

Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County PERSONNEL POLICIES AND PROCEDURES	EFFECTIVE DATE: January 27, 1999
Subject: FAMILY AND MEDICAL LEAVE POLICY	SUPERSEDES DATE: N/A

POLICY:

The Alcohol, Drug Addiction and Mental Health Services Board will grant up to 12 weeks of family and medical leave during a 12 month period to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA). The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in this policy.

1. Eligibility

In order to qualify for family and medical leave under this policy, the employee must meet the following conditions:

{1} The employee must have worked for the ADAMHS Board at least 12 months, or 52 weeks. The twelve months, or 52 weeks, need not have been consecutive. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.

{2} The employee must have worked at least 1250 hours during the twelve months period immediately before the date when the leave would begin

2. Type of Leave Covered

In order to qualify as FMLA leave under this policy, the employee must be taking the leave for one of the reasons listed below:

- (1) The birth of a child and in order to care for that child;
- (2) The placement of a child for adoption or foster care;
- (3) To care for a spouse, child or parent with a serious health condition; or
- (4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that results in the employee being unable to perform the functions his/her position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice, or residential medical care facility, or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition which, if left untreated, would result in a period of incapacity of more than three days, would be considered a serious health condition.

The ADAMHS Board shall require an employee to provide a doctor's certification of the serious health condition. The certification process is outlined under Procedure #2.

An eligible employee can take up to 12 weeks of leave under this policy during a 12-month period. The ADAMHS Board defines this period as the 12 months prior to the start of the eligible leave. Each time an employee takes leave, the ADAMHS Board will compute the amount of leave the employee has taken under this policy 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.

If a husband and wife both work for the ADAMHS Board, and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not parent "in-law") with a serious health condition, the husband and wife may take a combined total of 12 weeks of leave during the twelve month period.

3. Employee Status & Benefits During Leave

While an employee is on leave, the ADAMHS Board will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition, the ADAMHS Board will require the employee to reimburse the ADAMHS Board the amount it paid for the employee's health insurance premium during the leave period.

If the employee contributes to a disability plan, the ADAMHS Board will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee must continue to make those payments. If the employee does not make these payments, the ADAMHS Board may discontinue coverage during the leave period, or will recover the payments at the end of the leave period, in a manner consistent with the law.

4. Employee Status After Leave

An employee who takes leave under this policy will be able to return to the same job or one which entails substantially equivalent skill, effort, responsibility, authority, and with equivalent status, pay, benefits and other employment terms.

5. Use of Paid and Unpaid Leave

The provisions of this policy shall apply to all family and medical leaves of absence in coordination with other paid and unpaid leave for any part of the 12 weeks of leave to which the employee may be entitled under this policy. If an employee is entitled to paid leave under another policy, the employee must take the paid leave first, and the remainder of the 12 weeks as unpaid leave.

6. Intermittent Leave or a Reduced Work Schedule

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year), or under certain circumstances may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 weeks over a 12-month period.

The ADAMHS Board may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule.

For the birth, adoption or foster care of a child, the ADAMHS Board and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of a child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the ADAMHS Board before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary. The ADAMHS Board may require certification of the medical necessity, discussed under the Procedure.

PROCEDURE:

1. A Request for Leave Form noting that leave is for a Family Medical Leave Act qualifying event must be originated by the employee (Exhibit A). This form should be completed in detail and signed by the employee, forwarded to their immediate supervisor for approval, who then forwards the form to the Executive Director for final authorization before being sent to the Human Resource Department for reporting. If such circumstances make it impossible for the employee (or representative) to complete and submit the Request for Leave Form (i.e., because of a serious illness), it will become the responsibility of the employee's immediate supervisor to complete and submit a form for approval, until the employee is able to submit the form him/herself.
2. The ADAMHS Board will require certification of the serious health condition. The employee should try to respond to such a request within 15 days of the event, or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification may be provided by using the Medical Certification Form contained in Exhibit B of this policy.

Certification of the serious health condition shall include the date when the condition began, its expected duration, diagnosis, and a brief statement of treatment. For medical leave for the employee's own medical condition, the certification must also include a statement that the employee is unable to perform the essential functions of the employee's position. For a seriously ill family member, the certification must include a statement that the patient requires assistance and that the employee's presence would be beneficial or desirable.

If the employee plans to take intermittent leave or work a reduced schedule, the certification must also include dates and duration of treatment and a statement of medical necessity for taking intermittent leave or working a reduced schedule.

3. While on leave, the employee should maintain periodic contact with the employee's immediate supervisor regarding the status of their medical condition
4. A Medical Release to Return to Work (Exhibit C) will be required if the leave is for the employee's own serious health condition.

Source:
U.S. Department of Labor
Employment Standards Administration Wage and Hour Division

CERTIFICATION OF PHYSICIAN OR PRACTITIONER (Family and Medical Leave Act or 1993)

1. Employee's Name:
2. Patient's Name (If other than employee):
3. Diagnosis:
4. Date condition commenced:
5. Probable duration of condition:
6. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.):
 - a. By Physician or Practitioner:
 - b. By another provider of health services, if referred by Physician or Practitioner:

IF THIS CERTIFICATION RELATES TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, SKIP ITEMS 7,8, AND 9 AND PROCEED TO ITEMS 10 THRU 14 BELOW. OTHERWISE, CONTINUE BELOW.

7. Is inpatient hospitalization of the employee required?
8. Is employee able to perform work of any kind? (If "No", skip Item 9)
9. Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, COMPLETE ITEMS 10 THRU 14 BELOW AS THEY APPLY TO THE FAMILY MEMBERS AND PROCEED TO ITEM 15.

10. Is inpatient hospitalization of the family member (patient) required?
11. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?
12. After reviewing the employee's signed statement (See Item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)
13. Estimate the period of time care is needed or the employee's presence would be beneficial:

ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

14. When Family Leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

Employee signature:

Date:

15. Signature of Physician or Practitioner:

16. Date:

17. Type of Practice (Field of Specialization, if any):

MEDICAL RELEASE TO RETURN TO WORK

INSTRUCTIONS TO EMPLOYEE: Give to your doctor for completion and return-completed form to Human Resources.

I authorize my physician to release to the ADAMHS Board for Montgomery County pertinent information regarding my condition.	
Signed: _____	Date: _____

Patient's Name (First)	(Middle Initial)	(Last)	Date of Injury/Illness
Patient's Occupation			
Prognosis			

TO BE COMPLETED BY ATTENDING PHYSICIAN -- PLEASE CHECK

I saw and treated this patient on _____ and:

- Recommend patient return to work with no limitation on _____ (date).
- Patient may return to work on _____ (date) and is capable of performing the degree of work attached* with the following limitations:

LIMITATIONS

- These restrictions are in effect until _____ (date) or until patient is reevaluated on _____ (date).
- Patient is totally incapacitated at this time. Patient will be reevaluated on _____ (date), and it is estimated that this patient may return to work on _____ (date).

PHYSICIAN'S NAME	PHYSICIAN'S ADDRESS	TELEPHONE	DATE

Print Name			

Physician's Signature			

*See attached Job Description / Functions