## Family and Medical Leave of Absence

The Family and Medical Leave Act (FMLA) is a federal law that provides unpaid leave for eligible employees who need extended time away from work due to their own or a family member's serious health conditions or the birth or adoption of a child. Eligible employees may take up to 12 weeks of FMLA leave during any 12-month period.

#### **Definitions**

FMLA provides for specific definitions of terms which affect who is eligible and the reasons for which leave may be taken.

- Eligible Employee An "eligible employee" is one who has been employed for at least 12 months and who has worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave
- Serious Health Condition A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; continuing treatment by a health care provider or a period of incapacity due to pregnancy, childbirth or prenatal care.

#### **How FMLA Works**

FMLA provides for a total of 12 weeks of leave. Leave taken under FMLA is unpaid, but you have the option of using any accrued

vacation time you have as part of your total leave. If you elect to use accrued vacation as part of your leave, you will be paid for that vacation time. The FMLA unpaid leave will account for the difference between the vacation and the total 12 weeks allowed.

Eligible employees may request up to 12

weeks of leave in any 12-month period. The 12-month period is measured back from the date you request to take FMLA leave. If you have already taken 12 weeks of FMLA leave in the 12 months prior to the requested leave, the leave is not allowed under FMLA.

If you return to work by the predetermined return date, you will be restored to your previous position or an equivalent position with no loss of benefits which had accrued at the commencement of the leave. If your

date of return changes, it is your responsibility to notify the Florida Conference. If your leave was due to your own serious health condition, when you return to work you must provide us with medical certification verifying your ability to return to work and stating any limitations which might apply. You cannot return to work without the certification.

If your leave lasts longer than 12 weeks and you fail to return to work promptly at the end of the approved leave period, we'll presume you voluntarily resigned. If you take leave for less than 12 weeks because of your own serious illness or that of a family member and you are not able to return to work because of the health condition, then you must provide medical certification in order for the leave to be extended.

In the unfortunate event you are not able to return to work due to your own medical condition, if the condition is considered a "disability" under the Americans With Disabilities Act, our policy on reasonable accommodations will apply.

#### **Requesting Leave**

When you need extended time away from work because of

- the birth, placement for adoption or foster care of a child,
- the serious health condition of a spouse, child, or parent, or
- your own serious health condition

you must discuss the matter with your supervisor. You will be required to complete a Leave Request Form and other FMLA-related documents.

If you are requesting leave due to your own serious illness or that of a family member, you will be required to provide certification of the health

condition using a Department of Labor form we will provide. Your doctor will complete this form, which includes the date on which the serious health condition in question began, the probable duration of the condition, appropriate medical facts regarding the condition and a statement that you are unable to perform your job functions or are needed to care for a spouse, parent or child. We also reserve the right to require a second or third medical opinion, at our expense. The appropriate medical certification form must be completed upon request for, or the foreseeable need for, a leave.

Once we receive the completed medical form, we will determine if the leave qualifies for FMLA and confirm approval and other details.

#### **Birth, Adoption or Foster Care**

If your leave is for the birth, placement for adoption or foster care of a child, it must be taken within 12 months of the birth or placement.



Please provide at least 30 days' notice for leave taken for the birth, adoption, or foster care of a child, assuming you are able to give such notice. If not, you must give such notice as is practical.

### **Serious Personal or Family Illness**

If the leave is due to your own serious illness or that of a family member, the leave time may be broken up if medically necessary. Medical certification will be required and we may temporarily move you to an alternative position which better accommodates the recurring periods of leave.

For leave taken on the basis of planned medical treatment, please schedule the treatment so as to avoid unduly disrupting the operations of the Conference.





#### **Important Notes**

In certain circumstances and in compliance with FMLA, reinstatement upon conclusion of the leave may be denied to "key" employees (a salaried, FMLA-eligible employee who is among the highest paid 10 percent of the company).

Subject to the terms, conditions, and limitations of the applicable plans, The Florida Conference will continue to provide its portion of any health insurance benefits you were receiving prior to the leave throughout the duration of the leave. You must make arrangements to pay for any benefits (payroll deductions) while on leave.

Since you're not at work when you're on a leave, paid holidays are not provided while you are out. Also, vacation and sick leave do not accrue during leaves of absence. If we learn that you have accepted employment elsewhere during your leave, we will presume you have voluntarily resigned.

FMLA leave may also run concurrently with workers' compensation leaves. Employees who are unable to work due to a job-related injury or illness will be notified of their benefits.

Regardless of the circumstances for the leave, you are required to call in daily when you are away from work due to an illness or medical condition. When you call in, you must speak directly with to your supervisor. It is not appropriate to leave a message about your situation, or to talk with a co-worker or other employee. We would like to know how you are progressing each day and may also wish to speak with you about other work-related matters.





Florida Conference Human Resources Department 863-688-5563, extension 173



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