisor is aware of an absence eligible for FMLA, they should give the employee the
  o *Family Leave Certification* form
  and
  o *Application for Family Leave or Other Leave of Absence*

• The employee has **15 calendar days to return** the completed form.

• The employee has **7 calendar days to correct** any deficiencies with the form.
There are 2 versions of the FMLA certification form on our intranet, one for employee-related events and one family-related events.
Application for Leave

In addition to the Certification form, employees must submit an Application for Family Leave or Other Leave of Absence.

**Application for Family Leave or Other Leave of Absence**

**Employee Identification**
- Program / Location
- Start date of VPH employment:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**Job Title:**

**Wk Ph:**

**Hm Ph:**

**REQUESTED LEAVE OF ABSENCE DATES:**
- FROM: ________________
- THRU: ________________

**EXPECTED RETURN TO WORK DATE:**

**Regular Leave of Absence:**
- ( ) Initial
- ( ) Extension

**Family and Medical Leave of Absence:**
- ( ) Initial
- ( ) Extension

**FMLA Military Family Leave of Absence:**
- ( ) Initial
- ( ) Extension

See poster at your work site for an explanation of your rights and responsibilities under the Family and Medical Leave Act.

**Reason for Leave of Absence**

- ( ) Birth of a Child
- ( ) Adoption or Foster Care
- ( ) Care of Family Member (Attach Certificate of Family Member’s Health Care Provider)
- ( ) Employee’s Disability (Attach Certificate of Health Care Provider)
- ( ) Military Family Leave (Consult HR representative for documentation required)

**Name of Mother:** __________________________
**Name of Child:** __________________________

**Date of Placement:** __________________________

**Relationship:**
- ( ) Child
- ( ) Spouse
- ( ) Parent
- ( ) Spouse’s Parent
- ( ) Employee’s Parent
- ( ) Employee’s Spouse

**My current leave balances as of this date____________________ are:**
- (list for all types that are requested below)

- FLSA Non-exempt comp
- Holiday
- PTO
- Sick
- Annual

**I request the following:** (Check all which apply)
- ( ) Authorized Leave With Pay using accumulated paid leave, as documented below.
- ( ) Authorized Leave Without Pay (Not to exceed 12 months. At the expiration of the leave, I will be reinstated to the former position or to a position of equal grade and pay without loss of any rights provided I return within the terms of the leave granted).

**My current leave balances as of this date____________________ are:**

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Beginning Date</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLSA Non-exempt Comp Time*</td>
<td>→</td>
<td>To</td>
</tr>
<tr>
<td>Holiday Leave</td>
<td>→</td>
<td>To</td>
</tr>
<tr>
<td>Paid Time Off</td>
<td>→</td>
<td>To</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>→</td>
<td>To</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>→</td>
<td>To</td>
</tr>
<tr>
<td>Off Payroll</td>
<td>→</td>
<td>To</td>
</tr>
</tbody>
</table>

*Compensatory time must generally be taken within 30 days of accrual (see Hours of Work Policy).

The above information is complete and correct. The required documentation (Medical Certification, Leave Requests, etc.) is attached.

**Employee Signature:** __________________________
**Date:** __________________________

**Supervisor Signature:** __________________________
**Date:** __________________________

I have reviewed the Request for Leave of Absence application. My recommendation is as follows:
- ( ) Approval
- ( ) Modification and Approval (Explanations is attached)
- ( ) Denial (Explanations is attached)

**Program Director’s Signature:** __________________________
**Date:** __________________________

**Final Disposition:**
- ( ) Approved
- ( ) Modified and approved
- ( ) Disallowed
- Date employee notified:

**Human Resource Representative:** __________________________
**Date:** __________________________

**Executive Director’s Signature** (required only if Leave Without Pay):
**Date:** __________________________

VPH #21/55 (9-99) (Revised 09-06, Revised 01-09, Revised 11-11)
FMLA Request Response

Within **5 work days** of receiving these forms, the approving manager must respond with the **Acknowledgement of Request for Use of Family / Medical Leave** to approve, modify, or deny the request.
Part 3
Supervisory Issues
with FMLA
Supervisor Issues

• Family and Medical Leave is not just for family illnesses, it also applies when the employee gets ill.

• When you known that an employee will be absent for medical reasons for 3 full consecutive calendar days or more, you must email or call Katrina Patterson in HR immediately, so that we can follow-up.

• Without acting quickly, we could be in violation of FMLA policy.
Supervisor Liability

FMLA specifically provides for personal liability against supervisors for interference and harassment. Refer FMLA issues to HR!

• Supervisors cannot contact the Doctor about FMLA issues, it needs to be HR. Refer FMLA issues to HR!

• If the supervisor knows about a potential FMLA issue, the employer is considered to know. Refer FMLA issues to HR!
Supervisor Issues

• Let HR know if FMLA is being used inconsistently with how HR and the Doctor certified it or if you notice trends of suspicious use or abuse of FMLA, especially with intermittent leave. Recertification may be needed.

• Even on intermittent FMLA, employees must give prior notice of planned absences and if possible schedule to have as little effect on work time as possible.
Supervisor Issues

Be strict about having employees file Additional Employment Requests to avoid abuse through moonlighting, which is not against FMLA, or fraud, which is.
Do you have any Questions?

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Pop Quiz

1. What does FMLA stand for?

2. Where can you find the VPH’s FMLA form?

3. Up to how many weeks of unpaid leave does FMLA provide?

4. If a subordinate has an attendance problem and they use FMLA, can you discipline them for being out on FMLA?

5. How many days of consecutive absence due to illness should trigger your call to HR?

6. Who handles FMLA in HR?