

CITY OF SYCAMORE

FAMILY AND MEDICAL LEAVE (FMLA) POLICY

I. Introduction

The Family and Medical Leave Act (FMLA) is intended to provide job and benefit protection for eligible employees who must take certain types of leave. The requirements for employee eligibility and responsibility are contained within this policy. It is the responsibility of every City employee to read and understand this policy. If you have any questions regarding this policy or the FMLA, contact your supervisor or the Human Resources Department.

II. Employee Eligibility

To be eligible for FMLA benefits, an employee must meet the following criteria:

- Be employed by the City of Sycamore for at least twelve months; and,
- Have worked at least 1,250 hours during the 12-month period immediately preceding the start of the leave; and,
- Be employed at a worksite of the City of Sycamore that has over 50 or more employees within 75 miles of that location.

III. Qualified Leave Reasons

Employees meeting the FMLA criteria listed above may take FMLA for the following reasons:

- The birth and care of the employee's child;
- Placement with the employee of a child for adoption or foster care;
- The employee's own serious health condition;
- To care for the employee's spouse, child, or parent with a serious health condition.

Leave for the birth and care, or placement and care of a child must conclude within 12 months of the birth or placement of the child. FMLA applies equally to male and female employees.

A. Serious Health Condition

Serious Health Condition means an illness, injury, impairment, or physical or mental condition that involves either:

1. inpatient care in a hospital, hospice, or residential medical care facility, or
2. continuing treatment by a health care provider.
 - a. continuing treatment means:
 - A period of incapacity (i.e. inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment thereof, or

recovery from) of more than three consecutive calendar days (and any subsequent treatment period of incapacity involving the same condition) involving treatment two or more times by a health care provider or treatment by a health care provider on at least one occasion that results in a regimen of continuing health treatment under the health care provider's supervision).

- Any period of incapacity due to pregnancy or prenatal care.
- Any period of incapacity or treatment for such incapacity due to a chronic serious health condition that requires periodic visits for treatment by a health care provider; continues over an extended period of time; and may cause episodic rather than continuing incapacity (e.g. asthma, diabetes, epilepsy, etc).
- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g. Alzheimer's, severe stroke, terminal stages of a disease).
- Any period of absence to receive multiple treatments by a health care provider either for restorative surgery after an accident or injury or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment (e.g. chemotherapy for cancer, physical therapy for severe arthritis, or dialysis for kidney disease).

IV. Employee Notice Requirement

Employees seeking FMLA leave are required to provide their supervisors and Human Resources with at least 30 days written notice of the proposed leave. If advance notice is not possible due to circumstances beyond the employee's control, notice should be given as soon as practicable. Failure to give advance notice where foreseeable may delay or postpone the commencement of the leave. Contact Human Resources for the applicable forms.

V. Certification of a Serious Health Condition

If your FMLA leave is due to a serious health condition as defined above, (whether it involves the employee or your spouse, child, or parent), medical certification from a health care provider will be required. A health care provider that may determine whether you (or your family member) have a serious health condition as defined above include the following individuals:

physician, dentist, podiatrist, clinical psychologist, or optometrist who is authorized to practice medicine or surgery in the state in which the individual practices his/her profession. In cases limited to treatment consisting of manual manipulation of the spine to correct a subluxation, medical certification may be provided by a chiropractor.

You must provide medical certification within 15 days of notification. Failure to provide such certification may result in a delay of the employee's leave. Contact Human Resources for available medical certification forms.

VI. Length of Leave

Employees eligible for FMLA may take up to twelve (12) weeks of unpaid leave during a leave year. The City of Sycamore uses the "rolling backward" method for calculating the leave year meaning that the 12 month leave year period is measured backward from the date the employee uses any FMLA leave. Each time the employee takes FMLA leave, the remaining leave entitlement will be the balance of the 12 weeks that has not been used during the immediately preceding 12 months.

If medically necessary, employees may take intermittent leave or leave on a reduced leave schedule, to care for a seriously ill family member or because of the employee's own serious health condition.

VII. Substituting Paid Leave

If leave is requested for an employee's own serious health condition, the employee must use all of his or her accrued paid sick leave, vacation leave, or personal leave. If leave is requested for any other qualified reason, an employee must use all of his or her accrued paid vacation or personal leave. The remainder of the leave will then consist of unpaid leave.

Paid time-off will be run concurrently, that is, at the same time as FMLA, provided the employee is eligible for both paid leave and FMLA, and the employee has actually accrued paid leave as of the time the FMLA commences.

Absence from work due to an on-the-job injury or illness is considered to be a serious health condition for the purposes of applying Family and Medical Leave. FMLA benefits will run concurrently with benefits provided by Workers' Compensation. The City will inform the employee in writing with 2 days of Human Resources being informed of the injury that the employee's workers' compensation leave will also be designated as FMLA leave.

VIII. Company Provided Benefits During Leave

During any FMLA leave, the City of Sycamore will maintain the employee's medical coverage on the same conditions that coverage would have been provided if the employee had been continuously employed during the entire leave period. The City of Sycamore and the employee will each continue to pay their portion of the benefit costs. Failure of the employee to pay his or her share of the health care premium may result in a loss of coverage. If the employee fails to return to work after the expiration of the leave, the employee will be required to reimburse the City of Sycamore for payment of health insurance premiums during the leave.

IX. Return from FMLA Qualifying Leave

Employees returning from leave (with the possible exception of "key employees") will be reinstated to the same or equivalent position, with equivalent pay, benefits, and other terms and conditions of employment. Failure to return to work may result in termination of employment. Employees returning from a leave for a serious health condition must also provide supervisors with a certification from a health care provider documenting their fitness to return to work.

CITY OF SYCAMORE

APPLICATION FOR FAMILY OR MEDICAL LEAVE

Name: _____ Department: _____

Current Address: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave:

NOTE: An employee requesting leave for the employee's serious health condition or the serious health condition of the employee's spouse, child, or parent must submit a verifying medical certification from a physician within 15 days of the application for leave.

I hereby authorize a representative from Human Resources to contact my physician to verify the reason for my requested family and medical leave.

I understand that I am responsible for the continued payment of the any employee share of the medical benefits provided by the City of Sycamore through Blue Cross/Blue Shield.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the City of Sycamore.

Signature: _____ Date: _____

APPROVED BY:

Supervisor _____ Date: _____

Human Resources Director: _____ Date: _____