

# FAMILY AND MEDICAL LEAVE FACT SHEET

We all have times when we need to put family responsibilities first. If you need to take time off from work to care for a family member who needs your help, or because of a serious health condition of your own, then you may be eligible to take Family and Medical Leave (FML).

FML can provide a respite from work obligations so you can focus on what you and your family need. This fact sheet covers how Family and Medical Leave works, eligibility requirements, how to arrange for a leave, what happens to your benefits during a leave and how to make the transition back to work.

## What is FMLA?

The Family and Medical Leave Act (FMLA) is a federal regulation that entitles eligible employees to up to 12-weeks of job-protected leave and benefits continuation for certain qualifying events such as:

- Your own serious health condition.
- Your family member's serious health condition (your spouse, parent, or child under the age of 18).
- The birth or care of your newborn child.
- The adoption or foster care of your child.

### Who is eligible for FMLA?

- Individuals who have been employed with the Agency for at least 12 months.
- Individuals who have worked at least 1,250 hours during the 12-month period immediately preceding the start of the leave.

## Types of FMLA Leave

There are two types of FMLA leave; continuous and intermittent.

- **Continuous** leaves are consecutive days.
- **Intermittent** leaves are taken in separate blocks of time or a reduced schedule work schedule.

## Requesting an FMLA Leave

As soon as the need for a leave arises, notify the Human Resources Supervisor. The Human Resources Supervisor can verify that you meet the eligibility requirements for FMLA leave.

If eligible, you may be asked to provide documentation to support your request for FML, which may include a Certification of Health Care Provider. This form **must** be completed in its entirety. Any missing information may cause a delay in the processing of your leave request.

Your health care provider **must** return the completed form to the Human Resources Supervisor via mail, fax, or email.

### The Certification of Health Care Provider Form must:

- Include the start and estimated end date of the leave;
- State whether the patient is incapacitated;
- Include medical facts to support a serious health condition;
- Be completed by the same health care provider who is providing the treatment;
- Include the health care provider's name, address, telephone number, title, medical specialty, and signature.

## Use of Available Paid Leave Time

Use of available paid leave time will be required as cited in the appropriate Employee Handbook and/or Master Agreement, and in accordance with Board Policies [1630.01](#), [3430.01](#), and [4430.01](#).

## Short – Term Disability (STD) Benefits

Short – Term Disability benefits cannot be used for intermittent leave or for a leave associated with the care of a family member.

Short – Term Disability Benefits are available for a maximum

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of ninety (90) calendar days. The time is counted from your last day worked. If you have a disability which is expected to exceed ninety (90) calendar days, you may be eligible to apply for Long – Term Disability Benefits (please contact the Human Resources Supervisor for more information).

While receiving Short – Term Disability benefits, you are not eligible for paid holidays; sick, vacation, and personal business days, and/or personal time off do not accrue.

## Payroll Deductions

While you are on **paid leave**, the following deductions will continue:

- Medical
- Dental
- Life/LTD Insurance
- Retirement Contributions
- Other voluntary deductions

Should any portion of your leave be **unpaid**, you will be invoiced monthly for insurance premiums and other deductions.

Please note, retirement plan contributions will cease during unpaid leave.

Employees approved for and/or are receiving Short-Term Disability benefits are prohibited from working at the workplace or at any other location, including the employee's home, either for the Agency or otherwise.

## Returning to Work

If you were out for your own serious health condition or pregnancy, your health care provider must submit a **return-to-work certification** (via mail, email, or fax) to the Human Resources Supervisor. Your return-to-work certification must be received by Human Resources **prior** to being permitted to return to work. The certification must include:

- The date you're eligible to return to work.
- The health care provider's signature.
- Any medical restrictions.

## If You Don't Expect to Return to Work on Time

Notify the Human Resources Supervisor immediately.

To extend your leave, request one of the following from the health care provider:

- A new, completed **Certification of Health Care Provider Form**;
- An amendment of the original certification form;
- A signed doctor's note on letterhead requesting an extension of the leave.

If your serious medical condition becomes long-term in nature, please contact Jennifer Damon, Human Resources Supervisor at JennDamon@LivingstonESA.org or 517.540.6820, to discuss the application process for **Long – Term Disability**, should that become necessary.

Normally, employees returning from leave will be reinstated to the same or an equivalent position, with equivalent pay, benefits and other terms and conditions of employment.

## If You Do Not Return to Employment

If you're on an approved Family and Medical Leave and you do not return to work, you could be liable for the health plan premiums (medical, dental and/or vision) the Agency paid during any unpaid portion of your leave.

You will not, however, be liable for these premiums if you haven't returned to work because of a serious health condition or other reasons beyond your control.

## Resources

**Forms:** All forms references in this fact sheet can be found on the Agency's website under **Staff Resources > Forms**.

**Contact:** Jennifer Damon  
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