

## **RULE 11**

### **LEAVE**

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## **RULE 11 LEAVE**

### **11.1 General**

Annual Leave is granted for the purpose of according eligible employees in continued employment an opportunity for rest and relaxation from their duties in order that they may be better fitted to meet the obligations of their positions.

### **11.2 Leaves of Absence:**

- A. Authorized Absence:** No employee shall absent himself from duty without permission of the Department Head. In case of sickness or emergency, the employee shall give prompt notice to his or her supervisor.
- B. Unauthorized Absence:** An employee who is absent without a valid leave of absence for three (3) consecutive work days shall be recorded as having abandoned his or her position and resigned from the service. Under such circumstances, the City Manager or City Auditor and Clerk, for their respective employees, may separate the employee from the service on account of unauthorized absence.
- C. Absence Due to On-The-Job Injury:** Any employee who is off duty for temporary disability because of injury or illness arising out of and in the course of his or her employment with the City (Workers' Compensation) shall be automatically on leave of absence for the period certified by the Department Head and approved by the City Manager or City Auditor and Clerk, for their respective employees. Such leave of absence shall not extend beyond the date the employee is determined by a physician to be physically capable of work.

Such an employee shall report to his or her Department Head at such intervals as may be requested by him or her. The employee shall be obligated to report on the severity of his or her on-the-job injury and the progress of medical treatment being administered to him or her. An employee who fails to report as above requested shall automatically be placed on layoff status.

If after a reasonable period of time it is determined by the physician that an employee is physically unable to perform the required duties and responsibilities of his or her job, the Department Head may request that the employee be placed on layoff status. The required personnel action papers shall be processed by the Department Head through the Director of Human Resources and approved by the City Manager or City Auditor and Clerk, for their respective employees, and the employee shall be notified of such action by the Department Head.

- D.** An employee who is unable to work due to an on-the-job injury and is shown on the payroll as on workers' compensation, shall not accumulate service time for annual leave after thirty (30) consecutive calendar days of such absence from duty.

- E. Department Heads are required to provide documentation in the event an employee is authorized absence with or without pay by using the Request For Leave Form. The form should reflect the date or dates of absence from the job. Any absence from duty requires permission from the Department Head, and employee absences should be recorded as annual leave/vacation, bonus, sick leave, bereavement leave, workers' compensation, family medical leave, compensatory time, if appropriate, administrative leave with or without pay, or leave of absence. Administrative Leave with pay requires written justification in the remarks section on the Request For Leave Form, (i.e., attending a conference or participating in special training outside the City of Sarasota, military leave and court time).

In addition, all Administrative Leave without pay is reported to the Pension Department by the Department of Human Resources in order that the employees' service time may be adjusted accordingly. After approval by Department Head, Request for Leave Forms should be retained in the Department. For the following absences Request for Leave Forms must be sent to the Department of Human Resources for approval of the Director of Human Resources and/or City Manager or City Auditor and Clerk for their respective employees:

- Sick Leave over seventy-two (72) working hours
- Bereavement Leave
- Workers Compensation
- Family Medical Leave
- Administrative Leave
- Leave of Absence

### **11.3 Annual Leave Provisions and Procedures:**

Qualified employees of the City of Sarasota, upon application to and with the approval of the Head of the Department and the recommendation of the Director of Human Resources shall be accorded Annual Leave in compliance with and subject to the following provisions and conditions:

Qualified employees with less than one year employment, at the convenience of the department, upon the recommendation of the Director of Human Resources and the approval of the City Manager or City Auditor and Clerk, for their respective employees, may be granted a maximum of five (5) work days accrued vacation, deducted from the first year earned of ten (10) work days. The employee must have successfully completed his or her six- (6) months-probationary period. Pay to employees for annual leave shall be at the rate of compensation as their normal workweek or at the hourly rate of pay, as applicable.

The schedule shown below is Annual Leave granted for employees with continuous service. Annual Leave is accumulated weekly and earned at the end of the employee's anniversary year for General employees. For Civil Service employees and General employees of the Police Department, Annual Leave is accumulated weekly and earned on April 1 of each year.

Pay to employees on Annual Leave shall be at the rate of compensation of their normal workweek or at the hourly rate of pay, as applicable.

**5-day work week (8 hour days)**

1 - 5 years	10 work days
6 years	11 work days
7 years	12 work days
8 years	13 work days
9 years	14 work days
10 years	15 work days
11 years	16 work days
12 years	16 work days
13 years	17 work days
14 years	17 work days
15 years	18 work days
16 years	18 work days
17 years	19 work days
18 years	19 work days
19 years	19 work days
20 years	20 work days

**4-day work week (10 hour days)**

1 - 5 years	8-work days
6 years	9 work days
7 years	10 work days
8 years	11 work days
9 years	12 work days
10 years	12 work days
11 years	13 work days
12 years	13 work days
13 years	14 work days
14 years	14 work days
15 years	15 work days
16 years	15 work days
17 years	16 work days
18 years	16 work days
19 years	16 work days
20 years	16 work days

**11.4 Military Induction Leave:**

An employee ordered for military pre-induction physical examination shall be granted time off with pay for the purpose by his or her Department Head, upon presentation of military orders from the proper authority.

**11.5 Military Leave:**

An employee who is called up to active duty with the Armed Forces of the United States will be granted a military leave of absence by his or her Department Head, upon presentation of orders from the proper military authority. Notification of such military leave of absence shall be made to the City Manager or City Auditor and Clerk, for their respective employees, through the Director of Human Resources, by the Department Head on the form provided.

Upon the employee's return from service in the Armed Forces of the United States, after having been relieved from his or her "initial call-up" from active duty under honorable conditions, he or she shall be re-employed in the service of the City of Sarasota in a position no lower than the same grade in which he or she was employed at the time of departure, and at a salary level for the grade in effect at the time of reinstatement, upon the following conditions: That such employee is physically and mentally suited to perform the required duties; that the employee makes an application to City of Sarasota and contacts his or her Department Head for re-employment within ninety (90) days following the termination of his or her "initial call-up" to military service with the Armed Forces of the United States; and provided that such military service does not exceed four (4) years.

If there is no position available in the same grade, the employee shall be re-employed in a substantially equivalent position as may be available. During such initial call-up, eligible employees will continue to earn paid vacation the same as if working for the City and will continue to receive

holiday pay the same as if working for the City. For employees eligible for supplemental pay as outlined herein, holiday pay shall be included in the supplemental pay, as applicable.

An employee returning from military service shall enjoy all rights and benefits as provided by State or Federal Law as amended. The above military rights and benefits are authorized for eligible employees "recalled" to military duty and limited to those employees who return to the City of Sarasota on release from the "call-up" obligations. Voluntary extensions and re-enlistments are excluded from the benefits outlined herein.

An employee on a permanent employment status who is a Commissioned Reserve Officer or Reserve Enlisted Person in the United States Military or Naval Service or member of the Florida National Guard is entitled to leave of absence from his or her respective duties, without loss of vacation leave, pay, time or efficiency rating on all days during which he or she is engaged in training ordered under the provisions of the United States Military or Naval training regulations for such personnel when assigned to active duty, provided that the leave of absence granted shall not exceed seventeen (17) days in an annual period from October 1 through September 30, or if a member of the Florida National Guard when engaged in active state duty, is ordered under the provision of Chapter 250, Florida Statutes, provided that the leave of absence granted shall not exceed seventeen (17) days during an annual period from October 1 through September 30.

The City will supplement the military pay of its permanent full-time and permanent part-time employees who are Reservists or National Guard personnel called to active military service during the first thirty (30) days of such employees' active military service. Such supplementation will be at full City pay.

Subsequent to the first thirty (30) days of the employees' active military service, the City will supplement their military pay in amounts necessary to bring their total salary, inclusive of base military pay, to the level earned at the time the employee was called to active military service. During such call-up, the City will continue to provide eligible employees with City-paid medical/dental and term life insurance and the opportunity to continue dependent medical/dental insurance and supplemental employee term life insurance based on payroll deduction or direct-pay basis, subject to the restrictions as outlined herein.

#### **11.6 Accumulation of Annual Leave:**

When deemed to be essential to the welfare of the City or when an employee cannot be spared from his or her duties during a normal vacation period, his Annual Leave may be carried over into the next employment year, providing such leave is taken within ninety (90) days, or as designated by the City Manager or City Auditor and Clerk, for their respective employees, after the employee's anniversary or his or her adjusted employment date, upon the request of the Department Head, the recommendation of the Director of Human Resources, and the approval of the City Manager or City Auditor and Clerk, for their respective employees.

#### **11.7 Holidays During Annual Leave:**

Holidays designated by these Rules and Regulations falling within the Annual Leave period shall not be charged to Annual Leave.

## **11.8 Payment for Annual Leave:**

A. Annual Leave Paycheck: An employee may request his or her Annual Leave paycheck(s) in advance of his or her scheduled Annual Leave upon the following conditions:

- (1) A request is submitted in writing at least three (3) weeks prior to the last pay day before starting the Annual Leave. The vacation is for a period of not less than two (2) weeks and at weekly increments thereafter.
- (2) The vacation paycheck(s) will be received on the last regular pay day just prior to starting Annual Leave.

The request for advance vacation pay shall be made by an interoffice memorandum including the employee's name, department account number, payroll/employee number, number of vacation days to be paid, the beginning and ending dates of the approved vacation and the signatures of both the requesting employee and the Department Head, indicating approval. The memorandum is sent directly to the Accounting Department, for processing, as required.

B. Retirement: Any permanent employee who retires under the terms of the City's General Employee's Defined Benefit Pension Plan or who is a contributor to the Defined Contribution Plan, shall be paid any unused current Annual Leave (including, but not limited to, Vacation Day, Incentive Award Bonus Days, Run/Walk/Swim Fitness Leave Days, etc.), at the rate of compensation received by such employee at the time of retirement. Such pay shall be paid in a lump sum unless the City Manager or City Auditor and Clerk, for their respective employees, determine a business need for the employee to remain on the payroll, which would extend the effective date of retirement. Notwithstanding the above, if the employee is a member of the Police Officers' Pension Plan, such pay shall be paid by extending the effective date of retirement.

C. Death: The beneficiary of any permanent employee who dies while an employee of the City shall be paid any unused current Annual Leave (i.e., vacation, bonus days, etc.), at the rate of compensation received by such employee at the time of his or her death.

D. Dismissal: Any earned unused Annual Leave of a permanent employee or any other leave that has been accrued including holidays not taken by a permanent employee who is dismissed from the City employment by the City Manager or City Auditor and Clerk, for their respective employees for cause or for the good of the service, as provided in Rule 7.17 of these Rules and Regulations, may not be paid to the employee unless his Department Head shall recommend to the City Manager or City Auditor and Clerk, for their respective employees that such leave should be paid, enumerating the reasons for that recommendation.

E. Resignation: Any unused Annual Leave, bonus days, Run, Walk, Swim days, accrued time earned by eligible employees or designated/authorized holidays not taken by a permanent employee who resigns from City employment and who is in good standing, as defined in these Rules and Regulations, shall be paid to the employee at the regular rate of pay by extending the effective date of the separation on the required personnel action papers. Lump sum payments to any employee resigning by means of a plus adjustment on the payroll requires the prior approval of the City Manager or City Auditor and Clerk, for their respective employees.

## **11.9 Sick Leave**

### **A. General:**

- (1) Experience indicates that relatively few employees of the City are subjected to physical, mental illness and disability requiring absence from their duties. Pay during such absence is to be based on a genuine need for relief from work for medical treatment, which will contribute to the employee's well being and directly improve his/her work capability upon his or her return to employment by the City. Sick leave with pay is not a right, which the City employees may demand, but is a discretionary benefit provided by the City in case of actual illness and disability.

Periods of extreme mental stress occasioned by serious illness, disability or accidental injury of a close member of the household of an employee requiring the employee's presence may be considered as falling within the scope of the preceding paragraph.

- (2) Maternity shall also be considered as falling within the scope of paragraph (1) above.

- B. Purpose:** The purpose of this section is to provide an equitable basis of granting absences with pay for such leaves for all eligible probationary or permanent employees without impairing the efficiency of their departmental operations due to excessive absenteeism. This Regulation does not apply to any injury or illness covered by the Worker's Compensation Act.

- C. Reporting and Determination of Illness:** Each employee is responsible for prompt notification to the Department Head of his or her absence because of illness or disability, including such medical statements from attending doctors as the Department Head may require. Each Department Head shall make such investigation and review as he or she feels is justified.

All sick leave is to be reported on the current payroll and, in addition, appropriate allied paperwork submitted on the required form for the approval or recommendation of the Director of Human Resources.

When an employee reports for work while ill, the Department Head may require the employee to take sick leave appropriate to the circumstances.

- D. Allowable Sick Leave Absence:** Leave of absence for illness or disability or maternity may be granted by the Department Head with the approval of the Director of Human Resources. Leaves of absence in excess of seventy-two (72) working hours in any employment year must receive in addition to the aforementioned approvals, the approval of the City Manager or City Auditor and Clerk, for their respective employees. All absences in excess of seventy-two (72) working hours in the employee's anniversary year shall be accompanied by a medical certificate from the employee's attending physician, or other form of verification to assure that a genuine illness or disability exists, or that medical treatment would not hasten the employee's return to work. Medical certificates or statements of verification shall to be accompanied with the Request for Leave Form, approved and signed by the Department Head and sent to the Director of Human Resources for approval of payment of sick leave. Leave Forms will be retained in an employee's personnel file, or for submission to the City Manager or City Auditor and Clerk, for their respective employees, for his or her guidance.

This section is not to be construed to mean that an employee automatically receives seventy-two (72) hours sick leave days per employment year, nor does it mean that more than seventy-two (72) hours will not be approved in appropriate cases for an employee with a record of high performance.

#### **11.10 Incentive Award Bonus Days:**

In conjunction with the aforementioned Sick Leave Policy, an employee may be awarded an additional day(s) of Incentive Award Bonus Day(s) as an incentive not to use sick leave, as prescribed below:

- (1) One (1) Incentive Award Bonus Day will be granted for each quarter (three (3) months period of time) of each fiscal year as of October 1st of each year in which no sick leave is used. Each quarter is independent of the others. Four (4) Incentive Award Bonus Days may be earned during the fiscal year at the rate of one (1) per quarter (October 1- December 31; January 1- March 31; April 1-June 30; July 1-September 30). If an employee maintains a perfect attendance record for the fiscal year, without using any sick leave, an additional fifth (5th) Incentive Award Bonus Day shall be granted.
- (2) Four (4) Incentive Award Bonus Days may be earned during the fiscal year at the rate of one per quarter (October 1-December 31; January 1-March 31; April 1-June 30; July 1-September 30). If an employee maintains a perfect attendance record for the fiscal year, without using any sick leave, an additional fifth (5th) Incentive Award Bonus Day shall be granted.
- (3) Any time sick leave (with or without pay) is used or any unpaid leave is taken during any quarter, no Incentive Award Bonus Day shall be earned in that quarter.
- (4) New employees employed by the City of Sarasota between fiscal year quarters will accrue Incentive Award Bonus Days commencing with the first day of the next quarter. However, if the employment date occurs during the first fifteen (15) days of the fiscal quarter, the accrual period will be retroactive to the first day of the quarter. Probationary employees resigning or terminated during their probationary period will not be eligible to be paid incentive award bonus days under Rule 11.8E of these Rules and Regulations.
- (5) The accrual of Incentive Award Bonus Days is hereby authorized retroactive to October 1, 1985 in accordance with Resolution 92R-622 adopted by the City Commission on December 21, 1992.

#### **11.11 Maternity Leave:**

- A. General: Maternity leave shall be governed by the foregoing Rules applicable to sick leave and as provided in this Rule.
- B. Notice of Pregnancy: Employees shall give prompt written notice of pregnancy to the Department of Human Resources through their Department Head. The notice shall include a doctor's certificate stating the anticipated date of birth and the date to which the employee is able to continue to work. An employee will be permitted to work as long as it is certified medically that she is physically able to do so and so long as she performs her assigned work satisfactorily.

- C. Application For Leave: A pregnant employee may apply in writing to the Department of Human Resources through her Department Head for a leave of absence. This application must be made at least four (4) weeks prior to the anticipated commencement of the leave.

Employees shall be permitted to use accumulated leave time prior to commencement of the maternity leave. The leave of absence will extend for a period of one (1) month after date of birth, and may be further extended upon written request to the City Manager or City Auditor and Clerk, for their respective employees, through the Department of Human Resources with proof of continued physical disability. Employees who request such extended leaves of absence will be requested to submit a doctor's certificate of continued disability for each day that the leave is extended.

- D. Expiration of Leave: An employee who indicates a desire to return to her employment on or before the expiration date of her maternity leave shall be reinstated to her previous job or to a position of like status and pay, without loss of service credit, provided that:

She notifies the Department Head at least two (2) weeks prior to the expected date of return;

The employee's personal physician has certified that she is physically fit and ready to be re-employed; the employee is qualified to perform the duties of the position.

Failure to give the required notices or return to work at the end of the leave of absence, the employee shall be automatically placed on layoff status.

Department Heads shall promptly send copies of all notices and applications and supporting documents related to the maternity leaves to the Department of Human Resources.

#### **11.12 Administrative Leave:**

- A. Bereavement Leave: An employee upon request shall be granted up to three (3) days of authorized bereavement leave with pay upon the death of a member of his or her immediate family. Immediate family is defined to include the spouse, and the parents, grandparents, brothers, sisters, children and grandchildren of both the employee and the spouse. For a related death and or funeral out of the State, the employee shall be granted up to five (5) days authorized bereavement leave with pay.

Proof may be required of the circumstances and of attendance at the funeral.

- B. Court Leave (Witness/Jury): Employees who do not receive compensation/reimbursement by the court when subpoenaed as a witness on behalf of a public jurisdiction or jury duty during their normal working hours, shall be compensated at a rate that is equal to their normal rate of pay for the hours they are in court. However, if they receive pay for such court service, then their City compensation shall be at a rate that is equal to their normal rate of pay less the court compensation.

Employees who are in court for only part of their normal work day shall report for work when excused or released by the court. Court leave shall be charged as authorized leave of absence with pay and notification shall be made to the City Manager or City Auditor and Clerk, for

their respective employees, through the Director of Human Resources by the Department Head on the required form.

- C. Court Pay for Off-Duty Employees: Court appearances and other court duties required by the City, occurring on other than an employee's regularly assigned shift, shall be compensated for at time and one-half (1-1/2), irrespective of any other provisions for overtime pay based upon the employee's work week. Such employees shall receive a minimum of two (2) hours pay at time and one-half (1-1/2) for each such off-duty court-related appearance irrespective of the number of cases involved in each appearance. Such time, however, shall not be counted as time worked for any other overtime purposes. The City, in its sole discretion, may either pay said employees as provided in this paragraph, or grant the equivalent thereof in compensatory time off, or as otherwise prescribed by City Ordinance

### **11.13 Personal Leaves From Duty Without Pay:**

- A. Heads of Departments may, in appropriate circumstances, grant personal leaves of absences without pay to any employee for periods not longer than two (2) weeks. Leaves of absences of longer duration, but not to exceed (6) months, may be granted to permanent employees with the recommendation of the Director of Human Resources and the approval of the City Manager or City Auditor and Clerk, for their respective employees.

Such leaves may be for study or training or for other reasons as determined by the City Manager or City Auditor and Clerk, for their respective employees. Upon request of the employee, such leave may be extended at the discretion of the City Manager or City Auditor, for their respective employees.

Upon the expiration of a regularly approved leave without compensation, the employee shall be reinstated to the position held at the time that leave was granted, or to a similar or comparable position as is available at the time. Leave may be canceled at any time and the employee concerned ordered to report back to his or her duties within a reasonable time.

Leaves without compensation granted in accordance with the foregoing may be used for the purpose of extending Annual Leave for "Vacation." Such leave without compensation in excess of ninety (90) days shall interrupt the accumulation of service time, annual leave, longevity and the like and will necessitate adjusting the employee's date of hire by the number of days in excess of ninety (90) days.

- B. All absences from duty of an employee during his or her probationary period of appointment shall be without compensation except when such leave of absence is a result of employment-connected injury. Any absence except for sickness or other good cause shall be grounds for rejection from employment. Approved absences shall have the effect of extending the date of completion of the probationary period in time equal to the amount of time absent. Absences in excess of three (3) weeks shall act to automatically cancel the probationary appointment, unless upon written request of the Department Head, such appointee may be retained, in which case his probationary period commences again on the date of his return to duty. However, for employees with sufficient background and experience, the Department Head may request a waiver of extending the probationary period. The waiver shall require the recommendation of the Department Head and the

approval of the Director of Human Resources and the City Manager or the City Auditor and Clerk, for their respective employees.

#### **11.14 Leaves From Duty With Pay:**

- A. Service Connected Injury: Full pay for absence from work because of an employee injury in the performance of his or her City duties shall be granted to:
  - (1) All Civil Service employees in the Police Departments.
  - (2) General Personnel Employees who are injured on the job under non-preventable circumstances and while acting not contrary to department/supervisor instructions. In no case shall such full pay continue for a period longer than three (3) months without the approval of the City Manager or City Auditor and Clerk, for their respective employees. (On Page 11-14 is a form for the employee to use in requesting continuation of full pay.)
- B. Vacation (Annual Leave): Provisions for Vacation (Annual Leave) are set forth herein under Rule 11.3 of these Rules and Regulations.
- C. Other Leave: When a Department Head recommends other leave for the purpose of promoting efficiency and increasing the standards of the service, the City Manager or City Auditor and Clerk, for their respective employees, may grant such leaves with full or reduced compensation for such period as shall be determined.

#### **11.15 Request for Leave Forms:**

- A. The Request for Leave Form is to be completed by the Department Head or his or her duly authorized representative for all approved absences and retained in Department., Request for Leave Forms are to be submitted with the department payroll to the Department of Human Resources to substantiate appropriate leave as authorized herein is pursuant to Rule 12.5, Payrolls and Allied Paperwork (see Request for Leave Form, Pages 11-16 and 11-17).
- B. The Personnel Action Forms are to be utilized to grant leaves of absences for periods longer than two (2) weeks, and is processed in accordance with Rule 11.13 (see Personnel Payroll Authorization Forms – Personnel Action Forms, In-Service, Page 11-18 and Appointments/ Separations, Page 11-19).

#### **11.16 Workers' Compensation Absences:**

An employee who is unable to work due to an on-the-job injury and is shown on the payroll as on Workers' Compensation shall not accumulate service time for annual leave after thirty (30) consecutive calendar days of such absence from duty. Upon a period no longer than thirty (30) days from commencement of Workers' Compensation leave of absence, a work status review will be undertaken by the Department Head to determine if the employee should be placed on workers' compensation payments or remain on City payroll. If removed from City payroll, reinstatement to normal duty is appropriate. When an employee is no longer on the City payroll and receiving pay

directly from workers' compensation insurance carrier, he or she shall not accumulate any type of accrual leave, (i.e., vacation, bonus days, holiday pay, accrued leave, etc.).

### **11.17 Family Medical Leave (FMLA)**

- A. Purpose: To establish a policy and provide general guidelines and information for the use of family or medical leave in compliance with the "Medical Leave Act" (FMLA) of 1993
- B. General: All eligible employees shall be entitled to twelve (12) weeks of unpaid, job-protected leave during any 12-month period for one or more of the following reason:
- (1) to care for employee's child after birth, or placement for adoption or foster care;
  - (2) to care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
  - (3) to take medical leave when the employee is unable to work because of a serious health condition;
  - (4) a serious health condition, which shall be defined as an illness of a serious and long-term nature resulting in recurring or lengthy absences. Treatment of such an illness would occur in an outpatient situation at a hospital, hospice, or residential medical care facility, would consist of continuing care provided by a licensed health care provider.
- C. Substitution of Paid Leave: If an employee has accrued paid leave, such as, vacation, personal or other leave less than twelve (12) weeks, the employee will use paid leave first and take the remainder of the twelve (12) weeks unpaid for any portion of family leave for birth, adoption, foster placement or family illness; or
- if the employee uses leave because of his/her own serious medical condition or the serious health condition of an immediate family member, the employee will use all paid vacation or personal leave, and then will be eligible for unpaid leave; or an employee using leave for the birth of a child will use paid sick leave for physical recovery after childbirth. The amount of sick leave required to be used will be decided at the discretion of the Department Head, but will be paid sick leave no longer than one (1) month after the birth of the child.
- D. The employee then may use all paid vacation, personal or family leave, and then will be eligible for unpaid leave for the remainder of the twelve (12) week; or an employee may use vacation, personal or other leave for any portion of statutory leave for personal or family illness. However the City is not required to provide sick leave, or medical leave, in any situation in which the City does not normally provide leave for the purpose requested.
- E. **Intermittent Leave and Reduced Work Schedules**: In certain cases, intermittent use of the twelve (12) weeks of FMLA or a part of a reduced work week may be allowed by the City. Employees wishing to work week for birth or adoption purposes will need to discuss and obtain approval for such use from the Department Head and the Human Resources Department.
- F. Advance Notice and Medical Certification: Employee may be required to provide advance leave notice and medical certification. Taking leave may be denied if requirements are not met.

- (1) Employee ordinarily must provide thirty (30) days advance notice when the leave is “foreseeable.” An employee undergoing planned medical treatment is required to make a reasonable effort to schedule the treatment to minimize disruptions to the City’s operations.
- (2) The City shall require medical certification to support a requirement for leave because of a serious health condition, and reserves the right to require second or third medical opinions (at the City’s expense).
- (3) Fitness for Duty Report will be required to return to work if the employee is authorized leave under this policy for a health condition that makes the employee unable to perform the employee’s job
- (4) While on leave, employee shall report periodically to their Department Head and/or the Director of Human Resources regarding the status of the medical condition, and their intent to return to work.
- (5) When seeking certification of a serious medical condition, an employee shall request that certification contains the following:
  - (a) Date when the condition began; expected duration; diagnosis; and a brief statement of treatment.
- (6) If employee is seeking medical leave for his or her own medical condition, statement that the employee is unable to perform essential functions of the employee’s position.
  - (a) For a seriously ill family member, a statement that the family member requires assistance and that the employee’s presence would be beneficial or desirable. If the employee is requesting intermittent leave or a reduced work schedule, certification shall include dates and duration of treatment and a statement of medical necessity.

G. Job Benefits and Protection: For the duration of an employee’s approved FMLA leave, the City will continue to provide group health coverage under the same conditions as before the leave began, including employee contributions (i.e., dependent coverage and co-payments). Upon return from FMLA leave, employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. The use of leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

If on unpaid leave, in order to maintain uninterrupted coverage in benefits, the employee must continue to pay the dependent portion of the health insurance premium payments. This payment shall be made in person or by mail to the Risk Management Department by the 5th of each month. If the employee does not continue these payments, the City will recover the payments at the end of the leave period, in a manner consistent with the law. Annual leave accrual and accrual for longevity purposes will not be accrued for any unpaid leave after thirty (30) days

The City may choose to exempt certain highly compensated “key” employees from this job restoration requirement and not return them to the same or similar positions at the completion of the FMLA leave. Employees who may be exempted will be informed of this status when they request leave. If the City deems it necessary to deny job restoration for a “key” employee

on FMLA leave, the City will inform the employee of its intention and will offer the employee the opportunity to return to work immediately.

H. Calculation of Leave: The twelve (12) month period will be measured forward from the date when any employee's first FMLA leave begins. Under this rolling method, an eligible employee would be entitled to twelve (12) weeks of leave during the twelve (12) month period beginning on the first date of family or medical leave. The next twelve (12) month period would begin the first time the FMLA leave is taken after the completion of any previous twelve (12) month period. Each time an employee uses family or medical leave, the Department and Human Resources will compute the amount of leave the employee has taken under this policy, and subtract it from the twelve (12) weeks. For example, if an employee has taken five (5) weeks of family or medical leave in the past twelve (12) months, he or she would be eligible to take an additional seven (7) weeks in a twelve (12) month period.

I. Unlawful Acts by Employers: This policy makes it unlawful for any employer to:

- (1) Interfere with, restrain, or deny the exercise of any right provided under FMLA.
- (2) Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.



## REQUEST FOR CONTINUATION OF FULL PAY (WORKERS' COMPENSATION)

*(Reference Personnel Rule 9.13)*

Department \_\_\_\_\_ Department No. \_\_\_\_\_

Employee's Full Name	Empl. I.D. #	Date of Injury	Total Days Lost Time	Pay	
				From	To

As a result of an on-the-job injury, the employee named above has been on Workers' Compensation and unable to return to work.

In accordance with the Personnel Rules and Regulations (Rule 9), it is requested that this employee be granted an extension of benefits under Workers' Compensation by continuing to receive pay for the above period.

**Justification:**

Signed: \_\_\_\_\_ Department Head \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation:**

Signed: \_\_\_\_\_ Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

**Approved/Disapproved:** (Circle One)

Signed: \_\_\_\_\_ City Manager or City Auditor and Clerk \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST FOR LEAVE

(Reference Personnel Rule 9.2 C)

- Departmental Use (**Retain in Department**)
- Payroll Revision (**Forward to Human Resources**)
- Authorization for Sick Leave in Excess of 72 Hours (9 Days) (**Forward to Human Resources**)

<b>NAME</b>	<b>EMPLOYEE NO.</b>	<b>HIRE DATE</b>	
<b>DEPARTMENT</b>		<b>DEPARTMENT NO.</b>	
(See reverse side for Clarification of Terms)	<b>DATE &amp; TIME</b>		<b>NUMBER OF HOURS</b>
	<b>FROM</b>	<b>THRU</b>	<b>WITH PAY      W/O PAY</b>
<b>ANNUAL LEAVE/VACATION (V)</b>			N/A
<b>BONUS DAY (B)</b>			N/A
<b>RUN/WALK/SWIM FITNESS LEAVE DAY (RWS)</b>			N/A
<b>SICK LEAVE (SL)</b>			
<b>TIME USED ANNIVERSARY-TO-DATE</b> Hours: ____ WP ____ WOP			
Nature of Illness: ____ Date of Illness: ____ Anticipated Return: ____			
To request authorization for sick leave with pay in excess of 72 hours (9 days) in employment year, submit the following information in addition to the above:			
1. Attach medical certificate verifying illness or disability.			
2. Statement of justification and explanation of circumstances by employee:			
3. Statement by Department Head: "I am satisfied that the absence represents an illness or disability and with the level of usage of sick leave to date."			
_____		_____	
Department Head Signature		Date	
<b>BEREAVEMENT LEAVE (DIF)</b>			
<b>WORKERS' COMPENSATION (WC)</b>			
DATE OF INJURY: ____ PREVENTABLE BY THE EMPLOYEE <input type="checkbox"/> NON-PREVENTABLE BY THE EMPLOYEE <input type="checkbox"/>			
TIME USED THIS INJURY      Hours: ____ WP ____ WOP      (PAP must be submitted after 30 consecutive calendar days.)			
<b>COMPENSATORY TIME (CT)</b>			N/A
<b>TIME USED FISCAL YEAR-TO-DATE</b> Hours: ____ WP			
<b>FAMILY/MEDICAL LEAVE (FML) (WOP)</b>			N/A
<b>TIME USED CONTINUOUS (Up to 12 weeks-See Reverse)</b>	Hours: ____ WOP	<b>TIME USED INTERMITTENT (Up to 12 Weeks)</b>	Hours ____ WOP
<b>ADMINISTRATIVE LEAVE (AL)</b>			
<b>UNAUTHORIZED ABSENCE (AWOL)</b>			N/A
<b>PERSONAL LEAVE (LOA)</b>			
<b>REMARKS:</b>			
Request for Approval (Employee):			Date:
Approval (Department Head):			Date:
<b>REQUIRED ONLY FOR SICK LEAVE IN EXCESS OF 72 HOURS (9 DAYS)</b>			Date:
Approval (Cabinet Level Member and Director of Human Resources):			Date:

## CLARIFICATION OF TERMS

1. ANNUAL LEAVE/VACATION (V) means a grant to an employee who has given the City satisfactory service; time off from work with pay for rest and relaxation, as prescribed in the City of Sarasota Personnel Rules and Regulations (Rule 9.3), and/or the union contract, if applicable, in order that the employee may be better fitted to meet the obligations of his/her position.
2. BONUS DAY (B) (or Incentive Award Bonus Day) means day earned as a result of no sick time having been taken within a quarter (Rule 9.7).
3. RUN/WALK/SWIM FITNESS LEAVE DAY (RWS) means day earned as a result of successfully performing one of these three categories (Rule 9.5).
4. SICK LEAVE (SL) means time off from work for permanent employees either with or without pay at the discretion of the Department Head, who are known to be ill or experiencing extreme mental stress, as prescribed in City of Sarasota Personnel Rules and Regulations (Rule 9.6). Request for sick leave payment in case of absences in excess of nine (9) days must be initiated by the employee and will be accompanied by a statement justifying payment for the leave and explaining the circumstances. Such requests will include a statement by the Department Head that s(he) is satisfied that the absence represents an illness or disability and describing the level of performance of the employee with regard to the usage of sick leave. Sick leave payment is not a right, which the employee may demand, but is a discretionary benefit provided by the City that can be supported with medical statements/evidence for the period of continuing disability. (Includes Maternity Leave - Rule 11.10.)
5. BEREAVEMENT LEAVE (DIF) is time taken off due to a death in the family (Rule 9.12). In REMARKS indicate: (1) Relation of family member who is deceased; and (2) City and State of deceased.
6. WORKERS' COMPENSATION (WC) means time off from work due to an on-the-job injury (non-preventable or preventable), as prescribed in City of Sarasota Personnel Rules and Regulations (Rule 9.13). Please indicate non-preventable or preventable injury by checking appropriate box. Employees on Workers' Compensation thirty (30) consecutive days will not accrue vacation.
7. FAMILY/MEDICAL LEAVE (FML) means time taken off without pay for an eligible employee (worked for a period of at least one year) to care for child after birth, or placement for adoption or foster care; to care for the employee's spouse, son, daughter or parent who has a serious health condition; for the employee's serious health condition, or for a serious health condition that makes the employee unable to perform their job. An eligible employee is entitled to twelve (12) weeks of leave **without pay during the twelve (12) month period beginning on the first date that FML leave is taken**. Vacation or personal leave may be substituted for birth, adoption, foster place or family illness, however the City is not required to provide sick leave or medical leave, in any situation in which the City does not normally provide leave for the purpose requested. Pre-approval is required. (Rule 9.10)
8. ADMINISTRATIVE LEAVE (AL) means authorized temporary time off from work, as prescribed in the City of Sarasota Personnel Rules and Regulations (Rule 9.16), during which the employee may or may not be paid. (Includes Military Leave (Rule 9.15), Court Leave Witness/Jury Rule 9.14 and Authorized Travel.)
9. UNAUTHORIZED ABSENCE (AWOL) means unauthorized absence from work. No employee should be absent from work without the permission of the Department Head or paid for other than authorized recorded time worked (Rule 9.2 B).
10. PERSONAL LEAVE (LOA) means any leave from duty with or without pay as may be requested by the Department Head and approved by the City Manager or City Auditor and Clerk for employees in the City Auditor and Clerk's Office, as prescribed by the City of Sarasota Personnel Rules and Regulations (Rule 9.9).



# PERSONNEL ACTION PAPER APPOINTMENTS AND SEPARATIONS

Date Prepared: \_\_\_\_\_

Original Appointment

Reemployment

Separation

Temp \_\_\_\_\_

Name \_\_\_\_\_ Present \_\_\_\_\_ Prob \_\_\_\_\_ Last \_\_\_\_\_  
First Initial Dept. Class Series Pos. No. • • Position: Grade: Perm

Payroll I.D.# \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Employment \_\_\_\_\_ W/C Code # \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Civil Service  Yes  No

Union Represen. Eligibility  Yes  No

Budget Charge No. \_\_\_\_\_ Budget Charge No. \_\_\_\_\_  
Primary Cost Center: \_\_\_\_\_ % Secondary Cost Center: \_\_\_\_\_ %

## APPOINTMENT

Address \_\_\_\_\_  
Street & Number City State Zip

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Sex: \_\_\_\_\_ Position Authorized:  Yes  No

Position No. \_\_\_\_\_

Prior Service  Hourly

Empl. Date: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_  Weekly IRS Information: \_\_\_\_\_  
Adjusted

Empl. Date: \_\_\_\_\_  Permanent  Full-Time  Temporary Hours of Work Per Week: \_\_\_\_\_

Probationary  Part Time  Other Days of Work Per Week/Work Period: \_\_\_\_\_

Exempt:  Non-Exempt  Comments: \_\_\_\_\_

## SEPARATION

Effective Date \_\_\_\_\_ Comments: ADVANCED PAY RECEIVED FROM CITY: PENSION FUND  
(Date following last day on payroll)  Yes  No

### REASON(S) (EXPLAIN)

- Resignation  Dismissal
- Layoff  Retirement
- Rejection  Deceased
- End of Temporary Appointment

Prior \_\_\_\_\_

Interest \_\_\_\_\_

Current \_\_\_\_\_

Total \_\_\_\_\_

CLERK OF PENSION BOARD \_\_\_\_\_

	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  _____
DEPARTMENT HEAD SIGNATURE(S)	DIRECTOR OF HUMAN RESOURCES	CITY MANAGER/CITY AUDITOR AND CLERK

032.CO59.0994 Original (White) to Human Resources Yellow to Accounting Pink to Department Goldenrod to Employee



# PERSONNEL ACTION PAPER IN-SERVICE CHANGES

Date Prepared: \_\_\_\_\_

Temp \_\_\_\_\_  
Prob \_\_\_\_\_  
Grade: \_\_\_\_\_

Present  
Name \_\_\_\_\_ Pos. No. \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ Position: \_\_\_\_\_

Perm Last First Initial Dept. Class Series

Payroll I.D.# \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Employment \_\_\_\_\_ W/C Code # \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Civil Service  Yes  No

Union Representation Eligibility  Yes  No

Budget Charge No. \_\_\_\_\_ Budget Charge No. \_\_\_\_\_  
Primary Cost Center: \_\_\_\_\_ % Secondary Cost Center: \_\_\_\_\_ %

## IN-SERVICE CHANGES

Promotion  Transfer  Reclassification  W/C Code  Longevity \_\_\_\_\_% \_\_\_\_\_Yrs.  Employment Status  Position Classification

Request extension of Prob./Temp. From: \_\_\_\_\_ To: \_\_\_\_\_

Leave of Absence WP \_\_\_\_\_ WOP \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (W/C Injury, Educational, Medical, Suspension, Military, Family Medical)

Hours of Work Per Week: \_\_\_\_\_

Days Worked per Week/Work Period: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**FROM  
CURRENT POSITION**

**TO  
CHANGE POSITION**

Exempt  Non-Exempt

Exempt  Non-Exempt

Pos. Class \_\_\_\_\_

Pos. Class \_\_\_\_\_

Pos. No. \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ Grade: \_\_\_\_\_

Pos. No. \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ Grade: \_\_\_\_\_

Probationary  Full-Time

Permanent  Part-Time

Temporary  Perm. Trainee

Class Probation W/C Code \_\_\_\_\_

End Probationary  Full-Time

Permanent  Part-Time

Temporary  Permanent Trainee

Class Probation W/C Code \_\_\_\_\_

Effective Date: \_\_\_\_\_

**CURRENT PAY**

**COMMENTS:**

**CHANGE IN PAY**

Hourly \_\_\_\_\_ Weekly \_\_\_\_\_

Hourly \_\_\_\_\_ Weekly \_\_\_\_\_

Base \_\_\_\_\_  
Long \_\_\_\_\_  
SI \_\_\_\_\_  
SPEC OPS \_\_\_\_\_  
TOTAL \_\_\_\_\_

Base \_\_\_\_\_  
Long \_\_\_\_\_  
SI \_\_\_\_\_  
SPEC OPS \_\_\_\_\_  
TOTAL \_\_\_\_\_

<b>DEPARTMENT HEAD SIGNATURE(S)</b>	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  <b>DIRECTOR OF HUMAN RESOURCES</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  <b>CITY MANAGER/CITY AUDITOR AND CLERK</b>
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**Request for Family or Medical Leave**  
**Family and Medical Leave Act of 1993**  
**(30 Day Advance Notice)**

**Employee:** \_\_\_\_\_ **Department** \_\_\_\_\_  
 \_\_\_\_\_ :

I, \_\_\_\_\_, am requesting Family/Medical Leave for the following reason(s):  
 (Employee's Name)

1. Birth of my child, or the placement of a child with me for adoption or foster care
2. Serious health condition for recurring or lengthy absences for myself
3. Serious health condition that makes me unable to perform the essential functions of my job
4. Serious health condition affecting person listed below for which I am needed to provide care:

My Spouse  
 My Child  
 My Parent


I am requesting family/medical leave from \_\_\_\_\_ to \_\_\_\_\_  
 (month/day/year) (month/day/year)

I understand that this request is for up to twelve (12) weeks unpaid leave for over a period of twelve (12) months. I understand that the City will require me to substitute any unused accrued leave, i.e., vacation, personal or other leave and that the City is not required to provide sick leave, or medical leave, in any situation in which the City does not normally provide leave for the purpose requested.

I understand that I will be required to produce medical certification and that the City reserves the right to require second or third medical opinions (at the City's expense).

I understand that the attached Certification of Health Care Provider must be filled out in full for consideration of approval of this Request for Family/Medical Leave.

Request from Employee:	Date:
Acknowledged (Department Head):	Date:
Acknowledged (Director of Human Resources):	Date:

Attachment: Certification of Health Care Provider



# Certification of Health Care Provider

## Family and Medical Leave Act of 1993

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Patient's Name and Address (if different from Employee): \_\_\_\_\_

Relationship to Employee: Spouse  Child  Parent

Please indicate the appropriate condition(s) that qualifies for a "Serious Health Condition", which means an illness, injury, impairment, or physical or mental condition that involves one of the following:

**1. Hospital Care:** Inpatient Care (i.e., overnight stay) in a hospital, hospice, or residential medical care facility including any period of incapacity, i.e., inability to work, attend school or perform other regular daily activities due to "serious health condition", or subsequent treatment in connection with or consequent to such inpatient care.

**2. Absence Plus Treatment:** A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to same condition)

**3. Pregnancy:** Any period of incapacity due to pregnancy or prenatal care.

**4. Chronic Conditions Requiring Treatments:** Requires periodic visits for treatment by health care provider, or nurse or physician's assistant; continues over an extended period of time; may cause episodic rather than continuing period of incapacity, i.e., asthma, diabetes, epilepsy, etc.

**5. Permanent/Long Term Conditions Requiring Supervision:** Permanent or long-term incapacity due to a condition for which treatment may not be effective. Employee or family member must be under continuing supervision of, but need not be receiving active treatment by health care provider. Examples: Alzheimers, a severe stroke, or terminal stages of a disease.

**6. Multiple Treatments (Non-Chronic Conditions):** Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider of health services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).


**A.** Describe medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of the above six categories:

**B. Date Condition Commenced:** \_\_\_\_\_ **Probable Duration of Condition:**  **Probable Duration of Patient's Present Incapacity:**

(a) Will it be necessary for employee to work only intermittently or work on a less than full schedule as a result of the condition, including treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If Yes, give probable duration: \_\_\_\_\_

(c) If condition is a chronic condition ("Chronic Conditions Requiring Treatments") or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity: \_\_\_\_\_

**C.** If additional treatments will be required for the condition, provide an estimate of the probable number of treatments: \_\_\_\_\_

**D.** If patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of probable number and interval between such treatments, actual or estimated dates of treatment, if known, and period required for recovery if any: \_\_\_\_\_

(a) If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state nature of treatments: \_\_\_\_\_

(b) If regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment): \_\_\_\_\_

**E.** If medical leave is required for employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If Yes, please explain: \_\_\_\_\_

(b) If able to perform some work, is the employee unable to perform any one or more of the essential functions (**employee must provide copy of job description showing essential functions**) of the employee's job? Yes \_\_\_\_\_ No \_\_\_\_\_

(c) If Yes, please list the essential functions the employee is unable to perform: \_\_\_\_\_

(d) If neither of the two above responses apply, is it necessary for employee to be absent from work for treatment: \_\_\_\_\_

**F.** If leave is required to care for a family member of the employee with a "serious health condition", does the patient require assistance for basic medical or personal needs or safety, or for transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If No, would employee's presence to provide psychological comfort be beneficial to the patient or assist in patient's recovery? \_\_\_\_\_

(b) If patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: \_\_\_\_\_

\_\_\_\_\_  
(Type or Print Name of Health Care Provider)

\_\_\_\_\_  
(Type of Practice)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

To be completed by the employee needing family/medical leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule (attach additional pages, if necessary):

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)



032.C064.0897

Response to Employee for Family or Medical Leave
Family and Medical Leave Act of 1993

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

On \_\_\_\_\_, you notified the City of Sarasota of your need to take family/medical leave due to:
(Date of Employee's Request)

- 1. Birth of my child, or the placement of a child with me for adoption or foster care
2. Serious health condition for recurring or lengthy absences for myself
3. Serious health condition that makes me unable to perform the essential functions of my job
4. Serious health condition affecting person listed below for which I am needed to provide care:
My Spouse
My Child
My Parent

You indicated need for family/medical leave from \_\_\_\_\_ to \_\_\_\_\_
(month/day/year) (month/day/year)

Key Employee Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a "Key Employee" (exempt, highly compensated employees), restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to the City.

You have a right under the FMLA for up to twelve (12) weeks of unpaid leave in a twelve (12) month period for the reasons listed above. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return to work. If you do not return following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you will be required to reimburse us for our share of health insurance, and/or employee paid benefit premiums paid on your behalf during your FMLA leave.

Employee eligible for FMLA: Yes \_\_\_\_\_ No \_\_\_\_\_

Leave counted against your annual FMLA leave eligibility: Yes \_\_\_\_\_ No \_\_\_\_\_

Medical certification required for "serious health condition": Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, certification must be received by the Human Resources Department no later than fifteen (15) days from date of this form. Approval of leave may be delayed until certification is submitted.)

You are required to use accrued paid leave, i.e., vacation, personal or other leave for family/medical leave for birth, adoption, foster placement or family illness. However the City is not required to provide sick leave, or medical leave, in any situation in which the City does not normally provide leave for the purpose requested. If paid leave will be used for unpaid FMLA, please indicate what type and how many days of paid leave being used:

Vacation \_\_\_\_\_ Bonus Days \_\_\_\_\_ RWS \_\_\_\_\_ Accrued Leave \_\_\_\_\_

**Response to Employee for Family or Medical Leave  
Family and Medical Leave Act of 1993 - Page 2**

Monthly premiums for health insurance, including dependent coverage, will continue during FMLA leave and must be paid by the employee. Dependent health, additional life insurance, long-term disability premiums and any other employee paid benefit premiums are due to the Risk Management Department no later than the 5<sup>th</sup> of each month. If payment for health benefits are not received for any month while on family/medical leave, no health claims will be paid on the your behalf. If you do not continue these payments, the City will recover the payments at the end of the leave period, in a manner consistent with the law.

While on leave, you will be required to furnish your Department Head and Director of Human Resources periodic reports every month of your status and intent to return to work. If circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least one week prior to the date you intend to report for work.

You will be required to present a fitness-for-duty certification from the Health Care Provider prior to being restored to employment, if you are authorized leave for a “serious health condition” that makes you unable to perform essential job functions. If such certification is not received, your return to work may be delayed until the certification is provided.

Upon return from FMLA leave, you will be restored to your original or equivalent position with equivalent pay, benefits and other employment terms. You will not lose any employee benefits that were accrued prior to the start of the leave.

If for any unforeseen reason, you cannot return to work at the end of the scheduled family/medical leave, the City’s obligation to provide health or any other benefits ends.

Acknowledged from Employee:	Date:
Approved/Disapproved (Department Head):	Date:
Approved/Disapproved (Director of Human Resources):	Date:

032.C065.0897