The Town provides paid holidays to probationary, regular full-time and regular part-time employees. The following official holidays will be observed:

New Year's Day
Martin Luther King Day
Good Friday
Memorial Day
Independence Day
Labor Day (All employees except Fire Department Shift Employees)
September 11 (9/11 Commemoration - Fire Department Shift Employees Only)
Thanksgiving Day
Friday after Thanksgiving
Christmas Eve
Christmas Day

I. Holidays

A holiday shall be defined as a period of eight (8) hours at straight rates for regular full-time employees and two (2) hours at straight rates for regular part-time employees who receive benefits. For employees who work on a shift, such as Fire Department shift employees who work on a 24-hour shift, a holiday will be defined as 12 hours.

II. Scheduling of Holiday

Holidays occurring on Saturday normally will be observed on the preceding Friday and holidays occurring on Sunday will normally be observed on the following Monday. When a holiday is observed on a day other than the actual holiday, employees who work a shift other than Monday through Friday will be paid holiday pay on the actual holiday, rather than the observed day.

III. Eligibility for Holiday Pay

All regular employees are eligible for holiday pay after completion of one day of work. Seasonal and temporary employees are not eligible for holiday pay and will be paid their regular rates on a holiday only if required to work.

IV. Employees required to work on a Holiday

A) All non-exempt employees who are required to work a designated holiday may elect to be paid holiday pay in addition to the hours worked, or may elect to take a day off later in the year.

B) Fire and Police Department shift employees are given a bank of holiday hours each January 1st. The number of holiday hours provided for Fire Department shift employees each year is 120. The number of holiday hours provided for Police Department shift employees is 80.

1. These holiday hours may be taken during the year, at the employee's discretion. Essential Fire and Police employees must schedule their holiday time off by utilizing

the Request for Authorized Leave Form. Whenever possible, holiday time will be scheduled at the convenience of the employee. However, Department Directors or supervisors must be certain that holiday leave does not interfere with the normal functions and activities of department operations.

2. Fire and Police Department holiday hours expire each December 31st. The holiday hours are renewed each January 1st. In no case shall a Fire or Police Department employee carry over holiday hours from one year to the next. It is the employee's responsibility to ensure that their holiday hours are used before the expiration date each year.

V. Employees Scheduled "Off Duty" on a Holiday

When the holiday and regular day off occur on the same day, those non-exempt employees who are scheduled off duty on that day will be entitled to regular holiday pay.

VI. Employees on Workers Compensation or Disability Leave on a Holiday

When a holiday occurs while an employee is out of work due to Workers Compensation or Short/Long Term disability, the employee may request up to three (3) holidays be carried over to the next calendar year. The employee's Department Head and the Town Manager must both approve the carryover of the three days. Any holidays carried over must be used within the first quarter after the employee returns to work, or the first quarter of the following year – whichever comes first.

VII. Ineligibility for Holiday Pay

Employees on unpaid leave are not eligible for holiday pay. Likewise, non-exempt employees who are absent without authorized leave on the day immediately preceding or following a scheduled holiday will not be paid for the holiday.

VIII. Separating Employees

Except in extraordinary situations, separating employees will not be allowed to use a holiday as their final day of employment. Exceptions must be scheduled and authorized in advance by the Department Director.

No payment of accrued holiday leave balance will be made upon separation of employment from the Town.

VIX. Holiday Occurring During Vacation Leave

A holiday that falls within an employee's vacation period will be counted as holiday in lieu of a day of vacation.

X. Holiday Pay During Workers' Compensation Leave

An employee on workers' compensation leave will not receive holiday pay.

XI. Other Religious Holidays

Employees may request an approved absence to celebrate a religious holiday that is not a scheduled Town holiday. If approved, the employee must charge the time to vacation, compensatory time, or an excused absence without pay.

XII. Misuse of Holidays

Holiday pay will not be paid for the same time an employee received sick leave pay, vacation, death in the family leave pay, or any other paid leave benefit.

Regular full-time employees and regular part-time employees who regularly work at least 1,000 hours in a year accrue vacation leave on a per pay period basis. The intent of this benefit is to provide time away from the work environment for purposes described in this policy. The following policy, which shows employees accruing two (2) weeks of vacation leave in the first year, applies only to employees with a date of hire of October 1, 2011 or later. Employees hired prior to October 1, 2011 will be grandfathered under the policy in place at that time, and will continue to earn three (3) weeks of vacation leave beginning with the first full pay period worked.

I. Accrual of Vacation / Personal Leave

A) Accrual of vacation leave is as follows, beginning with the employee's first full pay period (accrual hours are based on a bi-weekly payroll which equates to 26 pay periods per year).

First Full Pay Period Through 1st Anniversary	
Regular full-time employees	Accrue 3.08 hours per pay period
Regular part-time employees	Accrue 1.54 hours per pay period
Firefighters/Paramedics (RFT)	Accrue 4.62 hours per pay period
First Full Pay Period Following 2nd Anniversary	
Regular full-time employees	Accrue 4.62 hours per pay period
Regular part-time employees	Accrue 2.31 hours per pay period
Firefighters/Paramedics (RFT)	Accrue 6.93 hours per pay period
First Full Pay Period Following 5th Anniversary	
Regular full-time employees	Accrue 6.16 hours per pay period
Regular part-time employees	Accrue 3.08 hours per pay period
Firefighters/Paramedics (RFT)	Accrue 9.24 hours per pay period
First Full Pay Period Following 10th Anniversary	
Regular full-time employees	Accrue 7.70 hours per pay period
Regular part-time employees	Accrue 3.85 hours per pay period
Firefighters/Paramedics (RFT)	Accrue 11.54 hours per pay period

B) Employees accrue vacation leave from the first full pay period of their employment. Employees are eligible to use vacation leave after six (6) months of employment.

C) Part-time employees who do not regularly work 1,000 hours in a year, Temporary and Seasonal employees do not earn vacation leave.

D) The amount of vacation leave accrued is determined by years of service as follows:

1) Regular full-time employees begin earning vacation leave at the following rates:

0 – 1 year	10 days (80 hours) per year
1 – 5 years	15 days (120 hours) per year
6 – 9 years	20 days (160 hours) per year
10 and greater	25 days (200 hours) per year

2) Regular part-time employees who regularly work at least 1,000 hours in a year begin earning vacation leave at the following rate:

0 – 1 year	40 hours per year
1 – 5 years	60 hours per year
6 – 9 years	80 hours per year
10 and greater	100 hours per year

3) Fire Department shift employees begin earning vacation leave at the following rates:

0 – 1 year	10 days (120 hours) per year
1 – 5 years	15 days (180 hours) per year
6 – 9 years	20 days (240 hours) per year
10 and greater	25 days (300 hours) per year

II. Maximum Accruals

A) Except for Fire Department shift employees, the maximum allowed accrual of vacation time is 120 hours per calendar year (January through December). The maximum for Fire Department shift employees is 180 hours per calendar year (January through December). The maximum accrual for Part-time employees regularly scheduled to work 1,000 or more per year is one-half the maximum accrual of Regular Full-time employees. Any vacation hours exceeding the maximum rates shall be purged effective January 1 of each year.

B) An employee may accrue as many hours of vacation as possible throughout the calendar year; however, it is the employee's responsibility to ensure that their accrual is below the maximum allowable hours to carry over by December 31 of any particular year.

C) Vacation leave hours accrued under the Town's accrual policy prior to the implementation of this policy will be grandfathered. That is, the employee will retain the hours earned prior to the effective date of this policy.

III. Use and Scheduling of Vacation Leave

A) Vacation leave may be used for time away from the work environment to pursue activities that will promote the well being of the individual. Vacation leave may also be used for purposes of attending to personal business, extension of sick leave when sick leave benefit hours have been exhausted, inability to get to work because of inclement weather, or for other purposes, and may be taken in quarter-hour hour increments.

B) The designated supervisor must approve all vacation time, giving due consideration to the needs of the service and the ability of the remaining staff to perform the work of the department or division. Employees must schedule their annual vacation leave in accordance with the Department's guidelines governing vacation leave scheduling and utilizing the Request for Authorized Leave form. Whenever possible, vacation/leave time will be scheduled at the convenience of the employees. However, Department Directors or supervisors must be certain that vacations/personal leaves do not interfere with the normal functions and activities of department operations. Whenever possible, employees are encouraged to submit their preferred vacation leave schedule to the appropriate supervisor as far in advance as possible to relieve any scheduling problems that may develop. If taking more than one day of approved time, an employee must make the request at least three (3) working days in advance. The circumstances of individual departments or divisions may require that more advance notice be necessary in order to arrange such leave.

C) To ensure proper payment of vacation/leave pay, employees must make sure they have an approved Request for Leave form on file before leaving for vacation leave, and make arrangements for their time card to be turned in to the department.

D) Paid vacation leave is not considered hours worked for the purposes of performing overtime calculations.

E) Only scheduled working days taken off shall be counted as vacation days.

IV. Vacation Cash-In

A) Twice per calendar year (June and December), employees may elect to receive cash in lieu of unused, accrued vacation hours by completing a "Vacation Cash-In Request" form. Regular, full-time employees may "cash in" up to a maximum of 80 hours per calendar year. Regular, part-time employees may "cash in" up to a maximum of 40 hours per calendar year. Fire Department shift employees may "cash in" a maximum of 120 hours. No more than one-half of the maximum "cash in" hours may be requested during any one "cash in" period.

B) "Vacation Cash-In Request" forms are due to the Payroll Department by May 31st, to be paid out no later than June 30th; or by October 31st, and will be paid out no later than November 30th.

C) Regular, full-time employees must maintain a vacation balance of 40 hours after deducting the "cash-in" hours. Regular, part-time employees must maintain a vacation balance of 20 hours after deducting the "cash-in" hours. Fire Department shift employees must maintain a vacation balance of 60 hours after deducting the "cash-in" hours.

D) Cashed-in vacation hours are non-reversible and will be paid as a lump sum on a separate check.

V. Restrictions

A) An employee may not use any accrued vacation leave until he/she has successfully completed six (6) months of employment.

B) Employees may not "borrow" unearned vacation time.

C) Employees shall not receive payment of vacation leave in lieu of taking time off except as allowed under the vacation cash-in policy.

D) No more than four (4) consecutive calendar weeks of vacation leave may be taken off, unless approved by the Department Director.

E) Vacation time benefits will not be paid for the same time an employee receives sick leave pay, holiday pay, death in the family leave pay or any other paid leave benefit.

VI. Compensation for Vacation Leave

A) Vacation leave is paid at the employee's base rate at the time of the leave. It does not include overtime or any special forms of compensation. Vacation time is paid only for scheduled hours the employee would ordinarily have worked.

B) Upon termination, retirement, resignation, or death, an employee shall be paid for accrued vacation leave at the rate of pay the employee was receiving at the time of separation. Only employees who have successfully completed their initial probationary period of employment with the Town are entitled to this payout provision upon separation.

TOWN OF PROSPER

REQUEST TO CASH-OUT VACATION HOURS

Town of Prosper Personnel Policies and Procedures Manual, Reference No. 5.02F-1

Date: _____

Employee Name: _____

Employee Department: _____

I hereby request to cash out _____ vacation hours from my:

☐ Vacation Bank ☐ Vacation 2 Bank

I have read and understand Reference No. 5.02, Section IV regarding the vacation cash out policy.

_____

Signature of Employee

Received by Human Resources on _____ (date)

☐ Eligible to cash-out Vacation Leave hours ☐ Not eligible to cash-out Vacation Leave hours

If not eligible for cash-out of hours, explain:

_____

_____

_____

_____

_____ _____

Signature of Department of Human Resources Date

_____*Payroll*

Sick leave is paid time away from work due to an employee's bona fide illness or injury that prevents him/her from working, for visits to the doctor or dentist, or to care for certain family members who are ill or injured or for time off for the birth or adoption of a child (maternity/paternity leave). Employees who are unable to work due to illness or injury or other situations covered by this policy must immediately notify the appropriate supervisor in accordance with the procedures adopted by their departments.

I. Eligibility

A) All regular full-time and regular part-time employees who regularly work at least 1,000 hours in a year accrue sick leave on a per pay period basis and are eligible to use accrued sick leave after one month of employment.

B) An employee who is released for and offered light duty by the Town, but who elects not to accept such assignment will generally be ineligible for paid sick leave benefits.

II. Accrual of Sick Leave

A) All regular full-time and regular part-time employees who regularly work at least 1,000 hours in a year accrue sick leave on a per pay period basis. Accrual begins from the first full pay period of their employment.

B) Sick leave is accrued for eligible employees at the rate of 3.7 hours per pay period for regular full-time employees and 1.85 hours per month for regular part-time employees who regularly work 1,000 hours in a year. Fire shift employees accrue sick leave at a rate of 5.54 hours per pay period.

C) Part-time employees who do not regularly work 1,000 hours in a year, Temporary and Seasonal employees do not accrue sick leave.

III. Maximum Accrual

The maximum number of sick leave hours that may be accrued are 720 hours for regular full-time employees, 360 hours for regular part-time employees, and 1,080 hours for Fire shift employees. Please refer to section XIII. Payment Upon Separation for maximum payment of accrued sick leave upon termination of employment.

IV. Authorized Use of Sick Leave

Sick leave may be allowed in cases of personal illness or injury that prevents an employee from working, doctor's visits, or physical incapacity of an employee, when an employee is required to attend to their spouse, minor children, or dependant who is ill or incapacitated, to attend a bona fide counseling session by a qualified counselor or for the birth or adoption of a child (maternity/paternity leave). In the case of critical illness or emergency medical situations, sick leave may also be used for immediate family (spouse, father, mother, children, brother, sister, grandchildren, grandparents, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, and grandparent-in-law).

V. Sick Leave in Conjunction with Short- or Long-Term Disability

When an employee is out on paid Short-Term or Long-Term Disability, the employee may request to be paid from his/her accrued sick leave hours, such that the employee is receiving 100% of regular pay through a combination of Disability Pay and use of accrued sick leave.

VI. Minimum Increments

Sick leave must be taken in minimum increments of one-quarter hour.

VII. Failure to Report Absence/Abuse of Sick Leave

Supervisors closely monitor use of sick leave. It is anticipated that employees using paid Town sick time for their own illness/injury or that of a family member will use their sick leave to recuperate or care for their family member. Trips to the doctor or hospital stays/visits, which take the employee away from the home, are acceptable, but other personal pursuits during paid sick leave will be considered an abuse of this policy. Abuse of sick leave, including use of sick leave for anything other than an illness, injury, or doctor/dentist appointments as provided for in this policy, may result in immediate disciplinary action, up to and including termination or employment, and may also render the employee ineligible for paid sick leave benefits. Similarly, employees who fail to timely report an absence or tardiness due to illness, injury, or doctor/dentist appointments may be disqualified from using sick leave for their absences.

VIII. Other Employment During Sick Leave

Employees on sick leave, whether paid or unpaid, may not work a second job, including self-employment or participate in volunteer work, during the period of leave, even if they have written authorization from their Department Director to work a second job. Exceptions to this policy must be obtained in writing from the Department Director and the Director of Human Resources. See Outside Employment Policy (Reference No. 2.13).

IX. Use of Other Leave

A) If approved by the Department Director (and in the case of Department Directors, by the Town Manager), employees who have successfully completed their initial six (6) months of employment may use accrued vacation leave, compensatory time, other accrued paid leave, or leave of absence without pay, but only if an employee has no accrued sick leave time.

B) Official holidays observed by the Town while an employee is on approved paid sick leave will be treated as a paid holiday, rather than a day of sick leave, if the employee is eligible for the paid holiday.

C) Under certain circumstances and with the approval of the Department Director/supervisor, the employee may flex his/her work schedule ("time management") to attend to medical or dental appointments. This is acceptable provided that work is accurately recorded on the time card for the week or work cycle in which time management was approved. Under no circumstances can time management extend beyond the affected workweek.

D) Sick leave will not be paid for the same time an employee received holiday pay, death in the family leave pay, vacation pay or any other paid leave benefit.

X. Notification and Documentation

A) To receive paid sick leave, an employee shall notify the supervisor or authorized representative before or within 30 minutes after the time set for beginning of work or as specified in department operating procedures.

B) Employees requesting paid sick leave must complete a Request for Authorized Leave form and submit it to their supervisor for approval.

C) A supervisor may at any time require satisfactory proof of the proper use of sick leave and may disallow sick leave in the absence of such proof. Any absence greater than three (3) days will require a written notice from the employee's doctor.

D) It is the employee's responsibility to contact his/her supervisor daily if absent for more than one day. Exceptions would be hospitalization, a prolonged or catastrophic illness, or a determination by the Town that the absences qualify as family and medical leave (see Family and Medical Leave Policy, Reference No. 5.04).

E) Employees who become seriously ill or injured during the period of their vacation may request that their vacation be temporarily terminated and that their time be charged to sick leave. In such cases, the employee will be required to furnish, at their expense, a physician's statement.

XI. Misuse/Abuse of Sick Leave

Misuse and/or abuse of sick leave will likely result in disciplinary action up to and including termination of employment.

XII. Family and Medical Leave Act Leave

Any absence that qualifies for both Family and Medical Leave Act leave and sick leave will follow the guidelines set out in this policy, and will typically be counted as both.

XIII. Payment Upon Separation

Upon resignation or retirement from employment, or death while an employee, payment will be made for a maximum of 120 hours (regular full-time), 30 hours (regular part-time) or 180 hours (Fire shift employees) of unused sick leave. In the event that an employee is allowed to resign in lieu of termination, a payment will be made for a maximum of 80 hours (regular full-time), 20 hours (regular part-time, or 120 hours (Fire Shift employee).

Accrued hours will be paid out at time of separation, provided that the employee is not terminated for cause, and that a two week notice is given. Only employees who have successfully completed their initial probationary period of employment with the Town are entitled to this payout provision upon separation.

XIV. Sick Leave Donation

In the spirit of promoting an atmosphere of caring and concern, employees will be given the opportunity to donate accrued sick leave hours in hourly increments to other employees who are experiencing personal or family crisis (e.g., personal or family medical crisis or a financial hardship).

A) All regular, full-time and regular, part-time employees are eligible to donate or to receive donated sick leave hours.

B) An employee who wishes to receive donated sick leave hours must:

1) Submit a Sick Leave Donation Request form to his/her Department Head or supervisor,

2) Use all accrued sick leave before being eligible to receive a Sick Leave Donation, and

3) Not be under current disciplinary action.

C) Employees who would like to donate sick leave hours must:

1) Submit a Sick Leave Donation Request form to his/her Department Head or supervisor no later than the day before Time Sheets are due for the pay period in which the hours are to be donated, and

2) Maintain an accrued sick leave balance of forty (40) hours for personal use, after deducting the donated sick leave hours.

All donations will be made on a one-for one basis (i.e., an employee who donates one (hour of sick leave will have one (1) hour of sick leave deducted from his/her sick leave accrual and the "receiving" employee shall have one (1) hour of sick leave added to his/her sick leave accrual. Donated sick leave hours are non-reversible. Donated sick leave hours will be paid on regular payroll dates as per submitted Sick Leave Donation Requests, or a lump sum at discretion of the Town Manager. Employees receiving any donated sick leave hours are responsible for paying applicable federal taxes (via payroll).

TOWN OF PROSPER

SICK LEAVE REQUEST FOR HOURS

Town of Prosper Personnel Policies and Procedures Manual, Reference No. 5.03F-1

Date: _____

Employee Name: _____

Employee Department: _____

I hereby request approximately _____ hours of Donated Sick Leave for the following reason:

_____

_____

_____

_____

_____

I _____ hereby request approximately _____ hours of Donated Sick Leave for the above named employee for the following reason:

_____

_____

_____

_____

_____

_____
Signature of Employee or Immediate Family Member

_____
Signature of Department Director

Received by Human Resources _____ (date)

_____ Eligible for donated Sick Leave hours _____ Not eligible for donated Sick Leave hours

_____ _____
Signature of Department of Human Resources Date

Payroll ____

9/23/2008 12:58:01 PM

TOWN OF PROSPER

SICK LEAVE
OFFER TO DONATE HOURS

Town of Prosper Personnel Policies and Procedures Manual, Reference No. 5.03F-2

Employee Name: _____

Department: _____

I wish to donate _____hours of my accrued sick leave to _____ (*insert name of employee to whom hours are being donated*).

I understand that donating additional accrued sick leave time will only be done upon my written request.

- *In order to donate Sick Leave hours, the employee must have at least 40 hours of sick leave accrued after contributing to Sick Leave hours.*
- *Minimum donations must be equal to 1 day of Sick Leave. (i.e. Regular full-time employees – 8 hrs., regular part-time employees – 2 hrs, fire shift employees – 12 hrs)*
- *Maximum donations cannot exceed 24 hours.*
- *Contributions are non-refundable.*

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

Approved: Entered: Payroll _____

_____

Human Resources Department

9/23/2008 12:58:12 PM

The Town of Prosper provides leave to eligible employees in accordance with the Family and Medical Leave Act (FMLA). Under the FMLA, eligible employees may take up to 12 weeks of job-protected leave each year for specified family and medical reasons or 26 weeks of leave to care for an injured or ill service member.

I. **Employee Eligibility.** To be eligible for FMLA leave, an employee must:

A) Have worked for the Town for at least 12 months (need not necessarily be consecutive 12 months); and

B) Have worked for the Town at least 1,250 hours during the 12 months before the start of the leave.

II. **FMLA Leave Runs Concurrently With Other Types of Leave.** FMLA leave is typically unpaid unless the absence also qualifies for paid leave under another Town policy.

A) **Sick Leave**. If an employee has any available accrued sick leave, it must be used concurrently with any available FMLA leave, provided the employee's absence is covered by the Town's sick leave policy and the employee satisfies that policy's procedural requirements.

B) **Vacation, Comp Time & Holiday**. If an FMLA-qualifying absence is not covered by the Town's sick leave policy, the following leave time will be applied and will run concurrently with any remaining FMLA leave: accrued vacation, holiday leave and/or comp time.

C) **Disability & Workers' Comp Leave.** If the employee is approved for workers' comp or short-term or long-term disability, the employee's absence from work is automatically approved for FMLA, provided he/she has met the FMLA's eligibility requirements. This means that workers' comp and short- and long-term disability absences will run concurrently with FMLA leave. Employees being paid either workers' comp salary benefits or short- or long-term disability benefits while on leave are not required to use accrued sick, holiday, comp time or vacation leave while collecting workers' comp or disability benefits.

III. **Qualifying Reasons for Leave.** FMLA leave may only be taken for qualifying events and is limited to the time periods set out below.

A) **Twelve Weeks of Leave**. Eligible employees may take up to 12 weeks of FMLA leave in a single 12-month period (the Town uses a rolling 12-month period measured backward) for one or more of the following reasons:

(1) When the employee is unable to perform the functions of his/her job because of **his/her own serious health condition**;

(2) For the **birth or placement of a child for adoption or foster care**. FMLA leave for birth or placement for adoption or foster care must conclude within 12 months of the birth or placement. In addition, if an employee and the employee's spouse are both employed by the Town, both are jointly entitled to a combined total of 12 work weeks of family leave for the birth or placement of a child for adoption or foster care;

(3) To care for a **spouse, child, or parent with a serious health condition**; or

(4) A **qualifying exigency** arising out of the fact that the employee's spouse, child, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

B) **Twenty-Six Weeks of Leave.** Eligible employees may take up to 26 weeks of FMLA leave in a single 12-month period to care for a **covered service member** (*i.e.*, the employee's spouse, child, parent, or next of kin) with a serious injury or illness incurred in the line of duty while on active duty in the Armed Forces. If an employee and the employee's spouse are both employed by the Town, both are jointly entitled to a combined total of 26 work weeks of leave during a single 12-month period.

C) **Maximum Amount of Leave.** The maximum amount of FMLA leave available is 12 weeks during a 12-month period or 26 weeks in a single 12-month period to care for an injured or ill service member even if there are multiple FMLA qualifying events.

IV. **Employee's Notification Responsibilities.** Employees must give the Town sufficient information so that it can make a determination as to whether the employee's absence is FMLA-qualifying. If an employee fails to explain the reasons, leave may be denied. Employees must also indicate on their time records when an absence or tardy is or may be covered by FMLA. Any absence or illness that results in more than three days' absence must be reported to the Town's Human Resources Department.

A) **At Least 30 Days Notice Required for Forseeable Leave.** Employees must provide their Department Director and the Human Resources Department with at least 30 days' advance notice when the need for FMLA leave is foreseeable.

B) **Notice as Soon as Practicable for Unforseeable or Emergency Leave.** If the need for FMLA leave is not foreseeable, employees must provide their Department Director and the Human Resources Department with as much advance notice as practicable, in accordance with their Department's normal call-in procedures. The employee must also provide an explanation as to why he/she was unable to provide at least 30 days' advance notice of the need for leave.

C) **Content of Notice.** Employees must provide the Town with at least verbal notice and explain the reasons for the needed leave sufficient to allow the Town to determine if the absence is FMLA-qualifying, and the anticipated timing and duration of the leave, if known. If the employee has previously taken FMLA leave for the same reason, he/she must specifically reference the qualifying reason for leave or the need for FMLA leave. The Town may seek additional information from the employee, and the employee is obligated to respond to the Town's questions so the Town can determine if an absence is potentially FMLA-qualifying. The employee must notify the Town as soon as practicable if the dates of his/her scheduled leave change or are extended, or where initially unknown.

D) **Compliance With Town's Call-In Procedures.** Employees must comply with their Department's normal call-in procedures for reporting absences, tardies and requesting leave, *e.g.*, contacting a specific supervisor by a certain time. Notice may be given by the employee's spokesperson only if the employee is physically unable to do so personally. Where an employee does not comply with the Town's and Department's normal call-in procedures and no unusual circumstances justify the failure to comply, FMLA-protected leave may be delayed or denied.

E) **Consequences for Failing to Provide Required Notice.** If the employee fails to timely explain the reasons for his/her need for leave, FMLA leave may be denied or delayed for up to 30 days. The employee may also be subject to disciplinary action in accordance with Town policy. Likewise, if an employee fails to respond to the Town's reasonable inquiries regarding a leave request, the employee may not be granted FMLA leave protection.

F) **Scheduling Planned Medical Treatment.** When an employee intends to take leave for planned medical treatment for him/herself or for his/her spouse, child or parent, the employee is ordinarily expected to consult with his/her supervisor and try to schedule the treatment so as not to disrupt unduly the Town's operations, subject to the approval of the treating health care provider. This should be done prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of the both the employee and the Town.

G) **Periodic Check-In While on FMLA.** Employees must check in periodically with their supervisor and with the Human Resources Department regarding their status and intent to return to work. If the employee discovers that the amount of leave originally anticipated is no longer necessary, the employee must provide the Town with reasonable notice (*i.e.*, within two business days) of the changed circumstances if foreseeable.

V. Town's Responsibilities.

A) **Human Resources Department.** The Human Resources Department is responsible for the verification, approval and notification of FMLA leave. The Human Resources Department may place an employee on FMLA leave if it determines that a qualifying event has occurred.

(1) **Eligibility Notice.** The Human Resources Department will notify an employee of his/her eligibility to take FMLA within five business days (absent extenuating circumstances) of its receipt of the employee's request for FMLA leave (or from when the Town otherwise determines that an employee's absence may be FMLA-qualifying). Employee eligibility is determined (and notice will be provided) at the commencement of the first instance of leave for each FMLA-qualifying reason in the applicable 12-month period. Notification may be oral or in writing, but the Town will normally use Form No. 5.04F-3 to provide the employee with Eligibility Notice. If an employee's eligibility status changes, the Human Resources Department will so notify the employee within five business days, absent extenuating circumstances.

(2) **Rights & Responsibilities Notice.** The Human Resources Department will provide employees with a notice (FMLA Form #1) detailing the Town's specific expectations, the employee's obligations, and consequences to the employee of not meeting his/her obligations. The Human Resources Department will provide this notice each time it provides the Eligibility Notice described above. The required certification form will accompany this notice. If any of the specific information in the Rights & Responsibilities Notice changes, the Human Resources Department will notify the employee within five business days of its receipt of the employee's first notice of need for leave subsequent to any change.

(3) **Designation Notice.** When the Human Resources Department has enough information to determine if an absence is FMLA-qualifying (*e.g.*, after receiving the employee's fully completed Certification), the Human Resources Department will notify the employee in writing (Form 5.04F-4) as to whether the leave will or will not be designated as FMLA.

This Designation Notice will be given to the employee within five business days, absent extenuating circumstances. If the information in the Designation Notice changes, the Human Resources Department will notify the employee within five business days of the Town's receipt of the employee's first notice of need for leave subsequent to any change.

(4) **Certification Forms & Other Required Documentation.** The Human Resources Department is responsible for determining the completeness and authenticity of certification forms, fitness-for-duty/return to work certifications, and for review and coordination of all other FMLA documentation required by this policy.

B) **Supervisors & Department Directors**. So that the Human Resources Department can meet the notice deadlines required by the FMLA, supervisors must immediately notify both their Department Director and the Human Resources Department if they have reason to believe an employee's absence is due to an FMLA-covered reason. Supervisors must make this report even if the employee is using paid time off to cover the absence, *e.g.*, sick leave, comp time, vacation, holiday, workers' comp, short- or long-term disability, or a trade with another employee. Supervisors and Department Directors must report to Human Resources any time an employee misses work for more than three days because of his/her own illness or injury or that of a spouse, child or parent. Supervisors, it is important to remember that under the FMLA, an employee requesting paid or unpaid leave for an absence covered by the FMLA is not required to expressly mention FMLA. If the employee states a reason that qualifies for FMLA leave, the employee will likely have met the FMLA's notice requirements. When an employee submits a leave/absence form indicating an FMLA absence, the form must be sent to the Human Resources Department immediately.

VI. **Medical Certifications and Other Required Documentation.** In all instances in which the Town requests a certification from an employee, it is the employee's responsibility to provide the Human Resources Department with a complete and sufficient certification; failure to do so may result in the denial or delay of FMLA leave.

A) **Certification**. An employee must provide the Human Resources Department with a complete and sufficient medical certification supporting the need for FMLA leave due to a serious health condition affecting the employee (Form F.04F-5), his/her spouse, child or parent (Form 5.04F-6), or due to the serious injury or illness of a covered service member (Form 5.04F-7). The required medical certification forms are available from the Human Resources Department. The certification must set forth the beginning and expected ending dates of the leave. In the case of intermittent leave, the certification must also provide the dates and duration of the treatments necessitating the intermittent leave. The employee is responsible for any expenses associated with providing the Town with a required certification. The employee must turn in the required certification to the Human Resources Department within 15 days after it is requested, unless not practicable under the circumstances.

B) **Second & Third Opinions.** In some cases, the Town may require a second or third medical opinion (at the Town's expense). The Town will not require second or third opinions in the case of leave to care for a covered service member.

C) **Recertifications.** Employees may be asked to periodically recertify the need for FMLA. The Town will not, however, require recertification in the case of leave to care for a covered service member. The recertification must be provided within 15 days or as soon as practicable under the

particular facts and circumstances. The employee is responsible for any expenses associated with providing the Town with any required recertifications.

(1) **30-day rule**. The Town will request recertification no more than every 30 days and only in connection with an absence by the employee unless paragraphs (2) or (3) below applies.

(2) **More than 30 days**. If the certification indicates that the minimum duration of the condition is more than 30 days, the Town will wait until that minimum duration expires before requiring a recertification, unless paragraph (3) below applies. If the minimum duration of a serious health condition extends beyond six months, the Town may nevertheless request a recertification every six months in connection with an employee's absence.

(3) **Less than 30 days**. The Town may request recertification in less than 30days if the employee requests an extension of leave, circumstances described by the previous certification have changed significantly (*e.g.*, the duration or frequency of the absence, the nature or severity of the illness, complications, a pattern of unscheduled absences), or the Town receives information that casts doubt upon the employee's stated reason for the absence or the continuing validity of the certification.

(4) **Annual Medical Certifications**. If a serious health condition lasts beyond a single leave year, the Town may require the employee to provide a new medical certification in each subsequent leave year.

(D) **Fitness-for-Duty/Return to Work Certification**. Employees must submit a "fitness-for-duty" certification before they can return to work if FMLA leave is a result of the employee's own serious health condition. (The Town may provide an FMLA form for this purpose.) The fitness for duty/return to work certification must specifically address the employee's ability to perform his/her essential job functions set out in the Town's Designation Notice, but is limited to the particular health condition that caused the employee's need for FMLA leave. The employee is responsible for any expenses associated with providing the Town with a required fitness for duty/return to work certification and is not entitled to be paid for the time or travel costs spent in acquiring the certification. The Human Resources Department (or other DOL authorized person) may contact the employee's health care provider for purposes of clarifying and authenticating the fitness-for-duty/return to work certification; the Town will not delay the employee's return to work while such contact with the health care provider is being made. The Town will not require second or third opinions of fitness-for-duty certifications. An employee who fails to timely provide the Town with this certification will not be allowed to return to work; an employee who does not provide the required fitness-for-duty certification or request additional FMLA leave is no longer entitled to reinstatement and may be terminated.

While the Town will not require a fitness-for-duty certification to return to duty for each absence taken on intermittent or reduced leave schedule, it will require such a certification up to once every 30 days if reasonable safety concerns (*i.e.*, a reasonable belief of significant risk of harm to the employee or others) exist as to the employee's ability to perform his/her duties, based on the serious health condition for which the employee took leave.

E) **Failure to Provide Certifications & Deficient Certifications**. If an employee fails to provide a required certification within 15 days after the Town requests it, the Town may deny leave until the certification is provided. If the employee never produces the certification or recertification,

the employee is not eligible for FMLA protections. If the certification is incomplete or insufficient, the Human Resources Department will notify the employee, in writing, and advise the employee what additional information is required. The Town will provide the employee with seven additional days to cure any deficiency. If the deficiencies are not cured with the seven-day deadline, the Town may deny the taking of FMLA leave. The Human Resources Department (or other DOL authorized person) may contact the health care provider for purposes of clarification and authentication after giving the employee the opportunity to cure any deficiencies.

F) **Documenting Family Relationships.** If an employee elects to take FMLA leave in order to care for a qualifying family member or to care for a covered service member, the employee may be required to provide reasonable documentation confirming the family relationship.

VII. **Certifications for Qualified Exigency Leave.**

A) **Active Duty Orders.** The first time an employee requests leave because of a qualifying exigency arising out of the active duty or call to active duty status of a covered military member, the employee must provide a copy of the covered military member's active duty orders or other documentation issued by the military which indicates that the covered military member is on active duty or call to active duty status in support of a contingency operation, and the dates of the active duty service.

B) **Certification Form.** The employee must complete and submit to the Human Resources Department the appropriate certification form (Form 5.04F-7) in support of his/her need for leave. This form must usually be turned in within 15 days after the Town requests it.

C) **Verification.** If the qualifying exigency involves meeting with a third party, the Human Resources Department (or other DOL authorized person) may contact the individual or entity with whom the employee is meeting for purposes of verifying a meeting or appointment, and the nature of the meeting. The Town may also contact an appropriate unit of the Department of Defense to request verification of active duty or call to active duty status.

D) **Denial or Delay of Leave.** Exigency leave may be delayed or denied if the employee fails to turn in the required certification within 15 days. If the certification is incomplete or insufficient, the Human Resources Department will notify the employee, in writing, and advise the employee what additional information is required. The Town will provide the employee with seven additional days to cure any deficiency. If deficiencies are not cured with the seven-day deadline, the Town may deny the taking of FMLA leave.

VIII. **Intermittent & Reduced Leave Schedule.** An eligible employee may take FMLA leave on an intermittent or reduced schedule basis only if medically necessary, because of a qualifying exigency, for planned medical treatment, or as otherwise approved by the Department Director.

A) **Notice.** The employee must inform the Town of the reasons why the intermittent or reduced leave schedule is necessary and of the schedule for treatment if necessary.

B) **Scheduling Planned Medical Treatment.** When an employee intends to take leave for planned medical treatment for him/herself or for his/her spouse, child or parent, the employee is ordinarily expected to consult with his/her supervisor and try to schedule the treatment so as not to disrupt unduly the Town's operations, subject to the approval of the treating health care provider. This

should be done prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of the both the employee and the Town.

C) **Temporary Transfer.** The Town may temporarily transfer the employee to an alternative position (with equivalent pay and benefits, but not necessarily equivalent duties) in order to better accommodate an employee's intermittent or reduced leave schedule.

D) **Minimum Increments.** Intermittent leave will be counted in increments no greater than the shortest period of time used by the Town to account for use of other types of leave, up to a maximum increment of one hour.

E) **Exempt Employees.** Exempt employees using unpaid intermittent or reduced schedule FMLA leave may be docked for absences of less than a day without jeopardizing their exempt status under the Fair Labor Standards Act (FLSA). This special exception to the "salary basis" requirement for the FLSA's exemptions extends only to an eligible employee's use of leave required by the FMLA.

IX. Benefits During FMLA Leave.

A) **Group Health Insurance.** During any period of FMLA leave, the Town will continue to pay its portion, if any, of any group health insurance coverage for the employee on the same terms as if the employee had continued to work. Where applicable, the employee must timely pay his or her share of health insurance premiums while on FMLA leave. The Town will advise the employee of the terms and conditions for making such payments. Failure to pay premiums in a timely manner will result in cancellation of group health coverage. The Town may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave, unless the employee is unable to return due to a serious health condition, the serious injury or illness of a covered service member, or another reason beyond the employee's control. Medical certification is required under such circumstances.

B) **Other Benefits.** The employee's use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of the employee's leave, and seniority will not be affected. However, benefit accruals, such as vacation and sick leave, will be suspended during any unpaid leave.

C) **Holidays.** When an employee takes a full work week of FMLA leave and a holiday occurs within the week, the week is counted as a full week of FMLA leave. If, however, an employee uses FMLA in increments of less than a week, the intervening holiday does not count against the employee's FMLA entitlement unless the employee was otherwise scheduled and expected to work on the holiday. Employees on FMLA leave are not normally paid for holidays.

X. Job Restoration After FMLA Leave.

Upon return from FMLA leave, an employee will normally be restored to his/her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions. An employee, however, has no greater right to reinstatement than if he/she had been continuously employed during the period of FMLA leave. Further, the Town may delay restoration to employees who fail to timely provide a fitness-for-duty certification to return to work.

A) **Key Employees.** Under certain circumstances the Town is not required to reinstate "key" employees. Certain highly compensated key employees may be denied reinstatement when necessary to prevent "substantial and grievous economic injury" to the Town's operations. A "key" employee is a salaried eligible employee who is among the highest paid 10 percent of employees within 75 miles of the worksite. An employee will be notified of his/her status as a key employee, when applicable, after requesting FMLA leave.

XI. **Other Employment During FMLA Prohibited.** Under no circumstances may an employee on FMLA leave, sick leave, disability leave, or workers' compensation leave engage in outside employment unless expressly authorized in writing in advance by the Department Director and Town Manager.

XII. **Fraud.** An employee who fraudulently obtains FMLA leave is not protected by the FMLA's job restoration or maintenance of health benefits provisions. Further, an employee who commits fraud will likely be terminated from Town employment.

XIII. **FMLA Statute and DOL Regulations.** More detailed provisions and definitions of some of the terms used in this policy are set out in the Act and in the DOL's regulations. This policy is intended to explain benefits available to eligible employees under the FMLA. It is not intended to create any rights to leave beyond those created by the FMLA. If additional information is needed on the FMLA, please contact the Human Resources Department. The Town will refer to the Act and the applicable DOL regulations in carrying out this policy, as well as any relevant court interpretations and decisions. This policy does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement, which provides greater family or medical leave rights. When an employee gives notice of the need for FMLA leave, the employee will be given additional information as to his or her rights and responsibilities under the FMLA. In addition, employees may contact the nearest office of the U.S. Department of Labor's Wage & Hour Division or the Department of Labor's website for more information.

XIV. **Mandatory Reporting of Improper Handling of FMLA.** Employees must immediately report, in writing, to their Department Director or the Human Resources Department, the following so that the Town can investigate and respond appropriately:

A) Any interference with, restraint or denial of the employee's right to take FMLA or any rights protected by the FMLA or this policy.

B) Any discrimination or perceived acts of discrimination against the employee for any right protected by the FMLA or this policy.

C) Any refusal by a supervisor to authorize FMLA leave or attempt to discourage an employee from taking FMLA leave.

D) Any attempt to avoid the Town's FMLA responsibilities.

E) Discrimination or retaliation against an employee for exercising or attempting to exercise FMLA rights.

F) Discrimination or retaliation against an employee for opposing or complaining about any unlawful practice under the Act or this policy.

XV. **Definitions.** More detailed definitions of some of the terms used in this policy are set out in the Act and in the DOL's regulations.

A) **12-Month Period for Covered Service Members** - The 12-month leave period for calculating leave to care for a covered service member with a serious injury or illness is the 12-month period measured forward from the date an employee's first FMLA leave to care for the covered service member begins. During this 12-month period, the maximum FMLA leave an employee may take for any qualifying reason is limited to a combined total of 26 weeks.

B) **12-Month Period for All Other FMLA Leave** - To determine eligibility for all other leave, the Town uses a rolling 12-month period measured backward from the date of any FMLA leave.

C) **Health Care Provider (HCP)** – Means a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or any other person determined by the Secretary of Labor to be capable of providing health care services.

D) **Next of Kin of a Covered Service Member** – Means the nearest blood relative other than the covered service member's spouse, parent, or child in the priority established by the DOL.

E) **Incapacity** – Means the inability to work, attend school or perform other regular daily activities.

F) **Serious Health Condition** - For purposes of this policy, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

(1) **Inpatient care** - an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care; or

(2) **Continuing treatment by a health care provider (HCP)** - includes one or more of the following:

(a) **Incapacity & Treatment** - a period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves treatment: (i) two or more times (within 30 days of the first day of incapacity, unless extenuating circumstances exist), by a HCP or under direct supervision of, under orders of, or on referral by, a HCP, or (ii) by a HCP on at least one occasion which results in a regimen of continuing treatment under supervision of the HCP. The first (or only) in-person treatment visit must take place within 7 days of the first day of incapacity.

(b) **Pregnancy & Prenatal care** - any period of incapacity due to pregnancy, or for prenatal care;

(c) **Chronic Conditions** - any period of incapacity or treatment for such incapacity due to a chronic serious health condition which (i) requires periodic visits (at least twice a year) for treatment by, or under the direct supervision of a HCP, or (ii) continues over an extended period of time (including recurring episodes of a single underlying condition); and (iii) may cause episodic rather than a continuing period of incapacity *(e.g.*, asthma, diabetes, epilepsy, etc.);

(d) **Permanent or Long-Term Conditions** - a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective (*e.g.*, Alzheimer's, a severe stroke, or the terminal stages of a disease);

(e) **Conditions Requiring Multiple Treatments** - any period of absence to receive multiple treatments (including any period of recovery therefrom) by, or under the supervision of, under orders of, or on referral by, a HCP 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 consecutive, full calendar days in the absence of medical intervention or treatment (*e.g.*, chemo or radiation for cancer, physical therapy for severe arthritis, or dialysis for kidney disease).

Unless complications arise, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches (other than migraines), routine dental or orthodontia problems, and periodontal disease are not serious health conditions. In addition, routine physicals, eye examinations, and dental examinations are not considered treatment.

G) **Qualifying Exigency** - this term includes issues arising from short-term deployments of seven or less calendar days prior to the date of the deployment; military events and related activities such as official ceremonies and programs sponsored by the military and to attend family support or assistance programs and informational briefings; childcare and school activities; financial and legal arrangements; counseling; rest and recuperations; post-deployment activities; and additional activities arising out of the covered military member's active duty or call to active duty status if the employee and the Town agree that such leave qualifies as an exigency, and agree to both the timing and duration of the leave.

TOWN OF PROSPER

FAMILY AND MEDICAL LEAVE REQUEST FORM

Town of Prosper Personnel Policies and Procedures Manual, Reference No. 5.04F-1

Employee's Name _____ Date _____

Department _____ Division _____

Beginning of Leave Date _____ Date of Return _____

Number of Workweeks or Work Days Absent _____

Reason for FMLA leave: _____

_____

_____

_____

_____

_____

_____

_____

Have you used approved FMLA leave within the past 12 months: Yes ☐ No ☐

Benefit hours available:

_____ Sick hours _____ Vacation hours _____ Compensatory hours

I understand that for any qualified FMLA event, I must submit a "fitness for duty" report from a health care provider which shows that I am able to perform the duties of my position with respect to the health condition that caused the need for my leave.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

_____ _____
Department Director Signature Date

_____ _____
Human Resources Department Signature Date

** Employee must provide certification of health care provider or adoption notification letter for any qualified FMLA leave.*

SAMPLE LETTER

Employee
Address
Address

Re: Family and Medical Leave

Dear Employee:

You may be eligible to take Family and Medical Leave as outlined in Reference No. 5.04 of the Town of Prosper Personnel Policies and Procedures Manual. I am forwarding the following items to you for your review:

- Copy of Reference No 5.04 of the Town of Prosper Personnel Policies and Procedures Manual which deals with Family and Medical Leave,
- Certification of Health Care Provider form, and
- Town of Prosper Family and Medical Leave Request form.

Please be advised that requesting Family and Medical Leave simply protects your employment position for a period of twelve (12) weeks. It is your responsibility to ensure that the enclosed forms are completed and returned to me in compliance with the Town's Family and Medical Leave policy. If the Certification of Health Care Provider form is not completed and returned within fifteen (15) days, the Town may deny FMLA leave and any absence may be unexcused.

Prior to returning to work, you are required to provide a signed release from your doctor. If the release restricts your job duties and is not clear on specific restrictions, you will not be allowed to return to duty until the restrictions are defined.

If you have any questions after reviewing the enclosed documents, please do not hesitate to contact my office.

Sincerely,

HR Director

5.04F3

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your ____ spouse; _____child; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your ____ spouse; _____son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ Because you are the ____ spouse; _____son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

_____ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

_____ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

- _____ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ___ months towards this requirement.
- _____ You have not met the FMLA's 1,250-hours-worked requirement.
- _____ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in

_____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

____ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ____**is**/____ **is not** enclosed.

____ Sufficient documentation to establish the required relationship between you and your family member.

____ Other information needed: _____

_____

_____

____ No additional information requested

CONTINUED ON NEXT PAGE

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

____ You will be required to use your available paid _____ **sick**, _____ **vacation**, and/or _____**other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ___**have**/____ **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the 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 two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:

  _____ the calendar year (January – December).

  _____ a fixed leave year based on _____.

  _____ the 12-month period measured forward from the date of your first FMLA leave usage.

  _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.

- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work 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; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have ____ **sick**, ____**vacation**, and/or ___ **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

  ____For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.

  ____Applicable conditions for use of paid leave:_____

  _____

  _____

  _____

  _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

5.04F-4 #2

Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.
We received your most recent information on _____ and decided:

_____ **Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

_____ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

_____ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

_____ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

_____ We are requiring you to substitute or use paid leave during your FMLA leave.

_____ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ is ☐ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

_____ **Additional information is needed to determine if your FMLA leave request can be approved:**

_____ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not
(Provide at least seven calendar days)
practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

_____
(Specify information needed to make the certification complete and sufficient)

_____

_____ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

_____ Your FMLA Leave request is Not Approved.
_____ The FMLA does not apply to your leave request.
_____ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

3,04F-5 #3

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

_____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

CONTINUED ON NEXT PAGE

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

   Mark below as applicable:
   Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
   ___No ___Yes. If so, dates of admission:

   _____

   Date(s) you treated the patient for condition:

   _____

   Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___ Yes.

   Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

   Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
   ____No ____Yes. If so, state the nature of such treatments and expected duration of treatment:

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

   Is the employee unable to perform any of his/her job functions due to the condition: ____ No ____ Yes.

   If so, identify the job functions the employee is unable to perform:

   _____

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

   _____

   _____

   _____

   _____

   _____

   _____

   _____

CONTINUED ON NEXT PAGE

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary?
   ___No ___Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   _____

   Estimate the part-time or reduced work schedule the employee needs, if any:

   _____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ____No ____Yes.

   Is it medically necessary for the employee to be absent from work during the flare-ups?
   ____ No ____Yes. If so, explain:

   _____

   _____

   Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

   Frequency: _____ times per _____ week(s) _____ month(s)

   Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER:

_____

_____

_____

_____

_____

_____

CONTINUED ON NEXT PAGE

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

5.04F-6 #4

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

_____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

_____

_____

_____

_____ _____
Employee Signature Date

CONTINUED ON NEXT PAGE

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address:_____

Type of practice / Medical specialty: _____

Telephone: (_____)_____ Fax:(_____)_____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

   Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
   ___No ___Yes. If so, dates of admission: _____

   Date(s) you treated the patient for condition: _____

   Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

   Will the patient need to have treatment visits at least twice per year due to the condition? ___No ____ Yes

   Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
   ____ No ____Yes. If so, state the nature of such treatments and expected duration of treatment:

   _____

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

_____

_____

_____

_____

CONTINUED ON NEXT PAGE

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ___No ___Yes.

   Estimate the beginning and ending dates for the period of incapacity: _____

   During this time, will the patient need care? __ No __ Yes.

   Explain the care needed by the patient and why such care is medically necessary:

   _____

   _____

   _____

   _____

   _____

5. Will the patient require follow-up treatments, including any time for recovery? ___No ___Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   _____

   Explain the care needed by the patient, and why such care is medically necessary: _____

   _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? __ No __ Yes.

   Estimate the hours the patient needs care on an intermittent basis, if any:

   _____ hour(s) per day; _____ days per week from _____ through _____

   Explain the care needed by the patient, and why such care is medically necessary:

   _____

   _____

   _____

   _____

CONTINUED ON NEXT PAGE

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ____No ____Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ____ No ____ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

_____

_____

_____

_____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

504F-7

Certification for Serious Injury or Illness of Covered Servicemember - - for Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave INSTRUCTIONS to the EMPLOYEE or COVERED SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.

CONTINUED ON NEXT PAGE

Certification for Serious Injury or Illness of Covered Servicemember - - for Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered servicemember):

_____

Name of Employee Requesting Leave to Care for Covered Servicemember:

_____
First Middle Last

Name of Covered Servicemember (for whom employee is requesting leave to care):

_____
First Middle Last

Relationship of Employee to Covered Servicemember Requesting Leave to Care:
☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

Part B: COVERED SERVICEMEMBER INFORMATION

(1) Is the Covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐ Yes ☐ No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned to:

_____

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? ☐ Yes ☐ No If yes, please provide the name of the medical treatment facility or unit:

_____

(2) Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? ☐ Yes ☐ No

Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the Care to Be Provided to the Covered Servicemember and an Estimate of the Leave Needed to Provide the Care:

_____

CONTINUED ON NEXT PAGE

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

_____

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: _____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

PART B: MEDICAL STATUS

(1) Covered Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? ☐ Yes ☐ No

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the covered servicemember undergoing medical treatment, recuperation, or therapy? ☐ Yes ☐ No. If yes, please describe medical treatment, recuperation or therapy:

CONTINUED ON NEXT PAGE

PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? ☐ Yes ☐ No
If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the covered servicemember require periodic follow-up treatment appointments?
☐ Yes ☐ No If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments? ☐ Yes ☐ No

(4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? ☐ Yes ☐ No If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider: _____ **Date:** _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

5.04F-7

Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

_____
First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- ☐ A copy of the covered military member's active duty orders is attached.
- ☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

CONTINUED ON NEXT PAGE

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

_____

_____

_____

_____

_____

_____

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. ☐ Yes ☐ No ☐ None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

   Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐ No ☐ Yes.

   If so, estimate the beginning and ending dates for the period of absence:

   _____.

3. Will you need to be absent from work periodically to address this qualifying exigency? ☐ No ☐ Yes.

   Estimate schedule of leave, including the dates of any scheduled meetings or appointments:_____

   _____

   _____

   _____

   Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

   Frequency: _____ times per _____ week(s) _____ month(s)

   Duration: _____ hours ___ day(s) per event.

CONTINUED ON NEXT PAGE

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

_____

_____

_____

_____

_____

_____

_____

_____

PART D:

I certify that the information I provided above is true and correct.

_____ _____

Signature of Employee Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

In extraordinary circumstances, the Town may grant employees an unpaid leave of absence (LOA) for medical, emergency, legal, educational or any other legitimate purpose personal to the employee.

This policy will be administered consistently with the Town's obligations under the Americans with Disabilities Act. A LOA will not be authorized unless there is a reasonable expectation that the employee will return to employment with the Town at the end of the approved leave period.

I. Authorization

Department Directors are authorized to grant an unpaid LOA for up to 30 days. Any LOA beyond 30 days must be authorized by the Town Manager. The employee may seek extensions of leave, up to a maximum of 120 total days away from work.

II. Use of All Other Available Leave

All vacation, compensatory time, holiday time and/or leave authorized under FMLA must be used prior to authorizing a LOA to an employee. If the LOA is due to illness or injury, all sick leave must also be used prior to authorizing LOA.

III. Criteria

Factors considered by the Town in granting a LOA include the reason for the leave, departmental work requirements, the employee's length of service, work performance and disciplinary history.

IV. Documentation

All requests for LOA must be submitted on the Request for Leave of Absence form and must be made to the employee's Department Director as far in advance as possible prior to the requested leave date. Requests for an extension of leave must be in writing and submitted to the Department Director, who will forward the request to the Town Manager's office and the Town Manager or Designee. The need for a medical LOA must be supported by documentation acceptable to the Town, including but not limited to a doctor's explanation of why the employee cannot perform his/her duties, when he/she is expected to return to work, and periodic updates regarding the employee's ability or inability to return to work. The Department Director and/or Town Manager may require that the employee on leave periodically contact a designated supervisor to report on his/her condition or status. Before returning to work from a medical LOA, the employee may be required to submit a letter from his or her doctor stating that the employee is able to resume his or her normal job duties. The Town may also impose additional return to work requirements as set out in the Town's Health/Fitness policy.

V. Other Employment During Leave

Under no circumstances may an employee on an authorized LOA without pay work another job, whether for pay, as a volunteer or as self-employment, unless expressly authorized in writing by the Department Director and the Town Manager or Designee.

VI. Reinstatement

Employees returning from LOA will be reinstated to their same position or one of similar pay and status, provided the Town's circumstances have not changed to the extent that it would be impossible or unreasonable to provide reinstatement. If the same job or one of similar pay and status is not available, reinstatement may, at the Town's discretion, be deferred until a position is available. Usually, an employee who fails to return to work at the conclusion of an approved LOA will be considered to have abandoned his or her job, and will be considered an involuntary resignation from the Town.

VII. Benefits/Premium Payments

A) LOA's are unpaid. Vacation and sick leave benefits will not accrue during an employee's LOA. Employees will not receive death in the family leave pay, holiday pay, or any other paid leave benefit during a LOA. These benefits will resume upon the employee's return to work. Sick leave benefit accruals held by the employee prior to the LOA will be maintained.

B) Employees who have group health or any other kind of insurance through the Town continue to be responsible for paying their portion of the premiums while on a LOA. An employee's failure to pay either his or her portion of insurance premiums during a LOA may result in cancellation of coverage.

VIII. Revocation

The Town Manager may revoke authorized leave without pay at any time. Failure to return to work after the expiration of an authorized LOA or failure to provide medical status reports, physician's statements, or to contact the Town per the required schedule will likely result in revocation of the LOA and/or disciplinary action up to and including termination.

REQUEST FOR UNPAID LEAVE OF ABSENCE

Town of Prosper Personnel Policies and Procedures Manual, Reference No. 5.05F-1

Date: _____

Name: _____

Department: _____ Division: _____

Reason for request for unpaid leave of absence (check one):

☐ Medical ☐ Emergency

☐ Legal ☐ Educational

☐ Other

Beginning of Absence: _____ Date of Return: _____

Number of working days absent: _____

Explanation: _____

_____

_____

_____

_____

_____

_____

Attach necessary documentation as required by policy or requested by Department Director.

I am requesting an unpaid leave of absence as stated above. I have read and am familiar with the Town's policy regarding unpaid leaves of absences.

Employee Signature: _____ Date: _____

Approved by: _____ Date _____
Department Director

Town Manager approval required for leave beyond 30 days.

Approved by: _____ *Date* _____
Town Manager

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The Town complies with all state and federal laws relating to employees in reserve or active military service and does not discriminate against employees who serve in the military. Temporary employees who have brief or non-recurrent positions with the Town and who have no reasonable expectation that their employment with the Town will continue indefinitely or for a significant period of time are generally ineligible for extended paid military leave in excess of 15 days, reemployment rights, or any other military leave benefits under this policy.

This policy covers employees who serve in the uniformed services in a voluntary or involuntary basis, including active duty, active duty for training, initial active duty for training, inactive duty training, and full-time National Guard duty.

I. Notice to Town of Need for Leave

Employees must provide as much advance written or verbal notice to the Town as possible for all military duty (unless giving notice is impossible, unreasonable, or precluded by military necessity). Absent unusual circumstances, such notice must be given to the Town no later than 24 hours after the employee receives the military orders. To be eligible for paid military leave, employees must submit written notice of leave along with the official documents setting forth the purpose of the leave and, if known, its duration. The notice must be turned into the Department Director and the Town Manager or Designee as far in advance of the leave as possible.

II. Paid Leave for Training and Duty

A) **Full Pay for Up to 15 Days.** Employees will be paid for military absences of up to a maximum of 15 work days per fiscal year. Shift employees will be transitioned to a 40 hour work week during military absences in accordance with applicable state law. This leave may be used when an employee is engaged in National Guard or U.S. armed forces reserve training or duty ordered or approved by proper military authority. The paid leave days may be consecutive or scattered throughout the year.

B) **Other Paid Leave.** Employees who have exhausted all available paid military leave may, at their option, use any other available paid leave time (i.e., vacation leave and compensatory time) to cover their absence from work.

C) **Unpaid Leave.** After an employee has exhausted all available paid military leave (including any other paid leave time that the employee chooses to use to cover a military absence), the employee will be placed on leave without pay.

III. Benefits.

The Town will continue to provide employees on paid military leave with most Town benefits.

A) **Group Health Benefits.**

(1) While an employee is on paid military leave (or any military leave of less than 31 days), the Town will continue to pay its portion of the monthly premium for group health benefits. When military leave is unpaid, the employee may elect to continue group health coverage for up to 24 months following separation of employment or until his/her reemployment rights

expire, whichever event occurs first, for himself/herself and eligible dependants. Employees must pay 102% of the applicable premium to cover the cost of elective continuation of coverage under the Town's group health plan.

(2) Upon an employee's return to employment following military service, the Town will provide health insurance coverage immediately, even if a waiting period is normally required for new or returning employees. In addition, a returning employee will not be subjected to exclusions from coverage unless the exclusions apply to injuries or conditions that were incurred as a result of military service.

B) Other Benefits. "Paid" = must be paid 80 hrs.

While on *paid* military leave, employees continue to accrue vacation and sick leave benefits provided to other employees on paid leave. While on unpaid military leave, employees are generally ineligible for most Town-provided benefits. Benefits, such as vacation and sick leave, do not accrue while an employee is on unpaid leave, including unpaid military leave. While on unpaid military leave, benefit accruals will be suspended and will resume upon the employee's return to active employment. Once an employee returns to work following an unpaid leave, he/she will treated as though he/she was continuously employed for purposes of determining benefits based on length of service, such as vacation accrual rates and longevity pay.

C) TMRS.

Typically, an employee's period of uniformed service is deemed to constitute service for purposes of vesting and benefit accrual. Thus, employees earn service credit for time spent on active duty military leave. Service time is credited when an employee returns to work. To qualify for service credit, an employee must: return to work for the Town within 90 days after discharge; receive an honorable discharge; and timely complete the necessary application. In order to receive monetary credit, an employee has the lesser of 5 years or 3 times the length of the military service to make up any TMRS contributions that were missed while on military leave.

IV. Returning from Leave

A) Reemployment Rights. Employees who complete their military service will be reemployed in accordance with federal law.

B) Deadline to Notify Town of Intent to Return to Work. The deadline for an employee to return to work and/or notify the Town that he/she intends to return to work following military leave depends upon how long the employee's military service lasted:

(1) For service of less than 31 days, employees have 8 hours following their return home from service to report for their next scheduled work period.

(2) For service between 31 days and 180 days, employees have 14 days following their release from service to apply for reemployment.

(3) For service of more than 180 days, employees have 90 days following their release from service to apply for reemployment.

These deadlines may be extended for 2 years or more when an employee suffers service-related injuries that prevent him/her from applying for reemployment or when circumstances beyond the employee's control make reporting within the time limits possible or unreasonable.

C) **Required Documentation.** To qualify to return to work, an employee returning from leave must provide documentation of the length and character of his/her military service. Also, evidence of discharge or release under honorable conditions must be submitted to the Town if the military leave lasted more than 31 calendar days.

D) **Rights to Continued Employment.** For the one-year period following the date of their reemployment, the Town will not discharge employees without cause who served in the military for more than six months. Employees who serve for between one and six months will not be discharged without cause for six months following the date of their reemployment. Employees who serve for 30 days or less are given no protection under federal law from discharge without cause.

E) **Changed Circumstances.** If the Town's circumstances have changed to such an extent that it would be impossible or unreasonable to reemploy an employee, the Town has no legal obligation to reemploy an employee following his/her return from military leave. For example, a reduction-in-force that eliminates the position held by an employee returning from leave excuses the Town from its obligation to reemploy the employee. In addition, the Town is not required to make efforts to qualify returning employees for particular positions or to make accommodations for employees who suffered service-related disabilities when such efforts or accommodations would impose an undue hardship on the Town.

It is the policy of the Town of Prosper to allow employees short-term paid leaves of absence when work scheduling would prohibit participation as a voter in national, state, county, district and municipal elections.

All employees should be able to vote either before or after regularly assigned work hours. However, when this is not possible due to work schedules, supervisors are authorized to grant a reasonable period of time, up to three hours, during the workday to vote. Employees who need time off from work to vote must notify their supervisor at least three workdays prior to Election Day.

It is the policy of the Town of Prosper to grant approved leave to an employee who is required to participate in certain judicial or legal matters. The employee's leave may be paid or unpaid depending on the nature of the leave.

The Town provides paid leave to regular full-time and regular part-time employees required to serve on jury duty or requested to testify as a witness by the Town in a Town-related civil, criminal, legislative, or administrative proceeding. Court appearances for testimony, investigation, and court preparation as a result of official duties as a Town employee (e.g., police, fire, inspections, animal control, etc.) are compensated as actual hours worked and are not classified as paid leave. In all other cases, employees are required to schedule accrued vacation, holiday or compensatory leave; otherwise a nonexempt employee's time off will be considered a leave without pay.

The employee must provide documentation of the requirement for jury duty, subpoena compliance, etc., with his/her leave request. Employees must submit a Request for Authorized Leave, along with supporting documentation to their supervisor as soon as possible so that arrangements can be made to accommodate the absence.

Employees on jury duty leave under this policy should keep up with their job responsibilities if possible. An employee who is absent because of jury duty or another legal matter under this policy typically must report for Town duty for the remainder of the day upon completion of court or jury service, or request approval for use of other available paid time off. Any payment for jury duty received by the employee may be retained by the employee.

Jury duty leave is paid at the employee's base rate at the time of leave and does not include overtime or any other special forms of compensation. Jury duty leave is not counted as hours worked for purposes of determining overtime.

It is the policy of the Town of Prosper to grant paid leave to probationary, regular full-time and regular part-time employees in cases of death of family members. Uses of this leave may include making funeral arrangements and attending funeral services, including travel time.

The following are considered family members for the purposes of this policy:

Immediate Family		Other Family
Husband	Father-in-law	Uncle
Wife	Mother-in-law	Aunt
Son	Brother-in-law	Nephew
Daughter	Sister-in-law	Niece
Mother	Son-in-law	Grandfather-in-law
Father	Daughter-in-law	Grandmother-in-law
Brother	Grandparent	
Sister	Grandchild	
Step and Foster Children	Step Parent	
Step Grandchild	Step Grandparent	

A) For each instance of death in the immediate family all probationary, regular full-time and regular part-time employees may be granted leave by the immediate supervisor, not to exceed three (3) paid calendar days for Immediate Family, or one (1) days for Other Family. The maximum leave for Fire shift employees is two (2) shifts for Immediate Family and one (1) shift for Other Family. The three-day length is at the option of the supervisor; it is not automatic. It is assumed that one day is needed to attend funeral services; however, two or three days may be necessary if travel is involved.

C) All employees may be granted up to four hours of paid leave to attend funeral services when the services occur during scheduled work hours. Employee leave for such attendance is conditional upon supervisor approval, work load and need of the Town.

D) Employees may request compensatory time, vacation time or unpaid leave for the funeral of individuals not covered in this policy.

E) Employees on an unpaid leave status will not receive death in the family leave pay.

F) Bereavement leave benefits will not be paid for the same time an employee receives holiday pay, sick leave pay, vacation time pay, or any other paid leave benefit.

G) Employees may be required to provide proof of death/funeral/family relationship to support death in the family leave.

H) Bereavement leave is paid at the employee's base rate at the time of absence. It is not counted as hours worked for purposes of calculating overtime.

I) Employees who wish to take bereavement leave must notify their supervisor immediately.