

MEMORANDUM

TO: DFA Office Directors

FROM: Karen Holloway
Personnel Officer

DATE: March 22, 1995

SUBJECT: Final Regulations on Family Medical Leave Act

The final regulations for the Family Medical Leave Act and will be in effect on April 6, 1995. In these regulations, there has been some changes which will effect this agency. The burden of notification of the use of Family Medical Leave has been shifted from the employee to the employer. Therefore, when an employee is out due to their own illness or a serious health condition of a family member, it is your duty to provide notification to that employee. I suggest that you delegate this duty to your leave clerk or a subordinate that has direct knowledge of your employee's absences and the reasons for these absences. Notification should be provided to your employees after they have been absent for a serious health condition as soon as possible, but no later that after the third day of absence. Failure to properly notify an employee that they are on Family Medical Leave can result in an extension of the time that the agency has to pay insurance for this employee. The Family Medical Leave Act provides that the employer pay for the employee's portion of health insurance for a period not to exceed 12 weeks in a year. The 12 week period begins with this notification. I am attaching a form letter which can be used for this purpose.

Also, these final regulations have clarified the definition of "serious health condition" and the circumstances that Family Medical Leave can be granted. Please refer to the attached summary for details regarding changes in this act. Please keep in mind that the state's leave law is much more liberal than the Family Medical Leave Act, and it allows the use of medical leave to care for a sick family member and "family" has a much broader definition under state law than spouses, children, and parents. If you would like to get a copy of the federal register which addresses these changes, it is available in my office. If you or your designee has any questions, please call me at 359-2514.

Attachments - DOL Program Highlights
Summary of Changes In FMLA
FMLA Leave Request Form

MEMORANDUM

TO: _____

FROM: _____

DATE: _____

SUBJECT: Request For Family Medical Leave

On _____, you notified us of your need to take family\medical leave due to:

_____ the birth of your child, or the placement of a child with you for adoption or foster care;

_____ a serious health condition that makes you unable to perform the essential functions of your job;

_____ a serious health condition affecting a member of your family (please indicate) _____ child _____ spouse _____parent for which you are needed to provide care.

You have a right under the FMLA for up to (twelve) 12 weeks of leave in a (twelve) 12 month period for the reasons listed above. Also, your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that:

You are _____eligible _____not eligible for leave under FMLA.

The requested leave _____will _____will not be counted against your annual FMLA leave entitlement.

You will be required to furnish medical certification of a serious health condition. Please provide this certification as soon as possible to your leave clerk. Failure to provide this certification may result in non-approval of leave under FMLA.

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FMLA Notice

We require that you use accrued leave during your FMLA absence.

If you normally pay a portion of your premiums for your health insurance and you have exhausted all leave, you may continue your health and other insurance by arranging premium payments with Payroll at 359-3624.

While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work as appropriate. If the circumstances of your leave change and you are able to return to work, please inform us as soon as possible.

You will be required to provide recertification relating to a serious health condition on an annual basis.

cc: Payroll
Personnel