

STANDARD PROCEDURE

CITY OF WILSON

PERSONNEL MANUAL

SUBJECT	NUMBER	EFFECTIVE DATE	SUPERSEDES	
Family & Medical Leave Act (FMLA)	C-9	8/1/2024	7/2020	Page 1 of 5
Prepared By: Human Resources			Approved By: Will Aycock, Enterprise Services Director	

1.0 Purpose

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 **Family and Medical Leave Act:** 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 **Twelve (12) month Period:** 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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- 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).
- 6.6 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 past 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 _____

I would like to continue my City sponsored group coverage during my leave, and understand that I am responsible for paying the cost of the coverage if any portion of my leave is unpaid:

Yes _____ No _____

I understand that when I return from my own serious illness, I will follow City policy and provide my supervisor with a return to work note from my physician.

Employee Signature

Date

Supervisor's Signature of approval

Date

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Department Head's Signature of approval

Date