

Department Policy and Procedure Manual

Subject: Family and Medical Leave of Absence

Effective Date: 6/1/1998

Scope: Organization-wide

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I. Purpose

This policy defines the process for leaves under the Family and Medical Leave Act (FMLA) of 1993 as amended.

II. Policy Statements

A. Reasons for leave:

1. **Birth/Placement (Bonding)** — to care for a child born to or placed for adoption or foster care with you;
2. **Family Medical** — to care for your parent, child or spouse with a serious health condition.
3. **Employee Medical** — because of your own serious health condition, which renders you unable to perform the functions of your position;
4. **Qualifying Exigency** – because of any qualifying exigency arising out of the fact that your parent, child or spouse is on covered active duty (or has been notified of an impending call or order to active duty) in a foreign country in the Armed Forces; or
5. **Injured Servicemember (Military Caregiver)** – to care for a covered servicemember or covered veteran with a serious illness or injury (incurred or aggravated in the line of active duty in the Armed Forces) and who is your parent, child, spouse, or for whom you are next of kin. Such leave may be taken for up to 26 weeks in a single 12-month period, which period begins on the first day you take leave for this purpose and ends 12 months after that date.

B. Eligibility: You must have been employed by the Hospital for twelve months and must have worked at least 1,250 hours in the twelve months preceding the leave.

C. Certification: If you are requesting FMLA related to your own serious health condition or that of your child, spouse, or parent, you will be required to submit a health care provider's certification verifying the need for a FMLA leave, its beginning and expected ending dates, and the estimated time required.

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- D. **Duration:** If you are eligible for FMLA, for all FMLA leaves other than for Military Caregiver reasons, you may request up to a maximum of 12 weeks of FMLA leave during a rolling 12-month period. Any combination of FMLA leave may not exceed this maximum limit. The number of eligible weeks is determined by looking back twelve months from the date upon which the requested leave would begin. If medically necessary, you may take this leave intermittently or on a reduced work schedule. If this initial period of absence proves insufficient, consideration will be given to a written request for a single extension not to exceed the 12-week limit.
- E. **Unpaid Leave:** FMLA leave is unpaid leave. However, the Hospital requires you to use all accrued Paid Time Off (PTO) before leave is on an unpaid status in certain circumstances. (See Compensation section below.)

III. Procedures

- A. **Notification:** If your need for FMLA leave is foreseeable, you must contact our Absence Management vendor IPMG at 877-737-0032 or www.in-sightonline.com, at least 30 days prior notice or as much notice as is practicable. If the need for leave is not foreseeable 30 days in advance, then you are expected to provide notice to IPMG, via their call-in line or web-site request, as soon as practicable, generally the same day or the next business day you learn of the need for leave. If the need for leave is not foreseeable, you are expected to provide notice as soon as practicable under the facts and circumstances and generally in accordance with the Hospital's usual and customary notice requirement applicable to such leave. Failure to provide such notice may be grounds for delay or denial of leave and may result in adverse employment actions. Requests for FMLA leave must be provided to IPMG via their call in line or Web-site request page.
- B. **Medical Certification:** If you are requesting Family Medical or Employee Medical leave, you will be required to provide a medical certification from a health care provider. The appropriate certification forms will be provided to you by IPMG if you are applying for short term disability benefits, the medical documentation utilized through that process will be accepted in lieu of the FMLA medical certification. Certifications must be provided within 15 calendar days after you are requested to provide such certification. Failure to provide requested

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certification in a timely manner may result in delay or denial of leave or other adverse consequences. For Family Medical and Employee Medical leaves, in its discretion and at its own expense, IPMG may require a second medical opinion, and if the first and second opinions differ, may request a third medical opinion. If a third opinion is requested, it will be provided by a health care provider approved jointly by the employee and IPMG and will be binding. IPMG may also require recertification periodically during a leave. IPMG may also ask for authentication and/or clarification of any medical certification submitted. All forms must be filled out completely and legibly.

- C. **Certification for Qualifying Exigency or Care for Injured Servicemember:** If you are requesting leave for a Qualifying Exigency or to care for an Injured Servicemember, certification forms are also required. For Care for Injured Servicemember, the appropriate certification forms will be provided to you. These certification forms must be provided to IPMG within 15 calendar days after they are requested.

D. **Benefits:**

1. Benefits on an approved paid leave: (i.e. short term disability, paid time off, paid sick leave) The Hospital will deduct your portion of your insurance and benefit deductions and contributions as long as you have sufficient funds to cover them.
2. Benefits on an approved unpaid leave: If your leave is unpaid, you must make arrangements with Human Resources to pay your portion of the premium. Your group health care coverage will cease if your premium payment is more than 30 days late, but you will be notified at least 15 days before your coverage lapses. Additionally, if you fail to return from leave, the Hospital may require repayment of any premium that was paid for maintaining the health coverage for you, unless you do not return because of your continuing or recurring serious health condition or that of a covered family member, or because of other circumstances beyond your control. (Please note: if your insurance coverage is cancelled due to failure to pay your premiums, that is not a qualifying event to be offered COBRA continuation coverage.)

Your benefit plan deductions and contributions cease during an unpaid leave.

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- F. **Reinstatement:** If you take an FMLA leave, you are generally entitled to return to your position or to an equivalent position with equal benefits, pay and other terms and conditions of employment, subject to any applicable exceptions. In addition, you have no greater rights to reinstatement or to other benefits and conditions of employment than if you had not taken FMLA leave.
- G. **Returning to Work/Fitness for Duty:** If you take Employee Medical leave, you may be required to provide a fitness for duty certification that you are fit to resume work and are able to perform all essential job functions. Employees failing to provide a requested fitness for duty certification will not be permitted to resume work until it is provided.
- H. **Intermittent/Reduced Schedule Leave:** Employee Medical, Family Medical and Injured Servicemember leave may be taken intermittently (in separate blocks of time due to a single covered health condition) or on a reduced work schedule (reducing the usual number of hours you work per workweek or workday) if medically necessary. Qualifying Exigency leave may also be taken intermittently or on a reduced work schedule basis. While you are on an intermittent or reduced schedule leave for planned medical treatment, the Hospital may temporarily transfer you to an available alternative position that better accommodates your recurring leave and which has equivalent pay and benefits. **If you are certified to take FMLA leave on an intermittent or reduced leave schedule basis, you must advise IPMG and your Manager at the time of your absence from work if the absence is for your certified FMLA reason.**
- I. **Attendance Policy:** Qualified leave time under this policy is not counted as unscheduled time under the Hospital attendance policy.
- J. **Extension of Leave of Absence:** Following an FMLA leave, you may be granted an extension of leave based on medical necessity (see Personal Leave and Non-FMLA Medical Leave of Absence Policy) and Disabilities and Accommodation Policy.
- K. **Failure to Return to Work:**
1. If you elect not to return to work upon completion of an approved FMLA leave, the Hospital may recover from you the cost of any premiums you did not pay during your leave that the Hospital paid on your behalf to maintain your medical coverage, unless the failure to return to work was for reasons beyond your control.

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2. Failure to return to work following an FMLA leave and without written request for extended medical leave will be considered a voluntary termination, with the termination date being the last day of the scheduled leave, unless there are medical reasons preventing a written request for extension being made.

L. **Compensation while on FMLA Leave:** FMLA leave is unpaid leave. However, the Hospital requires that you use certain available paid time during the period of otherwise unpaid FMLA. All paid leave time, including time for which short term disability benefits and workers' compensation are provided, is substituted for any unpaid FMLA leave and runs concurrent with any FMLA time. Such paid time includes:

1. **Paid Time Off (PTO)** – paid through Hospital payroll. PTO is paid for the following when PTO hours are available prior to your leave being in an unpaid leave status:
 - a. Birth/Placement (Bonding) - required
 - b. Family Medical – required
 - c. Employee Medical
 - 1.) Required:
 - a.) First days of absence prior to short term disability benefits beginning
 - b.) Intermittent leave or reduced status
 - c.) When not eligible for short term disability benefits.
 - 2.) Optional: to supplement short term disability benefits
 - d. Qualifying Exigency – required
 - e. Injured Servicemember (Military Caregiver) – required
2. **Short-Term Disability (STD)** benefit payments may be available to you if you are a benefits eligible employee. This program is managed, approved and paid through the Hospital's third party claims administrator IPMG. (Refer to the Short Term Disability Plan document for more information.)
3. **Workers' Compensation/Temporary Total Disability (TTD)** payments may be available to you for lost time from work due to a work-related injury/illness you incurred. This program is managed, approved and paid through the Hospital's third party claims administrator. (Refer to the Work Related Injury and Illness Policy for more information.)

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IV. Cross References / Related Policies

Personal Leave and Non-FMLA Medical Leave of Absence
Work Related Injury and Illness

Date Written: 6/1/1998

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Administrative Policy & Procedure Committee: 2/1/2020

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