
 <p><b>Corrections and Community Supervision</b></p> <p><b>DIRECTIVE</b></p>	<p>TITLE</p> <p><b>Family Medical Leave Act</b></p>		<p>NO.</p> <p>2220</p>
			<p>DATE</p> <p>02/05/2020</p>
<p>SUPERSEDES</p> <p>DIR. #2220 Dtd. 03/26/19</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 11</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>29 CFR Chapter V Part 825 FMLA of 1993; Civil Service Law; Workers' Compensation Law; Directive #2202; NYS Civil Service Attendance and Leave Manual</p>		<p>APPROVING AUTHORITY</p> 	

- I. PURPOSE:** To ensure compliance with and consistent application of the Family Medical Leave Act of 1993 (FMLA), a federal law that is administered by the United States Department of Labor. It is emphasized that these are guidelines and discretion must be used in their administration. Be aware that, unlike other programs and benefits which are based on Civil Service Rules or negotiated agreements, the State of New York has no statutory authority for the administration of the FMLA. The Executive staff at each of the Department's facilities are required to implement this program and are responsible for ensuring that appropriate staff and time are provided to ensure compliance.
- II. AUTHORITY:** The FMLA is a federal law that New York State is required to comply with. This directive represents the Department's ongoing interpretation and application, as an employer, of the rights and obligations under the FMLA and its impact on benefits currently provided by law, rule, regulation, and/or negotiated agreement. However, the FMLA does not take precedence over Workers' Compensation Law. The Department's interpretation of the FMLA is subject to clarification by the Wage and Hour Division of the U.S. Department of Labor, acts of Congress, and court decisions. The Attendance and Leave Program and other directives regarding medical documentation and notification rules only apply where the employee does not qualify for FMLA coverage, the illness/injury is not qualifying for FMLA coverage, or the employee has exhausted his or her FMLA coverage for the calendar year.
- 29 CFR Chapter V Part 825 Family Medical Leave Act
  - New York State Department of Civil Service Attendance and Leave Manual Appendix I (Policy Bulletin No. 2009-01)
  - New York State Department of Civil Service Attendance and Leave Manual Appendix I (Policy Bulletin No. 2010-01)
  - New York State Department of Civil Service Attendance and Leave Manual Appendix I (Policy Bulletin No. 2015-01)
  - Sections 71 and 73 of the Civil Service Law
  - Section 21.3 of the New York State Department of Civil Service Attendance and Leave Manual
- III. DEFINITIONS**
- A. FMLA – Family Medical Leave Act of 1993:** The FMLA allows an eligible employee of a covered employer to take job-protected leave for up to a total of 12 workweeks per calendar year (26 workweeks per 12-month period for Military Caregiver Leave) because of a qualifying illness/injury. FMLA is neither a benefit that can be denied by the State nor an accrual that can be used by an employee at their discretion. If the employee and the illness/injury meet the FMLA qualification criteria, the absence **MUST** be designated FMLA.

- B. Employer: New York State, including the Department of Corrections and Community Supervision (DOCCS), “the Department”, is considered a single, covered employer.
- C. Employee: An employee is deemed to be eligible for FMLA coverage if they have been employed by New York State for 52 cumulative weeks and have worked 1250 hours in the 52 weeks immediately preceding the leave.
- D. Qualifying Reasons for Leave: FMLA leave can be used for:
1. The birth of a child and to care for a newborn child within a year of birth;
  2. The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
  3. To care for the employee’s spouse, child, or parent with a serious health condition;
  4. The employee’s own personal health condition that makes him or her unable to perform the essential functions of his or her job;
  5. A qualifying exigency because the employee’s spouse, son, daughter, or parent, meeting the definition of a covered military member, is on active duty or has been notified of an impending call or order to active duty (Qualifying Exigency Leave); or
  6. To care for a covered family member with a serious illness or injury that was incurred in the line of duty while on active duty in the Armed Forces, National Guard, or Reserves (Military Caregiver Leave).
- E. Notification of Eligibility: When an employee requests FMLA leave or the Department acquires knowledge that an employee’s leave request may be FMLA-qualifying, the Department must provide the employee with [Form #WH-381](#), “Notice of Eligibility and Rights & Responsibilities,” which details the employee’s eligibility for such leave, specific expectations, obligations, and consequences of the employee’s failure to meet those obligations.
- F. Designation Notice: When the Department has enough information to determine whether the leave is FMLA-qualifying (such as following the receipt of a completed FMLA Certification), they must designate the leave as FMLA. This designation shall be accomplished by sending the employee a fully completed [Form #WH-382](#), “Designation Notice.”
- G. In Loco Parentis: An employee who has the day-to-day responsibilities to care for and financially support a child or who had such responsibility for an employee when the employee was a child. No biological or legal relationship is necessary. The employee may be required to submit documentation to prove the relationship or may be allowed to submit a notarized statement that the relationship exists (see “In Loco Parentis” letter, Attachment A).

#### IV. PROCEDURE

- A. Employer Posting of FMLA Rights: FMLA regulations require employers to give information concerning the FMLA to its employees in two ways: in the employer’s employee handbook, if it has one; and, by prominently posting a Department of Labor notice [WH Publication #1420](#), “Employee Rights and Responsibilities under the Family and Medical Leave Act,” in a conspicuous place. [WH Publication #1420](#) should also be included whenever the facility mails an employee [Form #WH-381](#) or [Form #WH-382](#).
- B. Notice Given by Employee: An employee must provide notice sufficient to make the employer aware that the employee needs FMLA-qualifying leave, the anticipated timing of such leave, and the duration of the leave.

When the need for leave is foreseeable, an employee must give an employer at least 30 days advance notice, if practicable. If 30 days advance notice is not practicable, notice must be given as soon as possible after the need for leave is known.

Depending on the situation, an employee may have to include certain information to demonstrate the existence of an FMLA-qualifying leave. Examples of such information include but are not limited to: whether the condition renders the employee unable to perform the essential functions of the job, whether the employee has been hospitalized overnight, and whether the employee or family member is under the continuing care of a health care provider.

Employees must comply with the Department's normal call-in procedures, except in emergency situations. When an employee seeks leave due to an approved FMLA-qualifying reason, the employee must specifically reference the need for FMLA leave and identify the condition as "Personal" or "Family" FMLA leave. Employees have the option of requesting leave with pay charged to appropriate accruals or leave without pay and must indicate the chosen option at the time the request for leave is made. An employee who elects **not** to use leave credits during a period of approved FMLA leave remains eligible to request the use of alternate leave credits under the Attendance Rules following exhaustion of his or her entitlement to leave under FMLA and the exhaustion of his or her sick accruals, provided conforming medical documentation is in the possession of the Medical Information Officer or on file.

- C. Verify Employee Eligibility: For an employee to be deemed qualified for FMLA, he or she must meet two separate requirements:
1. The employee must have been employed by New York State for 52 cumulative weeks. The 52 weeks can include breaks in service and/or for service rendered for multiple State agencies. One week counts toward the 52-week criterion if the employee was in "pay status" for any portion of that workweek. Once this criterion has been met, the requirement has been met for the remainder of the employee's career; and
  2. The employee must have worked a minimum of 1250 hours during the 52 consecutive weeks immediately preceding the leave.
    - a. The following time counts towards the 1250-hour criteria:
      - (1) Hours worked;
      - (2) Hours worked during the summer by 10-month employees;
      - (3) Military Time (regardless of pay status);
      - (4) ETE/Comp Time and Comp Over 40 Time;
      - (5) Overtime;
      - (6) Pre-Shift Briefing Time;
      - (7) SWAP Off;
      - (8) Employee Organization Leave; and
      - (9) Administrative Leave.
    - b. The following time transactions do not count toward the 1250-hour criteria:
      - (1) Workers' Compensation;
      - (2) Personal Leave;
      - (3) Vacation Leave;

- (4) Sick Leave;
    - (5) Sick Leave at Half-Pay;
    - (6) Jury Duty Leave;
    - (7) SWAP On;
    - (8) Union Leave; and
    - (9) Disciplinary Suspension (even when directed to make whole by arbiter).
  3. These requirements must be met:
    - a. Each time an employee makes a new request for FMLA (but not each time an employee is absent intermittently using FMLA for a previously approved reason); and
    - b. The first time an employee uses FMLA leave each year (even when the reason for the leave had been approved in the previous calendar year).
  4. An employee must meet the 1250-hour criteria with the first absence for an FMLA-qualifying illness each calendar year. For intermittent absences, as described on the Certification, an individual is considered to have met the 1250-hour criteria for all absences covered by the Certification if the individual has worked 1250 hours in the 52-week period immediately preceding the approval for intermittent FMLA leave.
- D. Notification of Eligibility: If the employee meets both of the requirements detailed above, he or she should be notified in writing via [Form #WH-381](#) within five business days. This mailing should include:
  - [Form #WH-380-E](#), "Certification of Health Care Provider for Employee's Serious Health Condition";
  - [Form #WH-380-F](#), "Certification of Health Provider Care for Family Member's Serious Health Condition";
  - [Form #WH-384](#), "Certification of Qualifying Exigency for Military Family Leave"; or
  - [Form #WH-385](#), "Certification for Serious Injury or Illness of Current Servicemember - for Military Family Leave"; or
  - [Form #WH-385-V](#), "Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave"; and
  - [WH Publication #1420](#), Department of Labor Notice.

NOTE: For an employee's personal illness or injury, [Form #WH-380-E](#), attach a classification standard appropriate to the employee's title and check the statement, "Check if job description is attached."

The employee shall be given 17 calendar days, 15 days per the law and two days for mailing, to submit the FMLA Certification. If the Certification is received after this timeframe, contact Central Office prior to taking any adverse action.
- E. Designation Notice: When an employee submits a fully completed Certification of Health Care Provider, [Form #WH-380-E](#) or [Form #WH-380-F](#), as appropriate, and he or she has been determined to be otherwise eligible for FMLA leave, notice must be given, in writing, that the request for FMLA has either been approved or denied. If approved, the formal designation, provided via [Form #WH-382](#), should include the specific amounts of time and dates that the employee has been approved for and also the requirements for the furnishing of return to duty medical documentation.

The fitness for duty box must be checked for personal FMLA leave and the class standard should be attached. If the employee will be absent on an intermittent basis, the "Call-In Reminder" letter (Attachment B) should be included with the formal designation mailing. If denied, the formal designation should state the reason for denial. The Designation Notice must be sent within five business days, absent extenuating circumstances.

A Certification is "incomplete" if one or more of the applicable entries has not been completed. A Certification is "insufficient" if the information is vague, ambiguous, or non-responsive. If the employer receives a Certification that is determined to be deficient, the employee must be provided with a copy of the deficient Certification and a written notice of the deficiencies, provided via [Form #WH-382](#), allowing the physician seven calendar days, unless not practical under the circumstances, to correct the deficiencies in the Certification. The notice must also advise the employee that **FMLA leave may be denied if the employee fails to provide an adequate Certification.**

The FMLA regulations permit the facility Medical Information Officer to contact the employee's health care provider to clarify (if not otherwise clarified by the employee) and authenticate the medical Certification provided by the employee.

FMLA coverage ends December 31<sup>st</sup> each year. In order to continue coverage into a subsequent year, an employee must submit a new [Form #WH-380-E](#) or [Form #WH-380-F](#), as appropriate.

## V. USAGE

- A. Medical Certification: [Form #WH-380-E](#) and [Form #WH-380-F](#) provide the means for the employer to get information on an employee's medical condition so that they may designate an absence as FMLA leave. The section titled "For Completion by the HEALTH CARE PROVIDER" on [Form #WH-380-E](#) and [Form #WH-380-F](#) must be completed by the health care provider who signs the Certification. It cannot be completed by the employee.

The FMLA regulations allow employers to receive periodic recertification (fully completed [Form #WH-380-E](#) and [Form #WH-380-F](#)) for leave taken because of the employee's own serious health condition or the serious health condition of a family member.

A recertification should be requested:

- When the employee requests an extension of a previously qualified FMLA condition;
- When the conditions described on the original Certification have significantly changed;
- When the employer has information that casts doubt on the validity of the current Certification or the employee's stated reason for the absence; or
- **If the condition is expected to continue for more than six months in the calendar year, the facility will request a recertification in connection with an absence after the six-month date of the completion of the original Certification by the Health Care Provider.**

A Certification ([Form #WH-380-E](#), [Form #WH-380-F](#), [Form #WH-384](#), [Form #WH-385](#), or [Form #WH-385-V](#)) must be treated in a confidential manner in accordance with regular Agency procedures.

- B. Personal Sick: Personal Sick can be charged for absences due to a serious personal health condition when the employee is unable to perform the essential functions of his or her job and during the treatment of such conditions. Employees may charge personal sick leave accruals during periods of FMLA approved absence(s), they may charge any appropriate alternate accruals, or they may choose to be placed on FMLA Leave Without Pay status. This is at the discretion of the employee and no restrictions can be placed on this discretion. Employees may also request sick leave at half-pay if the employee is eligible and the requirements of half-pay have been met.

Employees who are on the formal documentation requirement of the Attendance Control Program are required to provide appropriate medical documentation for each absence, even FMLA qualified absences, if they choose to charge personal sick leave accruals. If the employee chooses to charge any appropriate alternate accrual for an FMLA-qualifying absence, they do not have to supply documentation.

Employees are required to provide a fitness for duty certificate to return to work. The certificate should include a statement that the employee can perform the essential functions of the employee's job. This requirement must be specified on [Form #WH-382](#). The Department may not delay the employee's return to duty while contact with the health care provider is being made, unless allowed to under the provisions of the employee's union contract.

- C. Family Sick: FMLA has a more restrictive definition of "Family Relationship" than the New York State Civil Service Attendance Rules. Employees may charge family sick leave accruals (up to the entitlement of 15, 25, or 30 days, dependent upon the employee's bargaining unit) during periods of FMLA approved absence(s), they may charge any appropriate alternate accruals, or they may choose to be placed on FMLA Leave Without Pay status. This is at the discretion of the employee and no restrictions can be placed on this discretion. If leave for a family member does not qualify for FMLA coverage, it may still be allowable under the Attendance Rules. If the leave does not qualify for FMLA coverage, normal Department rules regarding notification and documentation apply.

The following are definitions used to identify qualifying family relationships under the FMLA:

1. Son or Daughter: A biological, adopted, or foster child, a stepchild, legal ward, or a child of a person standing in loco parentis, who is either under age 18 or over age 18 and incapable of self-care because of a mental or physical disability.
2. Parent: A biological or adoptive parent or an individual who stands or stood in loco parentis to an employee when the employee was a child. If an employee submits an FMLA Certification for an in loco relationship parent, they must also provide reasonable documentation or statement. This documentation may take the form of a simple statement from the employee. Attachment A, "In Loco Parentis" letter, is an example that can be used.
3. Spouse: Two people, legally married as recognized under State law for purposes of marriage, including same sex marriages, that were legally performed in jurisdictions where they are recognized, and common law marriages where recognized (domestic partners are not included in this definition).
4. Next of Kin: Applies only to Military Caregiver Leave. To determine if a relationship is qualified, contact the Central Office Bureau of Personnel.

Facilities are allowed to ask for confirmation of any family relationship if there is a question. The employer may require the employee giving notice of the need for leave to provide reasonable documentation or a statement of family relationship. This documentation may take the form of a simple statement from the employee, a child's birth certificate, or a court document, etc. The employer is entitled to examine documentation such as a birth certificate, etc., but the employee is entitled to the return of the official document submitted for this purpose. Contact the Central Office Bureau of Personnel if you require additional documentation from an employee.

FMLA does not allow the use of sick leave accruals for more than 15 days (25 days for employees in the CSEA bargaining units or 30 days for employees in the NYSCOPBA bargaining unit) for the serious illness of a family member. If the leave will continue beyond 15 days (25 days for CSEA or 30 days for NYSCOPBA) for a family member, the employee must charge alternate accruals or be placed on FMLA Leave Without Pay status.

Employees who are on the formal documentation requirement of the Attendance Control Program are required to provide appropriate medical documentation for each absence, even FMLA qualified absences, if they choose to charge family sick leave accruals. If the employee chooses to charge any appropriate alternate accrual for an FMLA-qualifying absence, they do not have to supply documentation.

- D. Intermittent Usage: If the submitted Certification, [Form #WH-380-E](#) or [Form #WH-380-E](#), states that the employee will be absent on an intermittent basis, the Certification must state a probable duration and the frequency and duration of episodes of incapacity. For "follow-up treatments," it must include an estimated treatment schedule, if any, including dates of any scheduled appointments and the time required for each appointment, including recovery period. For absences for a family member, it must state the probable duration of the need. FMLA cannot be approved unless this information is provided.

**Employees who take intermittent FMLA leave for a planned medical treatment are obligated to make a reasonable effort to schedule the planned treatment so as to not unduly disrupt workplace operations.**

For instruction on how to determine if a Certification is sufficiently complete, see Sections IV-E and V-A.

Where an employee would be required to work overtime ("stick list") but cannot do so because of a FMLA-qualifying condition, the employee must be charged FMLA leave for the hours not worked. Questions regarding the amount of FMLA to charge should be directed to the facility's Central Office Personnel Representative.

The employee is required to provide a fitness for duty certificate to return to work from each intermittent absence (but not more often than once every 30 days) if reasonable safety conditions exist regarding the employee's ability to perform his or her duties. The certificate should include a statement that the employee can perform the essential functions of the employee's job. This requirement must be specified on [Form #WH-382](#). The Department may contact the employee's health care provider to clarify and authenticate the fitness for duty certificate but may not delay the employee's return to duty while contact with the health care provider is being made, unless allowed to under the provisions of the employee's union contract.

If the employee reports absent from work due to a FMLA-qualifying reason and the employee has exhausted his or her 12-week entitlement, the employee must be provided written notice within five business days of the employee's first notice of the need for leave subsequent to the exhaustion of FMLA entitlement.

This designation shall be accomplished by sending the employee a fully completed [Form #WH-382](#), checking the statement, “You have exhausted your FMLA leave entitlement in the applicable 12-month period.”

Employees who will be absent on an intermittent basis MUST identify the absence as either “Personal” or “Family” sick and as FMLA when they call in to report their unscheduled absence or on their pre-approved time off slip. They must also identify the accrual they want charged or that they choose to be placed on Leave Without Pay. Failure to identify the absence as FMLA may result in occasions being assessed.

The employee must meet the 1250-hour criteria only for the original approval of FMLA for a particular condition per calendar year. For intermittent absences, as described on the Certification, an individual is considered to have met the 1250-hour criteria for all absences covered by the Certification if the individual has worked 1250 hours in the 52-week period immediately preceding the first use of intermittent FMLA leave for a particular condition.

If the employee has a subsequent FMLA-qualifying illness/injury, they must meet the 1250-hour criteria for absences related to the subsequent illness/injury only. They may continue to be intermittently absent for the first FMLA illness/injury without meeting the 1250-hour criteria.

- E. Disciplinary Action: The FMLA prohibits an employer from taking disciplinary action against an employee for taking absences that are FMLA-qualifying. If disciplinary action is taken against an employee who has taken an FMLA-qualifying absence, the reasons for the action must be unrelated to the FMLA absence.

Employees who use FMLA on an intermittent basis MUST identify the absence as FMLA when they report the absence (either via call-in or pre-approved time off slip). Failure to do so may result in the employee being assessed occasions for the absence as prescribed in Directive #2202, “Attendance Control Program.”

- F. Qualifying Exigency Leave: Allows eligible employees to take up to 12 weeks of FMLA leave per calendar year for a qualifying exigency because the employee’s spouse, son, daughter, or parent in the Armed Forces (including the National Guard or Reserves) is on covered active duty or has been notified of an impending call or order to covered active duty.

For examples of qualifying exigencies, see New York State Department of Civil Service Attendance and Leave Manual, Appendix I (Policy Bulletin No. 2010-01).

Legislation defines covered active duty to include members of the regular Armed Forces as well as members of the Reserves and National Guard but limits the availability of qualifying exigency leave to those members who are deployed to a foreign country.

Leave is available on an intermittent basis, as necessary. The 12 weeks of Qualifying Exigency Leave is included in the 12 weeks of FMLA leave available for all other usages, except Military Caregiver Leave.

Generally, sick leave accruals cannot be charged for periods of Qualifying Exigency Leave. An employee may elect to charge any appropriate accruals or may choose to designate the period of absence as Leave Without Pay.

[Form #WH-384](#) must be submitted to enable the Department to confirm the need for Qualifying Exigency Leave. The employer may also require the employee to provide a copy of the covered military member’s active duty orders. If the qualifying exigency involves meeting with a third party, the form requires that the employee provide contact information for the third party and explain the nature of the meeting.

The Department may contact the appropriate unit of the Department of Defense to verify that the covered military member is on active duty or has been notified of an impending call to active duty status.

- G. **Military Caregiver Leave:** Allows eligible employees to take up to 26 weeks of FMLA leave in a single 12-month period to care for a covered servicemember/veteran. A covered servicemember/veteran is an eligible employee's spouse, parent, son, daughter, or next of kin who is a member of the Armed Forces, National Guard, or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces); or a **veteran** who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy. Leave is available on an intermittent basis, as necessary. **This FMLA usage is significantly different from other FMLA usages; therefore, it is imperative that facilities contact the Central Office Bureau of Personnel to discuss the circumstances of the request prior to approval or disapproval.**

Eligible employees are allowed up to 26 weeks of leave in a single 12-month period per covered servicemember/veteran per injury. The 12-month period must be measured forward from the start date of the first use of Military Caregiver Leave. Additional periods of up to 26 weeks of leave may be taken in subsequent 12-month periods to care for a different servicemember/veteran or to care for the same servicemember/veteran who has a subsequent serious illness or injury.

A husband and wife, who are both employed by the Department, are limited to a combined 26-week Military Caregiver Leave in a single 12-month period per servicemember/veteran, per injury.

[Form #WH-385](#) or [Form #WH-385-V](#) must be submitted to enable the Department to confirm the need for Military Caregiver Leave, except when an "Invitational Travel Order" (ITO) or an "Invitational Travel Authorization" (ITA) is submitted by an eligible employee (see below). The Certification must be completed by one of the following:

- A United States Department of Defense (DOD) health care provider
- A United States Department of Veterans Affairs (VA) health care provider
- A DOD TRICARE network authorized private health care provider
- A DOD non-network TRICARE authorized private health care provider
- A health care provider as defined in Title 29 CFR 825.125

The eligible employee may submit an ITO or an ITA, issued to any family member to join an injured or ill service member at his or her bedside, in lieu of [Form #WH-385](#) or [Form #WH-385-V](#).

To Whom It May Concern:

I am requesting to be qualified for Family Medical Leave Act coverage for an illness/injury to \_\_\_\_\_.

CHECK THE TYPE OF RELATIONSHIP THAT APPLIES TO YOUR REQUEST:

☐ **This person acted as a parent “in loco parentis” to me when I was a child.**

(The above-named person, although not a biological or legal parent to me, had day-to-day responsibilities to care for and financially support me when I was under 18 years of age.)

☐ **I am acting as a parent “in loco parentis” to the above-named person.**

(The above-named person is not a biological or legal child of mine; however, I have day-to-day responsibilities to care for and financially support this person, who is under 18 years of age.)

I have attached a fully completed Certification of Health Care Provider (US Department of Labor form WH-380), which explains the qualifying condition.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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**ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public (please sign and affix stamp)

Attachment

\_\_\_\_\_  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

You have been qualified for Family Medical Leave Act coverage for an illness or injury to yourself or a family member. The attached form details the information regarding your coverage.

If you will be absent from work on an intermittent basis, you are required to give the facility prior notice of your absence when you are aware that you will be absent, up to 30 days prior to the absence. When submitting a time off request, you must write "Personal FMLA" or "Family FMLA" on the slip and indicate how you will be charging accruals or that you choose to be placed on Leave Without Pay. Failure to give this notice may result in the absence not being considered qualified for FMLA coverage.

If you cannot give prior notice and must call-in to report an absence, notify the person taking the call that it is "Personal FMLA" or "Family FMLA," and indicate how you will be charging accruals or that you choose to be placed on Leave Without Pay. Again, failure to give this notice may result in the absence not being considered qualified for FMLA coverage.

If you have any questions regarding this situation, please feel free to contact me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, extension \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Medical Information Officer

Attachment  
cc: Timekeeper  
Medical File