



## Houston County Personnel Board Family Medical Leave Act

I am sorry to hear that you or your family have been impacted with health issues. As your benefits administrator, we want to make sure that you understand your benefit options during this time. The FMLA entitles eligible employees of covered employers to take job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
  - the birth of a child and to care for the newborn child within one year of birth;
  - 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;
  - to care for the employee's spouse, child, or parent who has a serious health condition;
  - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
  - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

An employee who takes FMLA under this policy must substitute accrued paid leave including, but not limited to sick, floating holiday, holiday earned, vacation and comp. Therefore, the accrued paid leave runs concurrently with the leave under FMLA. **Please reply to this email to tell us** in what order you would like for us to draw from your leave banks. If you do not specify the order in which you would like your time to be used, we will withdraw it from your leave banks in the following order: sick, floating holiday, holiday earned, vacation and comp. If you exhaust all of your own accrued time, you **may** be eligible for time donated by others (see leave donation policy). We will not solicit time from others on your behalf.

Worker's Compensation absences and leave taken pursuant to a disciplinary action may be designated as an unpaid leave under this policy.

**Benefits Continuation:** As long as you have sufficient hours (gross pay) to cover your benefits, we will continue to deduct them from your paycheck. In the event you do not have accrued time or gross pay to cover your deductions, you (or someone on your behalf) will need to pay those premiums biweekly on the normal payroll schedule.

## Top Two Questions:

1. **If I have plenty of accrued time, why would I file for FMLA?** Because it offers you job protection. Any time out of work on an approved FMLA will **NOT** count against you under your Department's leave/absence policies.
2. **Why do you need a contact person to talk to about my benefits on my behalf?** If we are unable to contact you or you are unable to make payment for any benefits premiums you might owe us, we want to get a message to you. We do not want to cancel your health insurance or any other benefit for non-payment.

The FMLA forms and your job description are included in this email. The Leave Request Form is for you to complete. The Employee Certification is for your Healthcare Provider to complete. You will need to give the Healthcare Provider a copy of your job description. Your Healthcare Provider will complete the form for your leave certification. The Return to Work or Fitness for Duty form is also for your Healthcare provider to complete **prior** to your return to work. We will need the leave request as soon as possible and the certification **returned within 15 calendar from the date of this email.** Please let Sheri (677-4778) or Anisa (677-4736) know if you have any questions.

Make sure you follow normal procedures to schedule time off for treatments, procedures, therapy, follow-ups or any other appointments.

**Please touch base with your supervisor so you understand their expectations for communication. Some supervisors may want more frequent communication than others. It is your responsibility to keep in touch.**

## Recap:

1. **Fill out the Leave Request Form as soon as reasonably possible (preferably 30 days in advance of your planned leave).**
2. **Give Healthcare Provider Certification with job description to your healthcare provider to complete.**
3. **Tell us how you want to be paid and who we may contact about your benefits if we can't reach you directly.**
4. **Focus on your or your family member's recovery and keep in contact with your supervisor.**
5. **Make sure we have your completed Return to Work or Fitness for Duty Form prior to your first day back at work.**