



# County of Yolo

## HUMAN RESOURCES OFFICE

625 Court Street, Room 101 Woodland, CA 95695 (530) 666-8055 FAX (530) 666-8049

[www.yolocounty.org](http://www.yolocounty.org)

### COUNTY OF YOLO FAMILY AND MEDICAL LEAVE REQUEST FORM

Please read the attached Family and Medical Leave Policy prior to completing this form. Questions should be directed to your department representative or Human Resources ext. 8055. Employees requesting Family and Medical Leave as a result of a serious medical condition of the employee will be required to use accrued sick leave prior to being granted unpaid leave status. Other permissible uses of accrued sick leave may be authorized, but only as provided in the memorandum of understanding applicable to the employee.

In order to process your request for Family and Medical Leave, please complete the following information. The Family and Medical Leave Act provides for recovery of the County's contribution to health care and dental premiums in the event the employee does not return to work at the expiration of the FMLA leave.

Employee Name: \_\_\_\_\_ Current Work Status: Full Time \_\_\_\_\_  
Classification: \_\_\_\_\_ Part Time \_\_\_\_\_  
(Hours/Week)

Requested leave beginning date: \_\_\_\_\_

Requested leave ending date: \_\_\_\_\_

#### Mark one of the following reasons for requesting FMLA leave:

1. \_\_\_\_ Birth of your child, or the placement of a child with you for adoption or foster care; or
2. \_\_\_\_ Serious health condition that makes you unable to perform the essential functions of your job; or
3. \_\_\_\_ Serious health condition of your child, spouse, or parent for which you are needed to provide care.

**NOTE:** If you are requesting leave for your serious health condition or the serious health condition of your child, spouse or parent, you must submit the Department of Labor "Certification of Health Care Provider" form within 15 days of your application for Family and Medical Leave.

I hereby authorize a health care provider representing the County of Yolo to contact my physician to verify the reason for my requested family and medical leave.

I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Department Head.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**DEPARTMENTAL REVIEW**

Has the employee been given a copy of the County's FMLA Policy? **Yes**  **No**

Does the requested leave fall under the provisions of the FMLA? **Yes**  **No**

Has the employee worked for the County for at least 12 months and for at least 1,250 hours during the 12 months immediately preceding the first day of the leave? **Yes**  **No**

Is the required Certification of Health Care Provider attached? **Yes**  **No**   
(required only if employee is requesting leave due to a serious health condition)

Date FMLA leave is to begin: \_\_\_\_\_

Date FMLA leave to end: \_\_\_\_\_

Will employee be working on an intermittent work schedule during this period of approved leave? **Yes**  **No**

Will employee be taking accrued sick leave, vacation, holiday, compensatory time, or any other personal paid leave during approved leave period? **Yes**  **No**

(Department should review the employee's applicable Memorandum of Understanding to confirm that paid leave, and amount of leave, can be used during the period of approved FMLA leave)

Has the employee been informed of any requirement to continue to make any premium co-payments to maintain health benefits, and the arrangements for making such payment while on FMLA leave? **Yes**  **No**

If the leave is for the employee's own serious health condition, has the employee been informed about the need to present a fitness-for-duty certificate prior to returning to work? **Yes**  **No**

**APPROVALS:**

\_\_\_\_\_  
Supervisor/Manager Signature Date

\_\_\_\_\_  
Department Head Signature Date

*The Department must submit completed Personnel Action Forms to Human Resources indicating the starting and ending FMLA leave dates. A copy of this form (Family and Medical Leave Request Form) must accompany the PAF. Departments are reminded that an employee's request for leave which qualifies under the FMLA cannot be denied. Eligible employees are entitled up to 12 weeks of FMLA leave over a 12 month period.*

## Fact Sheet #28: The Family and Medical Leave Act of 1993

The U.S. Department of Labor's Employment Standards Administration, Wage and Hour Division, administers and enforces the Family and Medical Leave Act (FMLA) for all private, state and local government employees, and some federal employees. Most Federal and certain congressional employees are also covered by the law and are subject to the jurisdiction of the U.S. Office of Personnel Management or the Congress.

FMLA became effective on August 5, 1993, for most employers. If a collective bargaining agreement (CBA) was in effect on that date, FMLA became effective on the expiration date of the CBA or February 5, 1994, whichever was earlier. FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. The employer may elect to use the calendar year, a fixed 12-month leave or fiscal year, or a 12-month period prior to or after the commencement of leave as the 12-month period.

The law contains provisions on employer coverage; employee eligibility for the law's benefits; entitlement to leave, maintenance of health benefits during leave, and job restoration after leave; notice and certification of the need for FMLA leave; and, protection for employees who request or take FMLA leave. The law also requires employers to keep certain records.

### EMPLOYER COVERAGE

FMLA applies to all:

- public agencies, including state, local and federal employers, local education agencies (schools), **and**
- private-sector employers who employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year **and** who are engaged in commerce or in any industry or activity affecting commerce — including joint employers and successors of covered employers.

### EMPLOYEE ELIGIBILITY

To be eligible for FMLA benefits, an employee **must**:

1. work for a covered employer;
2. have worked for the employer for a total of 12 months\*;
3. have worked at least 1,250 hours over the previous 12 months\*; and
4. work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

\* See [special rules for returning reservists under USERRA](#).

### LEAVE ENTITLEMENT

A covered employer must grant an eligible employee up to a total of 12 workweeks of **unpaid** leave during any 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.

Spouses employed by the same employer are jointly entitled to a **combined** total of 12 work-weeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, and to care for a parent who has a serious health condition.

Leave for birth and care, or placement for adoption or foster care must conclude within 12 months of the birth or placement.

Under some circumstances, employees may take FMLA leave intermittently — which means taking leave in blocks of time, or by reducing their normal weekly or daily work schedule.

- If FMLA leave is for birth and care or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval.
- FMLA leave may be taken intermittently whenever **medically necessary** to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

Also, subject to certain conditions, employees **or** employers may choose to use accrued **paid** leave (such as sick or vacation leave) to cover some or all of the FMLA leave.

The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave, based on information from the employee.

**"Serious health condition"** means an illness, injury, impairment, or physical or mental condition that involves either:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care; **or**
- Continuing treatment by a health care provider which includes any period of incapacity (i.e., inability to work, attend school or perform other regular daily activities) due to:

(1) A health condition (including treatment therefor, or recovery therefrom) lasting more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:

- treatment two or more times by or under the supervision of a health care provider; **or**
- one treatment by a health care provider with a continuing regimen of treatment; **or**

(2) Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence; **or**

(3) A chronic serious health condition which continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity (e.g., asthma, diabetes). A visit to a health care provider is not necessary for each absence; **or**

(4) A permanent or long-term condition for which treatment may not be effective (e.g., Alzheimer's, a severe stroke, terminal cancer). Only supervision by a health care provider is required, rather than active treatment; **or**

(5) Any absences to receive multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity of more than three days if not treated (e.g., chemotherapy or radiation treatments for cancer).

**"Health care provider"** means:

- doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; **or**
- podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law; **or**
- nurse practitioners, nurse-midwives and clinical social workers authorized to practice, and performing within the scope of their practice, as defined under state law; **or**
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; **or**

- Any health care provider recognized by the employer or the employer's group health plan benefits manager.

## MAINTENANCE OF HEALTH BENEFITS

A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums while on leave.

In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

## JOB RESTORATION

Upon return from FMLA leave, an employee must be restored to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment.

In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to **before** using FMLA leave, nor be counted against the employee under a "no fault" attendance policy.

Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, an employer may refuse to reinstate certain highly-paid "**key**" employees after using FMLA leave during which health coverage was maintained. In order to do so, the employer must:

- notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;
- notify the employee as soon as the employer decides it will deny job restoration, and explain the reasons for this decision;
- offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice; **and**
- make a final determination as to whether reinstatement will be denied at the end of the leave period if the employee then requests restoration.

A "**key**" employee is a salaried "eligible" employee who is among the highest paid ten percent of employees within 75 miles of the work site.

## NOTICE AND CERTIFICATION

Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable.

Employers may also require employees to provide:

- medical certification supporting the need for leave due to a serious health condition affecting the employee or an immediate family member;
- second or third medical opinions (at the employer's expense) and periodic recertification; **and**
- periodic reports during FMLA leave regarding the employee's status and intent to return to work.

When intermittent leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

Covered employers must post a notice approved by the Secretary of Labor explaining rights and responsibilities under FMLA. An employer that willfully violates this posting requirement may be subject to a fine of up to \$100 for each separate offense.

Also, covered employers must inform employees of their rights and responsibilities under FMLA, including giving specific written information on what is required of the employee and what might happen in certain circumstances, such as if the employee fails to return to work after FMLA leave.

## **UNLAWFUL ACTS**

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

## **ENFORCEMENT**

The Wage and Hour Division investigates complaints. If violations cannot be satisfactorily resolved, the U.S. Department of Labor may bring action in court to compel compliance. Individuals may also bring a private civil action against an employer for violations.

## **OTHER PROVISIONS**

Special rules apply to **employees of local education agencies**. Generally, these rules provide for FMLA leave to be taken in blocks of time when intermittent leave is needed or the leave is required near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to "eligible" employees' use of leave required by FMLA.

The FMLA does not affect any other federal or state law which prohibits discrimination, nor supersede any state or local law which provides greater family or medical leave protection. Nor does it affect an employer's obligation to provide greater leave rights under a collective bargaining agreement or employment benefit plan. The FMLA also encourages employers to provide more generous leave rights.

## **FURTHER INFORMATION**

The final rule implementing FMLA is contained in the January 6, 1995, Federal Register. For more information, please contact the nearest office of the **Wage and Hour Division**, listed in most telephone directories under U.S. Government, Department of Labor.

**U.S. Department of Labor**  
Frances Perkins Building  
200 Constitution Avenue, NW  
Washington, DC 20210

1-866-4-USWAGE, TTY: 1-877-889-5627