

**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL
DISABILITIES**

Human Resource/Personnel Policy #1005

FAMILY AND MEDICAL LEAVE

EFFECTIVE DATE: August 1, 2011

REVISED: DATE: July 1, 2009

REFERENCES: Federal Family and Medical Leave Act (FMLA) 29 USC § 2601 *et seq.*
U.S. Department of Labor 29 CFR Part 825
Rule 23 of the Rules of State Personnel Board

The Family and Medical Leave Act (FMLA) provides job-protected leave without pay to eligible employees for the birth and care of their newborn child, placement of a son or daughter for adoption or foster care, to care for an immediate family member with a serious health condition, or for their own qualifying serious health condition. The FMLA also provides for job-protected leave without pay to eligible employees due to a family member's call to active duty in the Armed Services or to care for an injured service member. It is the policy of the Department of Behavioral Health and Developmental Disabilities to grant up to twelve (12) weeks of FMLA leave during any rolling 12-month period to eligible employees or up to twenty-six (26) weeks of military caregiver leave to care for a covered service member with a serious injury or illness.

(Section A)

USE OF The Department of Behavioral Health and Developmental Disabilities
(DBHDDDBHDD) requires employees to use
PAID all available annual, sick, compensatory and/or personal leave, as
LEAVE appropriate, while on FMLA leave in order to remain in pay status until
such time as the accrued available leave is exhausted.
If sick leave is utilized, absences must be for reasons that qualify for sick
leave usage. See DBHDDDBHDD Human Resource Policy #1006 -
ANNUAL, SICK AND PERSONAL LEAVE for specific requirements.

(Section B)

USE OF FML Authorized officials cannot deny the use of FMLA leave when the provisions of this policy have been met. It is unlawful to interfere with, restrain, or deny the exercise of (or attempts to exercise) any right provided by the FMLA. Further, it is unlawful to discharge or discriminate against employees for opposing any practice made unlawful by the FMLA or for involvement in any proceeding relating to the FMLA. This policy does not, however, insulate any employee from disciplinary action based on conduct or performance deficiencies.

(Section C)

QUALIFYING REASONS Both male and female employees may be eligible for FMLA leave for any of the following reasons:

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1. Pregnancy and birth of the employee's child;

(Pregnancy is considered a serious health condition under FMLA, and all pregnancy related absences from work [e.g., morning sickness, prenatal examinations, birth, etc.] qualify for FMLA leave and sick leave.)

2. Care of the employee's newborn child;

(When the birth mother [female employee] is released by the attending health care provider to return to work, sick leave cannot be used for further absence unless the newborn child has a serious health condition that supports the use of sick leave.)

3. The placement of a child with the employee for adoption or foster care, and to care for the child after placement;
4. A serious health condition which makes the employee unable to perform the essential functions of the position; or,
5. Care of the employee's child (son or daughter), spouse or parent who has a serious health condition.
6. A qualifying exigency arising out of a covered family member's active duty or call to active duty in the Armed Services in support of a contingency operation.

6.1 An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to active military duty or who is already on active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service when it constitutes a qualifying exigency.

6.2 Qualifying exigencies include: (1) short notice deployment, (2) military events and related activities, (3) childcare and school activities, (4) financial and legal arrangements, (5) counseling, (6) rest and recuperation, (7) post-deployment activities, and (8) additional activities to address other events that arise out of the covered service member's active duty or call to active duty status, provided that DBHDD and employee agree that such leave shall qualify as an exigency and agree to both the timing and duration of the leave. The leave may commence as soon as the in-

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dividual receives the call-up notice.

7. Care of an injured service member who is the employee's family member or nearest blood relative.
 - 7.1 An employee may take up to 26 weeks of FML in a 12-month period to care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.
8. For the aforementioned qualifying reasons for taking FMLA leave the following definitions apply:
 - 8.1 "Child" means a biological child, adopted or foster child, step-child, legal ward, or a child of an employee standing in *in loco parentis* who is either under age 18 or is age 18 or older and incapable of self-care because of mental or physical disability.
 - 8.2 "Family member" means the employee's spouse, child or parent.
 - 8.3 "Parent" means a biological parent or an individual who stands or stood *in loco parentis* to an employee when the employee was a child under age 18. "*In loco parentis*" means having day-to-day responsibility ties to care for and financially support a child. "Parent" does **not** include parents-in-law.
 - 8.4 "Next-of-kin is defined as the closest blood relative of the injured or recovering service member other than the covered service member's spouse, parent, son or daughter.

(Section D) ELIGIBILITY

1. In order to be eligible for FMLA leave, employees must:
 - 1.1 Have been employed with **State government** for a minimum of twelve (12) months. The twelve (12) months do not need to be consecutive; there can be a break in service. Time worked for State government through a temporary services agency may count toward the twelve (12) months minimum requirement if all other conditions are met;

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- 1.2 Have been **present at work** for a minimum of 1,250 hours during the twelve (12) months immediately before the beginning of the FMLA leave (does not include holidays or time away from work on paid or unpaid leave); and
 - 1.3 Have a qualifying reason for taking FMLA leave.
- 2. Eligibility for FMLA leave to care for a newborn child begins on the date of birth and ends twelve (12) months after the date of birth.
- 3. Eligibility for FMLA leave due to the placement of a child with the employee for adoption or foster care may begin prior to the date of placement if absence from work is needed for the placement to proceed. Eligibility ends twelve (12) months after the date of placement.
- 4. FMLA leave for a serious health condition is limited to the time determined to be medically necessary by the attending health care provider.
 - 4.1 FMLA leave to care for a family member with a serious health condition ends if the family member dies. The date of death is the last day that qualifies for FMLA leave.
 - 4.2 Authorized officials may approve leave after the date of death of an employee's family member in accordance with DBHDD Human Resource/Personnel Policy #1006 - ANNUAL, SICK AND PERSONAL LEAVE.
 - 4.3 A leave of absence without pay may also be considered in accordance with DBHDD policy.
- 5. In accordance with Federal regulations, **when both husband and wife are eligible State employees**, they are limited to a combined total of twelve (12) work weeks of FMLA leave in a calendar year for the following reasons:
 - 5.1 birth of the employee's child;
 - 5.2 care of the employee's newborn child. (NOTE: A husband and wife may **each** take 12 weeks of FMLA leave if needed to care for their newborn child with a serious health condition provided they have not exhausted their entitlements during the applicable 12-month FMLA period);

FAMILY AND MEDICAL LEAVE (continued)

5.3 placement of a child with the employee for adoption or foster care, or to care for the child after placement; or

5.4 care of the employee's parent with a serious health condition.

Each spouse is entitled to use the difference between the amount of FMLA leave he or she has taken individually for one of the above reasons and the twelve (12) work week maximum for other qualifying reasons.

(Section E) SERIOUS HEALTH CONDITION

A "serious health condition" is defined as an illness, injury, impairment or physical or mental condition that involves:

1. Inpatient care in a hospital, hospice or residential medical care facility, including any period of incapacity or any further treatment in connection with the inpatient care; or
2. Continuing treatment by a health care provider which includes any one (1) or more of the following:
 - 2.1 A period of incapacity of more than three (3) consecutive calendar days, and any additional treatment or period of incapacity relating to the same condition that also involves:
 - 2.1.1 Treatment two (2) or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or other referred health care services provider; or,
 - 2.1.2 Treatment by a health care provider at least once that results in a regimen of continuing treatment (e.g., prescription medication) under the supervision of the health care provider;
 - 2.2 Any period of incapacity due to pregnancy, or for prenatal care;
 - 2.3 Any period of incapacity or treatment due to a chronic serious health condition that requires periodic treatment, continues over an extended period of time, and may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, migraines, etc.);

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2.4 Any period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's Disease);

2.5 Any period of absence to receive multiple treatments (including recovery period) either for restorative surgery after an accident or other injury or for a condition that would likely result in incapacitation of more than three (3) calendar days if not treated (e.g., chemotherapy for cancer, dialysis for kidney disease, etc.).

3. Substance abuse may meet the criteria for a serious health condition. FMLA leave may be taken for substance abuse treatment or to care for a child, spouse or parent who is receiving substance abuse treatment. FMLA leave for substance abuse treatment does not prevent the Department from taking appropriate disciplinary action against an employee for conduct or performance deficiencies.

(Section F) HEALTH CARE PROVIDER

“Health care provider” means the following:

1. Doctors of medicine or osteopathy;
2. Podiatrists, dentists, clinical psychologists, optometrists;
3. Chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist);
4. Nurse practitioners, nurse-midwives, clinical social workers;
5. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts;
6. Any health care provider from whom the Department or the State Health Benefit Plan will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and,
7. Health care providers listed above who practice in a country other than the United States.

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(Section G)

TIME FRAMES

1. Eligible employees are entitled up to either twelve (12) or twenty- six (26) weeks of FMLA in a single twelve month period.
2. The twelve (12) or twenty-six (26) weeks of FMLA leave are based on an employee's regular work schedule. For example, full-time employees who regularly work five (5) days per work week will be charged one (1) work week of FMLA LEAVE for every five (5) days absent from work. Similarly, part-time employees who regularly work three (3) days per work week will be charged one (1) work week of FMLA LEAVE for every three (3) days absent from work. If a holiday(s) occurs during a week of FMLA LEAVE, the holiday(s) counts toward FMLA LEAVE as if it were a workday.
3. Under the rolling twelve-month period, each time an employee takes FMLA leave for any reason *except* military caregiver leave, DBHDD will measure the 12-month period **backward** from the date the employee uses any FMLA leave. Each time the employee takes FMLA leave, DBHDD will compute the amount of leave the employee has taken in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.
4. For military caregiver leave only, DBHDD will measure the rolling 12-month period going **forward**. The leave year is based on a single 12-month period and begins with the first day the employee takes leave. Any FML already taken for other FML circumstances will be deducted from the total of 26 weeks available

(Section H)

POSTING FMLA NOTICE

1. Information regarding FMLA and procedures for filing complaints of violations are included in the FMLA notice, *Employee Rights and Responsibilities Under the Family and Medical Leave Act*. This notice is available on the Online Information Directives System (ODIS) at the following address:

[Employee Rights and Responsibilities under FMLA](#)

2. DBHDD organizational units are to permanently post the notice in prominent locations where notices to employees and applicants are customarily displayed and are to post such revised notices as they become available.

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(Section I) REQUEST

1. Employees are responsible for notifying supervisors or authorized officials of the need for FMLA leave.
 - 1.1 Employees must give supervisors or authorized officials adequate notice (usually thirty [30] calendar days) when the need for FMLA leave is foreseeable. In cases where the employee fails to provide at least 30 days notice of foreseeable leave, the employee must explain the reasons in writing why such notice was not provided. FMLA leave may be delayed when adequate notice is not provided.
 - 1.2 When thirty (30) calendar days advance notice is not possible, employees must give supervisors or authorized officials notice as soon as they become aware that FMLA leave is necessary.
 - 1.3 If FMLA leave is foreseeable based on planned medical treatment, employees must make a reasonable effort to schedule the FMLA leave, subject to the approval of the attending health care provider, when the operations of the work unit will not be unduly disrupted.
2. When requesting FMLA leave, employees are to provide a completed *FAMILY AND MEDICAL LEAVE REQUEST FORM* (See Attachment #1) to supervisors or authorized officials, unless submitting this form is not possible. The following information must be provided:
 - 2.1 beginning and ending dates of requested FMLA leave;
 - 2.2 request for use of annual, sick and/or personal leave or leave without pay; and,
 - 2.3 reason for the FMLA leave. The reason for the absence must be explained in order to determine whether the absence qualifies for FMLA leave.

(If employees request to use paid leave while on FMLA leave, they are to submit the appropriate leave request forms in addition to the *FAMILY AND MEDICAL LEAVE REQUEST FORM*.)
3. Employees requesting FMLA leave due to pregnancy, child birth, adoption or foster care are to provide to supervisors or authorized officials the completed *CERTIFICATION OF PREGNANCY/CHILD*

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BIRTH Form (See Attachment #2), other medical statement with similar information, or the *CERTIFICATION OF ADOPTION OR FOSTER CARE* Form or similar form (See Attachment #3), whichever is appropriate. Separate FMLA leave request forms and certification forms are not needed to cover each absence. These forms need to be submitted only one time, unless the circumstances regarding pregnancy/child birth or placement change to the extent that updated information is needed.

4. Employees requesting FMLA leave due to a serious health condition (other than pregnancy/child birth) must provide to supervisors or authorized officials a *CERTIFICATION OF SERIOUS HEALTH CONDITION* Form, or other medical statement with similar information, completed by the attending health care provider. (See Attachment #4) When a single serious health condition requires multiple absences (e.g., asthma, chemotherapy, etc.), a separate medical statement is not required for each absence.
 - 4.1 When FMLA leave for a serious health condition is foreseeable, this certification should be provided before the absence begins.
 - 4.2 When it is not possible to provide this certification before the absence begins, employees must provide the certification within fifteen (15) calendar days of the date it is requested.

(Section J) RESPONSE

Supervisors or authorized officials are to respond to FMLA leave requests in writing within **five (5) business days of receipt of the request**, unless there are extenuating circumstances that require clarification or additional documentation is required from the employee. (See Attachments #5 and #6)

1. Approval notices must specify the terms and conditions of the FMLA leave and advise employees of their right to return to work.
2. If an employee is not eligible for FMLA leave, the employee must be notified in writing; and the notice must include the reason why they are not eligible.
3. If sufficient information is not available to determine whether FMLA leave should be approved, authorized officials may conditionally approve the FMLA leave contingent upon receiving required documentation. (See Attachment #7)

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- 3.1 If the request is based on a serious health condition, the conditional approval notice is to include a statement that a completed *CERTIFICATION OF PREGNANCY/CHILD BIRTH* Form (if the absence is pregnancy related), *CERTIFICATION OF SERIOUS HEALTH CONDITION* Form (if the absence is not pregnancy related), or other medical statement with similar information must be submitted to supervisors or authorized officials within fifteen (15) calendar days.
- 3.2 When the required documentation is received, employees will be advised if the FMLA leave is approved or if they are ineligible.
- 3.3 If the required documentation is not provided by the deadline date, the absence will not qualify for FMLA leave and the employee will not receive the protection afforded by FMLA leave. Alternatively, the employee's use of FMLA leave may be delayed.
4. If timely notices are not provided by supervisors or authorized officials, employees are **NOT** entitled to additional time beyond the maximum amount of twelve (12) or twenty-six (26) work weeks for FMLA leave.
5. In the event DBHDD questions the authenticity of a certification form, the Office of Human Resource Management & Development may contact the employee's health care provider to authenticate the form. In the event that DBHDD needs clarification of any information provided, DBHDD may contact the employee's health care provider for clarification purposes so long as HIPAA Medical Privacy Rules are adhered to. The supervisor may **NOT** under any circumstances contact the employee's health care provider directly.
6. If there is a question as to the validity of the certification for FMLA leave **and** only with the approval of the Office of Human Resource Management and Development, the employee may be required to obtain a second opinion from a health care provider chosen by the Department and paid for by the Department.
7. Supervisors or authorized officials who do not comply with the requirements of this policy are subject to disciplinary action up to and including separation.

FAMILY AND MEDICAL LEAVE (continued)

(Section K) CONCERNS

Employees who believe that their FMLA leave requests have not been processed correctly should discuss their concerns with supervisors or authorized officials, their human resource/personnel representative or the OHRMD – Employee Relations Section.

(Section L) DESIGNATING FAMILY AND MEDICAL LEAVE

It is the responsibility of supervisors or authorized officials to designate FMLA leave as appropriate. If FMLA leave is determined appropriate, employees are to be placed on FMLA leave **even when they do not submit a request**. (See Attachment #8) Supervisors or authorized officials may learn that an absence or part of an absence, from work qualifies for FMLA leave either during or after the period of absence. In these circumstances, FMLA leave should be designated as follows:

1. When supervisors or authorized officials learn that an employee is eligible for FMLA leave during a period of absence, any portion of the absence from work that qualifies for FMLA leave should be designated as such. When FMLA leave is designated, medical certification is still required to confirm that the absence qualifies as FMLA leave.
2. Generally, absences from work may not be retroactively designated as FMLA leave after an employee has returned to work. However, FMLA leave may be designated retroactively under the following circumstances:
 - 2.1 When the employee was absent for an FMLA leave reason and the Department did not learn of the reason for the absence until the employee's return. The retroactive designation must be made within fifteen (15) calendar days of the employee's return to duty.
 - 2.2 When the Department knows the reason for leave but has not been able to confirm that the leave qualifies under FMLA leave. In such cases, the FMLA leave designation must be made promptly upon receipt of appropriate certification.
 - 2.3 When the reason for the absence is known beforehand by the Department (e.g., pregnancy/child birth), employees are **NOT** to be retroactively placed on FMLA leave after they return to work.

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(Section M)

PAY STATUS BENEFITS

1. Employees must utilize all accrued available leave (annual, sick, personal or compensatory) as appropriate prior to utilizing leave without pay during FMLA leave. Use of paid leave must comply with DBHDD Human Resource/Personnel Policy #1006 - ANNUAL, SICK AND PERSONAL LEAVE (e.g., sick leave can be used only for reasons that qualify for sick leave).
 - 1.1 Absences due to morning sickness and other pregnancy related absences (including the two [2] weeks immediately before delivery) generally qualify for use of sick leave by female employees.
 - 1.2 The first six (6) weeks following the birth of a child generally qualify for use of sick leave by female employees. Additional use of **sick leave** due to the birth of a child must be supported by a medical statement (e.g., serious health condition of the mother or child). Fathers (male employees) would generally be eligible to use sick leave if their presence is needed due to the serious health condition of the mother or child.
2. Absences related to adoption when the employee's presence is required for health-related reasons qualify for use of sick leave. Other FMLA leave absences related to adoption qualify for use of annual or personal leave or authorized leave without pay.
3. Since leave donations are credited to recipients' sick leave balances, employees who are on FMLA leave can only use donated leave for absences that qualify for use of sick leave.
4. While on FMLA leave, employees who have health insurance benefits through the State Health Benefit Plan are entitled to maintain this health insurance coverage at the employee rate. If premiums change while employees are on FMLA leave, they are responsible for paying the new premiums.
5. In order to maintain health insurance and any benefits through the Flexible Benefits Program (e.g., Accidental Death and Dismemberment Insurance, Dental Insurance, etc.), employees on FMLA LEAVE **with** pay (those using sick/donated, annual or personal leave) continue to pay premiums through payroll deductions.
6. Employees on FMLA LEAVE **without** pay will be advised of the cost for maintaining health insurance and any benefits through the

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Flexible Benefits Program, arrangements for making payments and consequences for not making timely payments.

6.1 Employees on FMLA LEAVE **without** pay must complete and submit the following forms to their human resource/personnel representative or the OHRMD - Operations and Benefits Section, as appropriate, to continue health insurance benefits:

6.1.1 *REQUEST TO CONTINUE HEALTH BENEFITS DURING LEAVE OF ABSENCE WITHOUT PAY* (Form MS66-003): and

6.1.2 *DISABILITY CERTIFICATION* (Form MS66-005), if appropriate.

6.2 Employees with at least one (1) year of participation in the Group Term Life Insurance Program under the Employees' Retirement System (ERS) may retain coverage while on FMLA LEAVE without pay. A request to continue coverage must be made in writing to ERS prior to beginning the FMLA LEAVE without pay. Coverage terminates if this written request is not received.

8. DBHDD has the authority to recover its share of employee health plan premiums paid on the employee's behalf during a period of unpaid FMLA leave from an employee if the employee fails to return to work after the employee's FMLA leave entitlement has been exhausted or expires under certain circumstances.

(Section N) **SYSTEM ENTRY**

Supervisors, authorized officials or designees are to complete the *REQUEST FOR PERSONNEL/PAYROLL ACTION* Forms to place employees on FMLA leave with and/or without pay. These completed forms are to be submitted to the appropriate transactions center for entry.

(Section O) **RECERTIFI- CATION**

Employees on FMLA leave may be required to provide recertification. Recertification cannot be required more often than every thirty (30) calendar days.

(Section P) **INTERMITTENT/ REDUCED LEAVE SCHEDULE**

1. FMLA leave may be taken intermittently or on a reduced leave schedule under certain circumstances. FMLA leave cannot exceed 480 hours in a single 12 month period year.

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- 1.1 Intermittent leave is leave taken in separate blocks of time due to a single qualifying reason (e.g., morning sickness, prenatal examinations).
 - 1.2 A reduced leave schedule reduces employees' normal work hours per work week or per workday.
2. FMLA leave may be taken intermittently or on a reduced leave schedule when medically necessary or to provide care or psychological comfort to a qualifying family member with a serious health condition. A medical statement is not required for each absence when FMLA leave is taken intermittently. Documentation may be required initially, and recertification may be required no more often than every thirty (30) calendar days.
3. FMLA leave may be taken intermittently or on a reduced leave schedule to care for a newborn child or for placement of a child for adoption or foster care **ONLY** with supervisory approval, unless the absence involves a qualifying serious health condition.
4. Employees who request FMLA leave on an intermittent or reduced leave schedule basis may be required to temporarily transfer to an available alternative position that better accommodates recurring periods of absence.
 - 4.1 The alternative position must have equivalent pay and benefits, but is not required to have equivalent duties.
 - 4.2 Employees must not be transferred to alternative positions in order to discourage the use of FMLA leave or to positions that represent a hardship (e.g., employees may not be transferred to a less desirable shift).
 - 4.3 When the need for intermittent leave or a reduced leave schedule ends and employees are able to return to their normal work schedules, they must be returned to their former positions or equivalent positions.
5. Only the amount of leave actually taken on an intermittent or reduced leave schedule basis may be counted toward the twelve (12) work weeks of FMLA leave. For example, employees who normally work five (5) days per work week and take off one (1) day for intermittent FMLA leave will be charged $\frac{1}{5}$ work week of FMLA leave. Simi-

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larly, full-time employees who reduce a work week from forty (40) to twenty (20) hours are charged ½ work week of FMLA leave.

(Section Q) **RETURN TO WORK**

1. Employees who have complied with the terms and conditions in the FMLA leave approval notice are entitled to return to the same position, or an equivalent position with the same pay and grade, benefits and comparable working conditions, at the expiration of FMLA leave.
 - 1.1 Employees do not retain this entitlement if at the expiration of FMLA leave; they are unable to perform the essential functions of the position, with or without reasonable accommodation, due to physical or mental condition.
 - 1.2 Employees on FMLA leave do not have greater rights to return to work than they would have if they had continuously remained at work. For example, employees who are on FMLA leave during a staff reduction do not have a right to return to work if they are laid off due to the staff reduction.
2. Employees returning from FMLA leave due to their own serious health condition are required to submit a return-to-work statement from the attending health care provider prior to returning to work. (See Attachment #9 for a sample that may be used.) This statement must certify that the employee is capable of performing the essential functions of the position, with or without reasonable accommodation. Employees who do not provide a required statement or have restrictions that cannot be reasonably accommodated should **not** be allowed to return to work.
3. Supervisors, authorized officials or designees are to submit completed *REQUEST FOR PERSONNEL/PAYROLL ACTION* Forms to the appropriate transactions center for entry for employees returning from FMLA leave.

(Section R) **RECORD KEEPING**

All FMLA leave related employment records must be maintained for at years and made available upon request by the U. S. Department of Labor. These records include, but are not limited to the following:

1. Correspondence between the employee, supervisor or authorized official regarding FMLA leave;

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2. Records of any dispute regarding designation of leave as FMLA leave; and
3. Any documents describing employee benefits or Department policies and practices regarding the taking of leave with and without pay.

(Section S)

CONFIDENTIALITY

Medical information related to FMLA LEAVE is confidential and is available to individuals on a “need to know” basis only.

FMLA leave is a complex federal law that is used often and must be applied accurately. Any questions or concerns should be directed to the OHRMD – Employee Relations Section at 404/656-5796.

ATTACHMENTS:

Attachment #1 - *FAMILY AND MEDICAL LEAVE REQUEST FORM*

Attachment #2 - *CERTIFICATION OF PREGNANCY/CHILD BIRTH*

Attachment #3 - *CERTIFICATION OF ADOPTION OR FOSTER CARE*

Attachment #4 - *CERTIFICATION OF SERIOUS HEALTH CONDITION*

Attachment #5 - *SAMPLE APPROVAL OF FAMILY AND MEDICAL LEAVE*

Attachment #6 - *SAMPLE INELIGIBLE FOR FAMILY AND MEDICAL LEAVE*

Attachment #7 - *SAMPLE DESIGNATION OF CONDITIONAL FAMILY AND MEDICAL LEAVE*

Attachment #8 - *SAMPLE DESIGNATION OF FAMILY AND MEDICAL LEAVE WITHOUT A REQUEST*

Attachment #9 - *RELEASE TO RETURN TO WORK*

Attachment #10 - *EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT*
