CITY OF WILSON				PERSONNEL MANUAL
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Family & Medical Leave Act (FMLA)	C-9	8/1/2024	7/2020	Page <b>1</b> of <b>5</b>
Prepared By: Human Resources		Approved By: Will Aycock, Enterprise Services Director		

## 1.0 Purpose

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To outline the requirements of the federal Family and Medical Leave Act (FMLA).

## 2.0 Scope

All employees are covered under this policy.

## 3.0 Definitions

- 3.1 <u>Family and Medical Leave Act:</u> A federal program that provides unpaid time off allowances of up to twelve (12) weeks in a twelve (12) month period for illness and injury.
- 3.2 **Service Member Family Leave:** See Section 5.6 of this policy.
- 3.3 <u>Twelve (12) month Period:</u> FMLA provides options for measuring the twelve-month period. The City of Wilson uses the "rolling" twelve-month period measured backward from the date an employee begins using any FMLA leave.

# 4.0 Policy

- 4.1 Leave provided under FMLA is available to all employees who meet the eligibility guidelines provided in the law.
- 4.2 To be eligible for FMLA leave:
  - 4.2.1 Employee must have worked for the City of Wilson for at least twelve (12) months, which need not be consecutive; **and**
  - 4.2.2 Employee must have accumulated at least 1,250 hours of service during the twelve-month period prior to the commencement of FMLA.
- 4.3 If the employee is not eligible for FMLA, any leave taken for medical or other reasons may be taken only as permitted by other applicable City leave policies.

## 5.0 Procedures

- 5.1 FMLA leave may be taken for the following:
  - 5.1.1 Birth of a child, and to care for a newborn child
  - 5.1.2 Placement of a child for adoption or foster care, and to care for the newly placed child
  - 5.1.3 To care for a spouse, child or parent with a serious health condition
  - 5.1.4 Employee's own serious health condition that makes him/her unable to perform one or more of the essential functions of the job
  - 5.1.5 Any qualifying exigency arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation ("qualifying exigency leave").
- 5.2 An employee's FMLA leave for the birth or placement of a child must conclude within twelve (12) month of the birth or placement.
- 5.3 The combined total FMLA leave of employees of the City of Wilson who are married to each other may not exceed twelve (12) weeks during the applicable twelve month period if the leave is taken for the birth or placement of a child, caring for a child after birth or placement, or to care for a parent with a serious health condition.
- 5.4 The above limitation does not prohibit married employees from taking additional FMLA leave for which he/she may be eligible, such as leave to care for a family member with a serious health condition or for the employee's own serious health condition.

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- 5.5 FMLA leave may be taken consecutively or intermittently/on a reduced schedule.
  - 5.5.1 The City of Wilson may require a temporary transfer to an available alternative position (including a part-time position) for which the employee is qualified and which better accommodates recurring periods of leave.
  - 5.5.2 Intermittent leave/reduced schedule for the birth/placement of a child must be authorized by the department head, in collaboration with Human Resources. In determining whether intermittent leave will be granted in such situations, primary consideration will be given to the nature of an employee's job duties and the resulting level of disruption to operations.
  - 5.5.3 If the need for FMLA leave is foreseeable, the employee must provide at least 30 days' advance notice to department leadership and Human Resources.
    - 5.5.3.1 If 30 days' advance notice is not possible, or the approximate timing is not foreseeable, notice must be provided as soon as practicable (normally within ½ hour of the start of the scheduled workday, and in all cases, within one or two days of learning of the need for leave).
  - 5.5.4 Notice of the need for leave should be provided by the employee, if feasible, or by the employee's spouse, an adult family member, or another responsible person if the employee is unable to provide notice personally.
  - 5.5.5 Whenever possible, the FMLA Leave Request Form (see Appendix A attached) should be completed and submitted to Human Resources.
- 5.6 In the case of Service Member Family Leave, please note the following:
  - 5.6.1 An eligible employee who is the spouse, son, daughter, parent or legal next of kin of a covered service member is entitled to a total of twenty-six (26) work weeks of leave during a twelve month period to care for a covered service member with a serious injury or illness.
  - 5.6.2 A serious injury or illness for this purpose is defined as one incurred in the line of active duty in the Armed Forces that may render the service member medically unfit to perform the duties of the his/her office, grade, rank or rating.
  - 5.6.3 A covered service member is a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, or is otherwise in an outpatient status or on the temporary disability retired list for a serious injury or illness.
  - 5.6.4 This type of leave is only available during a single twelve-month period.
  - 5.6.5 Using this type of leave does not limit the availability of any other FMLA leave for which the employee is eligible during the applicable twelve-month period.

# 6.0 Administrative Guidelines

- 6.1 Supervisors who receive notice from an employee that he/she needs leave that may qualify under FMLA are expected to contact Human Resources immediately, so that the process of determining the employee's FMLA eligibility may commence.
- 6.2 Copies of leave requests received by managers should be forwarded to Human Resources.
- 6.3 Completed medical certification forms should <u>not</u> be provided to any department staff, but should be brought directly to Human Resources.
- 6.4 Eligible FMLA leave must be designated as such on payroll related documents, even if the employee has not specifically requested FMLA leave.

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- 6.5 FMLA leave is unpaid; in order to receive pay during these absences, employees must use vacation/sick/comp time accruals. (See City policy *C-12: Shared Leave Program* for options if an employee runs out of personal leave during an FMLA absence).
- Department staff shall not in any way interfere with the FMLA leave process or question employees about specifics of their illness/situation or return to work timing.
- 6.7 Human Resources' communication with department supervision regarding an FMLA certified absence will be limited to information regarding duration of absence, updates on projected return, when feasible, and notification of return to work and any applicable restrictions.

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# Appendix A Request for FMLA Leave

This form is to be completed by the employee and submitted to supervisor for approval.

Name	Dept				
Employee ID	Date of Hire				
Supervisor's Name					
Employee's normal work schedule					
Employee has worked 1,250 hours in the p	east 12 months Yes No				
Purpose of requested leave: For my own illness	To care for a parent				
To care for a spouse	The birth of a child				
To care for a child	Adoption of a child				
I am requesting my leave to begin on					
I anticipate I will need leave until					
I am requesting intermittent leave with the	schedule listed here				
I am requesting that my leave be paid	Yes No				
I would like my paid leave time charged to	Annual Sick Comp Time				
, , , <sub>1</sub>	d group coverage during my leave, and understand that coverage if any portion of my leave is unpaid:				
Yes No					
I understand that when I return from my ow provide my supervisor with a return to wor	wn serious illness, I will follow City policy and k note from my physician.				
Employee Signature	Date				
Supervisor's Signature of approval	Date				

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