



**Leaves of Absence Issues  
PBMA Meeting  
November 17, 2021**

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**FMLA (Family and Medical Leave Act) Leave of Absence**

The Family and Medical Leave Act provides unpaid, job-protected leave for eligible employees\* for up to 12 weeks during a 12-month period for the following reasons:

- Birth and care of a female employee's child
- To care for a newborn child (male spouse)
- The placement of a child with the employee for adoption or foster care
- When an employee is needed to care for a child, spouse, or parent who has a serious health condition
- When the employee is unable to perform the functions of his or her job because of a serious health condition (as defined by the FMLA)
- Military Family Leave (two categories):
  1. Qualifying Exigency – up to 12 weeks to tend to certain family matters arising out of family member military duty
  2. Caregiver – up to 26 weeks to care for a covered service member

*\*eligible employees are those who have been employed for at least 12 months and who have met the 1250 work hours requirement in the 12 months preceding the leave*

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### FMLA

- The law provides for continuation of all health and welfare benefits at **no additional cost** to the employee during the FMLA Leave of Absence. This is true regardless of whether the FMLA leave is paid or unpaid.
- With the exception of an FMLA leave for the birth of a child or placement of a child for adoption or foster care, the 12 weeks of leave do not have to be taken consecutively. The leave can be taken intermittently assuming medical necessity of the employee or the immediate family member.
- The FMLA does not require that the leave be paid. The employee may elect or the employer may require the employee to exhaust eligible paid leave concurrently with FMLA leave. We require it per our FMLA Policy.
- \*\*\*There are special FMLA rules for teachers that may place limitations on (1) FMLA leave near the end of an academic term, (2) the use of intermittent leave, (3) the duration of leave, and (4) restoration to an equivalent position. Please consult the Human Resources Department for more information in this area.

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### FMLA PROCESS

- Employee requests the FMLA leave by completing all employee sections of the Leave of Absence form then returns to employer with required backup documentation (i.e., Certification of Health Care Provider)
- Employer then completes the Designation Notice (p. 3) of the Leave of Absence form and gives it to the employee. The purpose of this section is to:
  - Inform the employee of the approval (or not) of his/her request for FMLA Leave
  - Specify the dates of the leave
  - Request additional documentation (if needed)
  - Articulate if the leave is paid or unpaid
  - If paid, indicate how the leave will be paid and for how long
- A copy of the form is given to the employee with the original filed in the personnel file

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### **Other FMLA (and related) Documents**

- Certification of Health Care Provider for Family Members
- Certification of Health Care Provider for Employee's Serious Health Condition
- FMLA Policy
- Benefit Guidelines for Leaves of Absence
- Notification of Fitness for Duty Evaluation Procedure
- Fitness for Duty Certificate
- Recommended Minimum Policy for Paying Maternity/Paternity Leaves of Absence for Parishes and Schools

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### **Maternity/Paternity Leave Guidelines**

- FMLA provides up to 12 weeks of job-protected Maternity/Paternity Leave. FMLA leave runs concurrently with the paid leave set forth below.
- Model Parish Personnel Guidelines provide four weeks of leave be paid for Maternity/Paternity Leave without employee having to use Sick Days. Because the policy is not dependent on incapacitation of the employee and instead provides leave for "bonding time" with the newborn, it must be applied equally to male and female employees.
- A female employee (i.e., birth mother) may have additional paid leave available due to her incapacitation and the use of sick days.
- In all cases, the employee would be required to exhaust available and eligible sick and vacation days before going into unpaid status.
- Recommended Minimum Policy for Paying Maternity/Paternity Leaves of Absence issued to all parish schools.

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### MEDICAL LEAVE OF ABSENCE (MLA)

Possible reasons an employee would request an MLA:

- ✓ Elective Surgery
- ✓ An illness that does not qualify as an FMLA “serious health condition”
- ✓ Exhaustion of 12 week FMLA entitlement in a 12 month period
- ✓ Not eligible for FMLA

A medical leave of absence (e.g., FMLA and then MLA or MLA alone) can last for a total of 12 months, unless circumstances dictate otherwise. For an extended medical leave of absence, the employee should be made aware of the long-term disability (LTD) process.

### RE-EMPLOYMENT

Unlike an FMLA Leave where re-employment rights are protected by law, there is no such legal guarantee for an MLA. However, the Parish/School will generally hold the job open for 6 months. If the employee returns within 6 months, he/she will generally be reinstated in the job held prior to the leave.

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### MLA PROCESS

- Employee completes the appropriate sections on the Leave of Absence form then forwards to employer
- Employer completes the Company Response section (p. 2) and then returns it to the employee. This section will include:
  - Whether the leave is paid or unpaid
  - If paid, indicate how the leave will be paid and for how long
  - Duration of the leave
- Sick and/or vacation days should be used at the beginning of an MLA until exhausted

During the paid portion of an MLA (i.e., using sick and/or vacation days), the employee will continue to pay the employee portion of any premiums as well as make contributions to the Flexible Spending Account (FSA).

During the unpaid portion of an MLA, the employee will have to pay the full monthly premium for medical and/or dental (both the employee and the employer portion) as well as make the monthly contribution to his/her FSA.

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## SCENARIOS

**Scenario 1:** A new, full-time employee has an appendicitis attack resulting in an emergency appendectomy. His physician requires him to be off work for three weeks to recover from the surgery.

1. Is the employee eligible for FMLA? How do you determine this?
2. If not, how do you handle the required time off?

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## SCENARIOS

**Scenario 2:** A full-time employee with five years of employment needs to take a leave of absence beginning December 1, 2021 for her serious health condition (as defined by the FMLA). Earlier this year (in March and April of 2021) this employee used 8 weeks of FMLA leave.

1. How do you determine the amount of FMLA leave time this employee has available on December 1, 2021?
2. If the employee requires more time off than she has available via FMLA, how do you handle this?

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## SCENARIOS

### Follow-up questions:

1. Are the above leaves paid or unpaid?
2. What paperwork should be completed for both?
3. How is payment of health insurance premiums handled while employees are on leaves of absence (FMLA or otherwise)?
4. What if the employee in Scenario 2 needed FMLA leave to care for her spouse's serious health condition rather than her own serious health condition?

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## SCENARIOS

**Scenario 3:** Mrs. Jackson, your full-time science teacher, is having her first child in December. Her due date is December 10. Given that it is her first child, she wants to take the maximum amount of leave she can for recovery and bonding time.

1. What is the first question that must be answered?
2. What is the next question to answer?
3. What paperwork is involved in this maternity leave?
4. How is FMLA leave time tracked in this instance?
5. How will pay and benefits work in this instance?

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## FAMILY AND MEDICAL LEAVE POLICY

The Archdiocese of Cincinnati and its Affiliates (defined as any entity that is subject to the administrative authority of the Archbishop of Cincinnati under Canon Law) provide eligible employees up to 12 weeks of job-protected leave in compliance with the Family and Medical Leave Act (FMLA). FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable leave for certain family and medical reasons.

### DEFINITIONS

**Family Medical Leave of Absence** is available for eligible employees for up to twelve weeks during a twelve-month period for the following reasons: (i) the birth of the employee's child and to care for the newborn child; (ii) the placement of a child with the employee for adoption or foster care; (iii) when the employee is needed to care for a child, spouse, or parent who has a serious health condition; (iv) when the employee is unable to perform the functions of his or her position because of a serious health condition (as defined by the FMLA); or (v) for Military Family Leave (a qualifying exigency or care for an injured service member).

**Date of leave** is determined by a rolling 12-month period, measured backward from the date an employee uses any FMLA leave. That is, each time an employee takes FMLA leave, the remaining leave entitlement would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months. The right to take a leave for the birth or placement of a child expires 12 months after the birth or placement of the child.

**Serious health condition** is an illness, injury, impairment, or physical or mental condition that involves (i) inpatient care in a hospital, hospice, or residential medical care facility, (ii) continuing treatment by a health care provider (as defined by the FMLA); (iii) any period of incapacity due to pregnancy or prenatal care; (iv) continuing treatment by a health care provider for an incurable or serious chronic or long-term health condition.

1. "Continuing treatment" consists of treatment by a health care provider two or more times in-person within 30 days of incapacity or in-person treatment by a health care provider on one occasion that results in a regimen of continuing treatment, where the first in-person health care provider visit occurs within the first seven days of incapacity.
2. An employee with a chronic serious health condition must visit a health care provider in-person at least twice per year.
3. Unless complications arise, the common cold, flu, earaches, upset stomach, minor ulcers, headaches other than migraines, and routine dental problems are not "serious health conditions" and do not qualify for FMLA leave. Conditions for which cosmetic treatments are administered (e.g. acne or plastic surgery) are not "serious health conditions" unless inpatient hospital care is required or unless complications arise.





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4. Although substance abuse may be a “serious health condition,” FMLA leave may only be taken for treatment for substance abuse by a health care provider. Absence because of an employee’s use of the substance does not qualify for FMLA leave.
5. Where the condition involves the employee, the term means a condition that makes the employee unable to perform the functions of his or her position.
6. Where the condition involves a spouse, child or parent, the term means a condition which requires the employee to be absent from work for the care of such family member.

### **ELIGIBILITY**

To be eligible for leave, an employee must have been employed for at least twelve months in total; must have worked at least 1250 hours during the twelve month period preceding the commencement of the leave; and must be employed at a worksite where 50 or more employees are employed within 75 miles of that worksite. All schools, parishes, agencies and other organizations belonging to or affiliated with the Archdiocese of Cincinnati and subject to any aspect of supervisory authority of the Archbishop of Cincinnati under canon law are considered a single worksite for purposes of this requirement.

### **NOTIFICATION AND REPORTING REQUIREMENTS**

When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, the employee must provide reasonable prior notice (normally 30 days advance notice) and, for medical treatment, must make reasonable efforts to schedule leave so as not to disrupt the Employer’s operations. If appropriate notice has not been given, leave may be denied until such notice is provided.

In case of illness, the employee will also be required to report periodically on his or her leave status and intention to return to work. Such notification must normally be provided every 30 days unless the medical certification indicates that the minimum duration is more than thirty (30) days. The Employer may require subsequent recertification of a medical condition upon the expiration of the certification. If the medical certification covers an ongoing or chronic condition, the Employer may require recertification every six months. Failure to comply with certification requirements may result in denial of family or medical leave. Employees returning to work may be required to provide a doctor’s certification releasing them to work.

### **BASIC REGULATIONS AND CONDITIONS OF LEAVE**

1. The Employer shall require medical certification to support a claim for leave for an employee’s own serious health condition or to care for a seriously ill child, spouse or parent. For the employee’s own medical leave, the certification should include a statement that the employee is unable to perform the essential functions of his or her position. For leave to care for a seriously ill child, spouse or parent, the certification must include an estimate of the amount of time the employee is needed to provide care. In its discretion, the Employer may require a second medical opinion and periodic recertification at its own expense. If the first





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and second opinions differ, the Employer, at its own expense, may require the binding opinion of a third health care provider, approved jointly by the Employer and the employee.

2. If medically necessary for a serious health condition of the employee or the employee's spouse, child or parent, leave may be taken on an intermittent or reduced leave schedule. If leave is requested on this basis, however, the Employer may require the employee to transfer temporarily to an alternative position which better accommodates recurring periods of absence or a part-time schedule, provided that the position has equivalent pay and benefits. An employee needing intermittent FLMA leave or leave on a reduced schedule basis must attempt to schedule their leave so as not to disrupt the employer's operations. An employee requesting intermittent FMLA must also follow the Employer's normal call-in procedures.
3. If an employee fails to provide the required medical certification, leave may be denied until such certification is provided.
4. Spouses who are both employed by the same Employer are entitled to a total of twelve weeks of leave (rather than twelve weeks each) for the birth or adoption of a child, or care of a parent with a serious health condition.
5. Employees requesting a leave pursuant to this policy will be required to use any paid time off (including vacation and sick pay) for which they are eligible.
6. If an employee fails to return to work on the agreed upon return date, and has not notified the Employer, the Employer will assume that the employee has resigned.

### **MILITARY FAMILY LEAVE**

The FMLA entitles eligible employees to "Qualifying Exigency" leave (as defined by the FMLA). Eligible employees with a spouse, son, daughter or parent who is a current member of the Armed Forces, including a member of the National Guard or Reserves, may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

The first time an employee requests FMLA exigency leave, the Employer may require that the employee provide a copy of the family member's active duty orders or other reasonable documentation. The Employer may require the employee provide reasonable documentation for each specific exigency where leave is required.

The FMLA entitles eligible employees to Military Caregiver Leave. The FMLA includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. This leave is per-service member and per-injury. A covered service member is a current member, or veteran, of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service





member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. The maximum amount of FMLA any eligible employee may take in a 12-month period is 26 weeks.

The Employer may require the employee to submit certification providing sufficient facts to support the request for leave, including certification by the service member's health care provider and written documentation confirming that the covered service member's injury or illness was incurred in the line duty on active duty and that the covered service member is undergoing treatment for such injury or illness by a health care provider.

### **STATUS OF EMPLOYEE BENEFITS DURING LEAVE OF ABSENCE**

1. Medical benefit coverage will be maintained for an employee who is granted an approved leave of absence under this policy, unless the employee opts to cancel coverage during FMLA leave. Employees who wish to maintain such coverage during the leave must continue to make the contributions which they normally make for such coverage during leave. Payments are due on or before the first day of the month. Failure to make the required payment may result in termination of the coverage. If coverage is cancelled during FMLA leave, it will be reinstated at the same level as prior to the leave if the employee returns during the same plan year and as long as the employee returns to work immediately upon FMLA leave being exhausted.
2. Coverage under the Flexible Spending Account Plan will also continue during the FMLA leave, unless the employee elects to opt-out at the beginning of the leave. Payments are due on or before the first day of the month. Failure to make the required payment may result in termination of the coverage. If the employee opts-out and returns to work immediately following the FMLA leave, the employees' coverage in the Flexible Spending Account Plan will be reinstated upon his/her return if it is during the same Plan Year. The employee will be automatically re-enrolled at the same annual amount the employee was enrolled in prior to his or her leave. The amount of payments missed during the employees FMLA leave will be prorated over the remainder of the Plan Year. No expenses will be reimbursable during the FMLA leave if he or she opts-out of coverage or fails to make timely payments during the leave.

### **PROCEDURES**

1. A Leave of Absence Form must be submitted to management by the employee. This form should be completed in detail, signed by the employee, submitted to the immediate supervisor for proper approval, and forwarded to Human Resources or appropriate office. When possible, the form should be submitted at least thirty (30) days in advance of the effective date of the leave.
2. All requests for family and medical leaves of absence due to illness should include a completed medical certification form. In the case of certification for intermittent leave or leave on a reduced leave schedule for planned medical treatment, the reason why such leave





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is required, the dates on which such treatment is expected to be given and the duration of such treatment must be included.

**MODIFICATIONS AND EXCEPTIONS**

The Archdiocese of Cincinnati and its Affiliates reserve the right to unilaterally modify this policy and procedure at any time. Any exception must have the approval of the Department Directors and be coordinated with Human Resources.

Nothing in this policy is intended to create a contractual obligation between the Archdiocese or its Affiliates and any employee, nor is it intended to alter the employment-at-will status. While this policy sets forth a general management guideline, the Archdiocese/Affiliates reserve the right to terminate the employment relationship at any time, with or without prior notice.



## Leave of Absence Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location/Department: \_\_\_\_\_

### I. LENGTH OF LEAVE

I request time off from work from \_\_\_\_\_ to \_\_\_\_\_

Total number of days off (if known): \_\_\_\_\_

Is this leave intermittent leave?  Yes  No

Total number of sick days available: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### II. TYPE OF LEAVE (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Family or Medical Leave Act [FMLA Leave] | <input type="checkbox"/> Military Leave                           |
| <input type="checkbox"/> Long Term Disability Leave [LTD Leave]   | <input type="checkbox"/> Workers' Compensation Leave [WCLA Leave] |
| <input type="checkbox"/> Medical Leave [MLA Leave]                |   |
| <input type="checkbox"/> Other: Please Specify:                   |   |

### III. REASON FOR FMLA LEAVE (Only complete if you selected FMLA Leave in Section II)

**My request for time off from work is related to the following:**

- The birth of a son or daughter, or to care for a newborn child
- Placement of a child for adoption or foster care with me
- Care of my spouse, child, or parents with a Serious Health Condition\*
- A serious Health Condition that makes me unable to work at all or unable to perform any one of the essential functions of my job
- Military Caregiver [up to 26 weeks]
- Qualified Exigency Leave

**NOTE:** Please consult the FMLA Policy or the Director of Human Resources or appropriate Administrator for eligibility requirements for an FMLA leave and a definition of the FMLA term "Serious Health Condition." Human Resources will provide the employee with the appropriate certification to be completed prior to the employee's leave.

### IV. MEDICAL PLAN COVERAGE

EMPLOYEES WHO PARTICIPATE IN THE MEDICAL INSURANCE PLAN MUST INITIAL BELOW.

If I am on a **paid** FMLA or MLA leave, I understand that my portion of any applicable medical insurance premium will be paid through payroll deduction during that portion of the paid FMLA or MLA leave. If the FMLA or MLA leave is **unpaid**, I agree to pay my portion of that premium on or before the first day of each month while I am on leave. During the time I am on FMLA leave, my portion continues to be the amount I paid for coverage as an active employee. I understand that if I am on unpaid MLA leave I am responsible for the **full cost** of the medical insurance plan, including the portion my employer paid before my leave. I understand that if payment is not made timely, my medical coverage will be canceled. In order to continue any applicable group health insurance after the expiration of any applicable MLA leave, I understand I must make a Continuation of Coverage Election.

Employee's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**V. FLEXIBLE SPENDING ACCOUNT (FSA) PLAN COVERAGE**

EMPLOYEES WHO PARTICIPATE IN THE FSA PLAN MUST INITIAL BELOW.

I understand that under the terms of the FSA plan my coverage will continue for the remainder of the FSA plan year (i.e., until the following June 30<sup>th</sup>) even if my leave is unpaid. If I am on a paid leave of absence, the amount that I have elected to contribute to the FSA will continue to be deducted from my pay through payroll deduction during the portion of my leave that is paid. If I am on an unpaid leave of absence, I must submit payments for FSA plan coverage on or before the first day of each month. However, if I am on an unpaid FMLA leave, I understand that I may be able to change my FSA options by contacting the FSA plan administrator. A failure to make a monthly contribution will terminate my FSA plan coverage and I will no longer be eligible to submit reimbursements for claims incurred after the termination of my coverage. If coverage is terminated early due to my failure to timely pay FSA premiums, I understand that my FSA coverage will not be reinstated upon my return from a leave of absence (unless my entire leave was covered under the FMLA) and any unused FSA balance in my account will be forfeited.

Employee's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. CERTIFICATION**

I certify that this information is correct, that I shall review and abide by the FMLA Policy and the Guidelines on Leaves of Absence. I intend to return to work after the expiration of any leave that may be granted to me based on this request for time off work. I understand that an employee's return from an FMLA leave will be governed by FMLA. With regard to all other leaves, I understand that if I properly return from a leave within six months, I may be assigned to the position I held prior to that leave if it is vacant and the employer decides to fill it. Unless otherwise prohibited by law, if I fail to report for work upon the expiration of my leave of absence and have not secured an approved leave extension in advance, I will be terminated from my employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Company Response (for non-FMLA leaves only) (See Designation Notice on p. 3 for FMLA Leaves):**

√ One	Request <input type="checkbox"/> conditionally granted <input type="checkbox"/> granted. Dates and times of leave: _____
√ One	A Fitness for Duty Certificate will <input type="checkbox"/> will not <input type="checkbox"/> be required upon return to work.
√ One	<input type="checkbox"/> Request is denied for the following reason: _____
√ One	Leave is with pay <input type="checkbox"/> Leave is without pay <input type="checkbox"/> If pay covers only part of the leave of absence, it is with pay from _____ to _____

Date: \_\_\_\_\_

(Signature of Company Representative)

**\*PLEASE CONSULT THE FMLA POLICY, GUIDELINES ON LEAVES OF ABSENCE, OR CONTACT YOUR HUMAN RESOURCES DIRECTOR OR APPROPRIATE ADMINISTRATOR FOR FMLA ELIGIBILITY REQUIREMENTS AND FOR ADDITIONAL INFORMATION CONCERNING OTHER LEAVES OF ABSENCE.**

**Designation Notice  
(Family and Medical Leave Act)**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

**We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your recent information on \_\_\_\_\_ and decided:**

Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

**The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown. Based on the information you have provided to date; we are providing the following information about the amount of time that will be counted against your leave entitlement:**

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks that will be counted against your leave entitlement \_\_\_\_\_.

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

**Please be advised (check if applicable):**

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

You  are  are not eligible to use sick days for this FMLA leave. Based on your FMLA absence, you are eligible to use \_\_\_\_\_ sick paid days and if applicable \_\_\_\_\_ vacation paid days during your FMLA absence. (Per Archdiocesan Policy a maximum of 10 sick days per calendar year may be used for the purpose of care for a child, parent or spouse's illness.)

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position  is  is not attached. If attached, the fitness-for-duty certificate must address your ability to perform these functions.

Additional information is needed to determine if your FMLA leave request can be approved:

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.  
Specify information needed to complete certification: \_\_\_\_\_

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

Your FMLA Leave request is Not Approved

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date



**Certification of Health Care Provider  
For Employee's Serious Health Condition**  
(Family and Medical Leave Act)

**SECTION I: Completion by Employer**

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(List date certification requested)

Contact: \_\_\_\_\_

The medical certification must be returned by \_\_\_\_\_  
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts)

Employee's Job Title: \_\_\_\_\_ Regular Work Schedule: \_\_\_\_\_

Employee's Essential Job Functions:

Job Description  is  is not attached

**SECTION II: Completion by Employee**

**Instructions to the Employee:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. Your employer must give you at least 15 calendar days to return this form.

Your Name: \_\_\_\_\_  
First Middle Last

**SECTION III: Completion by Health Care Provider**

**Instructions to the Health Care Provider:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_  
Probable duration of condition: \_\_\_\_\_

**Mark Below as Applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  No  
 Yes. If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition:

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

Will the patient need to have treatment visits at least twice per year due to the condition?

No  Yes

Was medication, other than over-the-counter medication, prescribed?

No  Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No  Yes

If so, state the nature of such treatment(s) and expected duration of treatment:

\_\_\_\_\_

2. Is the medical condition pregnancy?  No  Yes If so, expected delivery date:

\_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:

No  Yes

If so, identify the job functions the employee is unable to perform:

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):



**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  
 No       Yes If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?  No       Yes

If so, are the treatments or the reduced number of hours of work medically necessary?  
 No       Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:  
\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:  
\_\_\_\_\_ Hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  No       Yes

Is it medically necessary for the employee to be absent from work during the flare-ups?  
 No       Yes If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)  
Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

8. Would employee be able to perform job duties, as outlined in the job description, remotely (i.e. from home)?  
 No       Yes

**ADDITIONAL INFORMATION:  
IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER**

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

#### **4.1.5 Emergency Days**

Up to ten of the fifteen sick leave days may be used each year for emergency reasons; i.e. flooded basement, car problems, or death in the immediate family.

#### **4.1.6 Civic Duty**

If selected to serve on a jury, an employee will be paid the difference between the compensation received from the court and the regular base pay. The employee must give the supervisor a copy of the notification of jury duty selection and a statement from the court showing the rate of compensation paid by the court. On any day that court is excused, the employee is expected to report for work at the Parish.

Employees who are subpoenaed by a court for personal or family matters may use an emergency leave day. Employees who are subpoenaed in connection with their work as an employee of the Parish will be paid their regular base pay for their time away from work to comply with the subpoena.

#### **4.1.7 Maternity/Paternity Leave**

In order to assist parents bringing newborn/adopted children into their homes, employees of the Parish will be provided with four weeks paid maternity/paternity leave, commencing with the birth/adoption of the child. In addition, parents suffering a pregnancy loss, including miscarriage or stillbirth, will be provided with two weeks of paid maternity/paternity leave. The leave must be completed within twelve weeks of the birth/adoption of a child or loss of pregnancy. This leave must be used minimally in weekly increments. Further time off may be requested in accord with the provisions of FMLA Section 4.1.3. In order to qualify for a paid maternity/paternity leave, the employee must have completed one year of employment with the Parish.

***COMMENTARY: This policy is equally applicable to males and females.***

#### **4.2 Unpaid Absence Benefits**

##### **[Leaves of Absence](#)**

An employee may make a written request to the Pastor for a leave without pay for up to one year. The request must be for a compelling medical reason acceptable to and approved in writing by the above. Re-employment at the conclusion of a one year leave is dependent on the availability of an appropriate position. After six months of unpaid leave an employee's position may be filled. The employee may continue on unpaid leave for up to twelve months.

Leaves covered by the FMLA are addressed in Section 4.1.3.

**Recommended Minimum Policy for Paying Maternity/Paternity Leaves of Absence for Parishes and Schools**

The Family and Medical Leave Act (FMLA) provides up to 12 weeks of unpaid protected leave for eligible employees (defined as having 12 continuous months of employment and at least 1250 hours worked in the past 12 months) for the birth of a child or placement of a child in the employee's home through adoption or foster care. Both female and male employees are eligible for this type of leave.

While the law does not require employers to pay employees who take these leaves it is recommended that parishes and schools pay employees for a portion of a maternity/paternity leave. This is good HR practice and supports, in a practical way, the teachings of the Church; specifically, her teachings on the use of artificial birth control and her encouragement to welcome children into families. Below is a recommended *minimum* policy for salary continuation during a maternity/paternity leave.

	Weeks 1, 2, 3 & 4	Weeks 5 & 6	Weeks 7 & 8	Weeks 9 through 12
<b>FEMALE EMPLOYEE</b>				
Regular Birth:	Maternity/Paternity Pay	Accrued Sick Days	UNPAID*	UNPAID*
Cesarean Section Birth:	Maternity/Paternity Pay	Accrued Sick Days	Accrued Sick Days	UNPAID*
<b>MALE EMPLOYEE</b>				
Spouse Regular Birth:	Maternity/Paternity Pay	UNPAID*	UNPAID*	UNPAID*
Spouse Cesarean Section Birth:	Maternity/Paternity Pay	UNPAID*	UNPAID*	UNPAID*
<b>MALE &amp; FEMALE EMPLOYEE</b>				
Adoption or Foster Care:	Maternity/Paternity Pay	UNPAID*	UNPAID*	UNPAID*

\*Employee can use Sick Days for these weeks if the child has an FMLA qualifying illness or if the mother has FMLA qualifying complications or illness beyond the normal delivery recovery (medical certification required).

**NOTE:** Parish employees who have Vacation Days available may use these days during any unpaid portion of the FMLA.

### **Recommended Minimum Sick Day Accumulation Policy**

Below is the recommended Sick Day accumulation rate and maximum:

**SICK DAY ACCUMULATION RATE: 1.25 days/month (15 days/year)**

**SICK DAY ACCUMULATION MAX: 130 Working Days**

***Rationale:*** In addition to providing Sick Days for illnesses that may occur periodically, this recommended policy serves as a Short Term Disability Policy. Specifically, the AOC's Long Term Disability Policy (LTD), under which parish and school employees are covered, has a 6 month (180 day) eligibility wait period (i.e. the employee must have been off of work for 6 months) before an employee can begin receiving LTD benefits.

This Recommended Sick Day Accumulation Policy provides employees the opportunity to accumulate the Sick Days necessary to cover this 6 month LTD wait period.