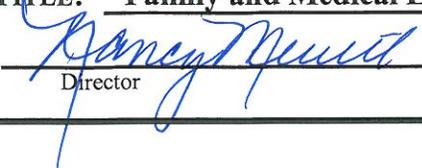


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**IDAHO DEPARTMENT OF PARKS AND RECREATION
POLICY AND PROCEDURES MANUAL**

PROCEDURE TITLE: Family and Medical Leave (FMLA)

APPROVALS:


Director

HUMAN RESOURCES
Policy Owner

1.0 PURPOSE AND OVERVIEW

1.1 The Family and Medical Leave Act (FMLA) is a federal law which entitles eligible employees to unpaid, job protected leave, under qualifying circumstances, as follows:

1. for a qualifying health condition of the employee or a family member;
2. for the birth or adoption of a child; and
3. for specific purposes to family members of qualifying military service members.

Employees may, at their discretion, elect to use accrued vacation and sick leave balances concurrently while on FMLA leave (as appropriate).

1.2 To qualify for FMLA leave, the employee must meet eligibility criteria, must submit a written request, and upon return to work must provide a medical release (as appropriate). In the event an employee does not request FMLA leave for time off work for a qualifying health condition, the Department will designate the employee's absence as FMLA leave (as appropriate).

1.3 This policy is not intended to be all-inclusive. The exceptions and unique situations regarding FMLA benefits are too numerous and complex to address in a single policy. Consultation with Human Resources is strongly encouraged.

2.0 ELIGIBILITY FOR FMLA

An employee must meet *both of the following criteria* to be eligible for FMLA leave:

2.1 Employment with the State of Idaho has been in effect for at least twelve (12) months. The twelve (12) months do not have to be continuous employment, as long as there is not a break in service longer than seven (7) years. Employees who were on the payroll for any part of a week (even one (1) day) will be credited with a full week toward their total. This includes part time, temporary and seasonal employees.

2.2 The employee has worked at least 1,250 hours during the twelve-month period immediately preceding the leave. These 1,250 hours means *actual time spent working (coded ACT on time sheet)*. It does not include paid vacation or sick time, or periods of unpaid leave during which other benefits (i.e. a group health plan or worker's compensation) continued to be provided by IDPR.

3.0 PURPOSES FOR FMLA LEAVE

3.1 Birth of a child:

1. FMLA leave to care for or assist in the care of a newborn is available to all employees (male and female) as long as they are the parents or legal guardians of the child.
2. An expectant mother may take FMLA leave if her pregnancy makes her unable to work before the birth of the baby. Under the FMLA, pregnancy and pre-natal care involve continuing treatment by a health care provider, and therefore qualify as a serious health condition.
3. Full-time employees are allowed up to twelve weeks (480 hours) of unpaid, job protected leave.

3.2 Adoption of a child or placement of a child in foster care:

1. FMLA leave may be taken for events incident to the placement of a son or daughter with the employee for adoption or foster care. This includes, but is not limited to pre-placement counseling sessions, court appearances, attorney consultations, and care for the adopted or foster child.
2. Full-time employees are allowed up to twelve weeks (480 hours) of unpaid, job protected leave.
3. Limitation: An employee's right to take leave for birth and care of a newborn, or for placement of a child for adoption or foster care, must conclude within twelve months of the birth or placement.

3.3 To care for a qualifying family member with a serious health condition:

1. Family members who qualify are limited to the employee's spouse, the employee's children under 18 years of age, the employee's children incapable of self-care due to a mental or physical disability regardless of age, and the employee's parents with a serious health condition. Care for siblings or in-laws with a serious health condition are ineligible for this provision of FMLA. (NOTE: Family members are defined differently in the FMLA than in IDPR's sick leave policy.)
2. If an employee requests FMLA leave to care for a qualifying family member, the employer may require a doctor's letter stating the need for support or care for the family member's illness, as well as its expected duration.
3. Full-time employees are allowed up to twelve weeks (480 hours) of unpaid, job protected leave.

3.4 Due to the employee's own serious health condition: Full-time employees are allowed up to twelve (12) weeks (480 hours) of unpaid, job protected leave.

3.5 To attend to a Qualifying Exigency (QE) arising out of the fact that the employee's spouse, parent, son, or daughter is a service member who is "on active duty (or notified of an impending call or order to active duty) in support of a contingency operation."

1. QE leave is available only to family members of National Guard and Reserve service members; it does not extend to family members of military members in the Regular Armed Forces.
2. Activities considered to be a Qualifying Exigency may include:
 1. Short-notice deployment;
 2. Military events and related activities (in advance of and during deployment);
 3. Childcare and school activities;
 4. Financial and legal arrangements;
 5. Counseling;
 6. Rest and recuperation;
 7. Post deployment activities; and
 8. Additional activities agreed upon between the employer and the employee.
3. Full-time employees are allowed up to twelve weeks (480 hours) of unpaid, job protected leave.
4. Agencies may require eligibility verification regarding the QE, including: DOL form WH-384; the service member's orders; and confirmation from third parties (such as a teacher).

3.6 To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces:

1. Family members who qualify are limited to service members who are the employee's spouse, parent, child, or next of kin. "Next of kin" refers to the nearest blood relative of the individual, other than the service members spouse, parent, or child, in the following order of priority: (1) individuals designated in writing by the service member as next of kin for purposes of this provision of the FMLA; (2) blood relatives who have been granted legal custody of the service member by statute or court authority; (3) siblings of the service member; (4) grandparents of the service member; (5) aunts and uncles of the service member; (6) first cousins of the service member.
2. Covered service members include someone undergoing medical treatment, recuperation, or therapy, who is otherwise in outpatient status, or who is otherwise on the temporary disability retired list for a serious illness or injury. Former service members and members on the permanent disability retired list are not covered.
3. Full-time employees are allowed up to 26 weeks (1,040 hours) of unpaid, job protected leave during a single 12-month period.
4. If an employee's leave qualifies as both military FMLA and non-military FMLA leave, FMLA military leave shall be designated first.
5. Total FMLA leave allowed during the 12-month period is 26 weeks (1,040 hours for full-time employees). (For example, an employee may not, in the same 12-month period, take 26 weeks of military FMLA leave per this circumstance and also take 6 weeks of FMLA leave due to circumstances 1-5 described above.)

4.0 DEFINITION OF A "SERIOUS HEALTH CONDITION"

A “Serious Health Condition” means an illness, injury, impairment, or physical or mental condition that involves one of the following:

- 4.1** Hospital Care: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment related to or resulting from such inpatient care. “Incapacity,” for purposes of FMLA, is defined as the inability to perform one or more of the functions of one’s job, attend school, or perform other regular daily activities due to the serious health condition, treatment for that condition, or recovery from that condition.
- 4.2** Incapacity Plus Treatment: A period of incapacity (as defined above) of more than three (3) consecutive calendar days that also involves in-person treatment by a health care provider:
1. On at least two (2) occasions that occur within thirty (30) days of the first day of incapacity (unless extenuating circumstances exist) with the initial visit occurring within seven (7) days of the first day of incapacity; or
 2. Within seven (7) days of the first day of incapacity and resulting in a regimen of continuing treatment under the supervision of the health care provider.

NOTE:

3. Continuing treatment is further defined as either
 1. Treatment two or more times by a healthcare provider; or
 2. Treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment.
 4. A regimen of continuing treatment includes, for example, a source of
 1. prescription medication (e.g., an antibiotic) or
 2. therapy requiring special equipment to resolve or alleviate the health condition.
 5. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.
- 4.3** Pregnancy: (includes prenatal care and any period of incapacity due to pregnancy or recovery from childbirth).
- 4.4** Chronic Conditions Requiring Treatments: A chronic condition is a condition that:
1. requires periodic visits (minimum two visits per year) for treatment by a health care provider, or by a nurse or physician’s assistant under a health care provider’s direct supervision;
 2. continues over an extended period of time (including recurring episodes of a single underlying condition); and
 3. may cause episodic rather than a continued period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

- 4.5** Permanent/Long-term Conditions Requiring Supervision: This is defined as a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider (e.g., Alzheimer's disease, a severe stroke, or the terminal stages of a disease, etc.).
- 4.6** Multiple Treatments (Non-Chronic Conditions): This section encompasses absences to receive multiple treatments by a health care provider, or by a provider of health care services under orders of, or on referral by a health care provider, for restorative surgery or for a condition which would likely result in a period of incapacity if not treated, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

5.0 USE OF PAID LEAVE

- 5.1** An employee may elect to use accrued vacation or sick leave concurrently with FMLA leave.
- 5.2** The employee may also elect to use compensatory time while off work, but compensatory time taken shall not be counted against the employee's FMLA entitlement.
- 5.3** If the employee elects to use accrued paid leave concurrently with FMLA leave, the employee is required to comply with all procedural requirements with IDPR's leave policy, such as notice requirements. A failure to do so may result in loss of entitlement to paid leave for the time period for which the employee failed to comply with the agency's leave policies, although the employee remains entitled to take unpaid FMLA leave.
- 5.4** A bona fide illness must exist to use sick leave concurrently with FMLA leave.

6.0 TYPES OF FMLA LEAVE

There are two types of FMLA leave: continuous and intermittent/reduced work schedule.

- 6.1** Continuous FMLA Leave: An employee, who is off work entirely for a single qualifying reason, is on continuous FMLA leave.
- 6.2** Intermittent FMLA Leave: Intermittent FMLA leave (or a reduced work schedule) is leave taken in separate blocks of time, interspersed with periods of work, due to a single qualifying reason. For example, an employee may request intermittent FMLA leave or a reduced work schedule for transporting a family member to a medical care facility, for filling in for primary caregivers, for making arrangements for changes in care, periodic medical treatments, or for episodic chronic illnesses/treatment (i.e.: chemotherapy treatment).
1. Employees requesting intermittent leave or reduced work hours should schedule their leave so as to disrupt the Department's operations as little as possible. Employees should, when possible, submit a schedule disclosing their

planned leave. Anticipated leave which was not actually taken will not be counted against the employee's FMLA hours.

2. Employees on intermittent leave may be temporarily transferred to another similar position, if the transfer helps to accommodate the employee's intermittent leave, until the need for intermittent leave no longer exists.
3. Intermittent leave related to birth, adoption, or foster care is only available with Director's approval. In approving or denying the employee's request for intermittent FMLA leave, the Director will consider the business needs of the Department. The Director has the right to require the employee to temporarily transfer to another equivalent position while on intermittent leave to least disrupt business.
4. In cases where intermittent or reduced work schedule FMLA leave is for birth, adoption, or foster care, use of intermittent FMLA leave cannot exceed a period of six (6) months regardless of the number of FMLA hours used.

7.0 CALCULATING ELIGIBILITY

The State of Idaho uses a rolling twelve-month (12) period measured backward from the date an employee uses any leave under this policy. Each time an employee takes FMLA leave, the amount of leave taken shall be computed and subtracted from the available weeks of leave. The balance remaining is the amount the employee is entitled to take at that time.

8.0 FMLA AND WORKERS' COMPENSATION

While an employee is on leave related to a workers' compensation injury, the Department may designate the employee's leave as FMLA leave. If an employee on workers compensation leave is approved for modified or light duty work but remains qualified for FMLA leave, he or she may still choose not to work and to instead use FMLA leave. However, refusal of the modified or light duty work may lead to loss of worker's compensation benefits.

9.0 FMLA PROCEDURES

9.1 Notification and Request. In some, but not all, instances, the need for FMLA leave is foreseeable.

1. Advance Notification Required.
 - 1 When the employee knows in advance of the need to take FMLA leave, the employee must give the Department 30 days notice prior to taking such leave.
 - 2 Notice shall include the anticipated start date of the FMLA leave, and the expected duration of the leave.
 - 3 Employees are to use the "FMLA Leave Request" form for this purpose.
2. Impromptu Leave.
 1. In situations where advance notification is not practicable, the employee shall notify the Department as soon as feasible. "As soon as feasible" would ordinarily mean the employee provides verbal notification to their supervisor within one business day of the employee knowing of the need for FMLA leave.

2. If the employee is unable to complete the “FMLA Leave Request” form to request unforeseen FMLA leave, the supervisor shall complete the form on the employee’s behalf.
3. If an employee is unable to provide notice, an employee’s friend or family member, acting on the employee’s behalf, may notify the Department of the employee’s need to take FMLA leave. Such notice may be communicated via phone call, fax, mail, or E-mail. In such situations, the supervisor shall complete the “FMLA Leave Request” form on the employee’s behalf.

9.2 Medical Certification. When an employee requests FMLA leave for their own medical condition or to care for family members, the Department may require the employee to furnish a doctor’s statement certifying the medical information necessary to determine the employee’s eligibility for FMLA leave at the time such leave is requested.

1. To expedite the processing of the leave request, employees are encouraged to furnish the physician’s statement with their completed “FMLA Leave Request” form. Ultimately, the employee must return the completed medical documentation within fifteen (15) days from the date of the leave request, unless a request for extension was received and approved. If an employee fails to provide medical documentation, FMLA leave may be denied.
2. In situations where FMLA leave was unforeseen, IDPR shall request certification within two (2) business days after the leave commences. The employee then must provide the medical certification within fifteen (15) days of receipt of IDPR’s request.
3. In cases where medical certification is required, the certification must be complete and sufficient. If the Department finds that the medical certification provided by the employee is incomplete (one or more of the applicable entries have not been completed) or insufficient (the information provided is vague, ambiguous, or inconclusive), the Department shall notify the employee in writing of the additional information needed to make the certification complete and sufficient. The employee shall have seven (7) days (unless not practicable despite the employee’s diligent efforts) to cure the deficiencies. Failure by the employee to do so may result in denial of FMLA leave.
4. To determine the extent of an employee’s serious health condition, if the first medical certification appears to lack validity, the Department may request a second opinion. If the second opinion is different from the first opinion, the Department may request a third medical opinion. The third opinion will be binding. If the Department requests second and third opinions, they will be paid for by the Department.

10.0 ELIGIBILITY DETERMINATION AND RESPONSE

The Department will provide the employee with an Eligibility Notice and with a Designation Notice once FMLA leave is requested.

- 10.1** Eligibility Notice: Within five (5) days of the employee requesting leave or the Department learning an employee's leave **may** be FMLA eligible, the Department shall notify the employee in writing whether the employee is eligible for FMLA leave (and if not, why the employee is ineligible). In conjunction with the Eligibility Notice, the Department shall also provide the employee with written notification of the employee's rights and responsibilities under the FMLA, including the information contained in the "Notice of Eligibility and Rights & Responsibilities" form. This notification shall include:
1. Whether medical certification is required, and the consequences for failure to provide such medical certification;
 2. Whether certification to verify a Qualifying Exigency is required, and the consequences for failure to provide such certification; and
 3. Whether a "fitness for duty" certification is required for the employee to return to work, and the consequences for failure to provide such a certification.
- 10.2** Designation Notice: Within five (5) days of receiving enough information to determine that an employee's leave **is** FMLA eligible, the Department shall provide written, official confirmation of the designation of the employee's leave as FMLA leave and the parameters (i.e., expectations, obligations, and consequences for failure to meet the same) of the FMLA leave, using the "Response to FMLA Request" memorandum. If a "fitness for duty" certification specifically addressing the issue of whether the employee can meet the essential functions of his or her job will be required for the employee to return to work, the employer must provide a list of the essential job functions no later than the date of the Designation Notice. In such a case, the Designation Notice must specifically inform the employee that the certification must address the employee's ability to perform those essential job functions.

11.0 PROCEDURES FOR CODING FMLA LEAVE

Employees/supervisors should not code FMLA leave on timesheets until the Department has verified the employee's eligibility for such leave. Such verification will be done by an e-mail from Human Resources. Available time codes include:

- 11.1** For leave pursuant to circumstances 3.1 through 3.5 above:
1. FMS: Family Medical Leave—Sick. (This coding uses the employee's accrued sick leave while on FMLA leave.)
 2. FMV: Family Medical Leave—Vacation. (This coding uses the employee's accrued vacation leave while on FMLA leave.)
 3. FML: Family Medical Leave—Unpaid.
- 11.2** For leave pursuant to circumstance 3.6 above:
1. FSS: Service Member Family Leave—Sick. (This coding uses the employee's accrued sick leave while on FMLA leave.)
 2. FSV: Service Member Family Leave—Vacation. (This coding uses the employee's accrued vacation leave while on FMLA leave.)

3. FSL: Service Member Family Leave—Unpaid.

11.3 The decision to use accrued leave balances concurrently with FMLA is the employee's; the Department may not *require* an employee to utilize accrued sick or vacation balances while on approved FMLA leave.

11.4 Employees on FMLA leave who are concurrently using available sick or vacation time shall accrue sick and vacation hours at the same rate as if they were not on FMLA. However, employees utilizing unpaid FMLA (coded "FML" on timesheets) do not accrue leave credits.

11.5 Supervisors are responsible for ensuring accuracy of employee timesheets, including the use of FMLA leave codes.

12.0 COMPLETION OF LEAVE

An employee who is returning from FMLA leave may be required to provide a "Fitness for Duty" certification from their medical practitioner, if, due to the nature of the health condition and the job:

12.1 Light duty work or other accommodation is requested; or

12.2 The Department, having a reasonable basis in fact to do so, requires assurance that returning to work would not create a significant risk of substantial harm to the employee or others.

12.3 Note that, if a "Fitness for Duty" certification will be required upon return to work, the employee will be notified of that requirement in advance in writing.

12.4 Further note that, if the Department requires the "Fitness for Duty" certification to address the employee's ability to meet essential job functions, the Department will provide the employee with a list of the essential job functions in conjunction with the Designation Notice.

13.0 BENEFITS AND EMPLOYEE RIGHTS

13.1 While on FMLA leave, the employee's health and dental benefits will remain unchanged.

1. Thus, the employee will remain responsible for their share of the monthly health and dental premiums.
2. If the employee is using sick or vacation leave balances to receive a full or partial paycheck while on FMLA leave, the employee's portion of health and dental insurance premiums will be deducted as usual.
3. However, if the employee is not receiving a sufficient paycheck, he or she must arrange to pay the employee's portion of health and dental insurance premiums.
4. If the employee does not return to work after FMLA leave for reasons beyond their medical condition, the Department can require the employee to

reimburse the State's share of the premiums paid during the employee's FMLA absence.

- 13.2 An employee's use of FMLA leave cannot result in the loss of any employment benefits that the employee earned or to which he or she was entitled **before** using FMLA leave.
- 13.3 Use of FMLA leave cannot be counted against the employee for any disciplinary action regarding attendance.
- 13.4 Upon return from FMLA leave, employees are entitled to be restored to the position they held prior to the FMLA leave, or to be restored in a substantially equivalent position with substantially equivalent benefits, pay, and other terms and conditions of employment.



FMLA Leave Request Form

Part A: To be completed by employee and/or supervisor, and then submitted to supervisor.

Employee Name

IDPR Program/Park

REASON FOR LEAVE:

- Birth of a child
- Adoption of a child or placement of a child in foster care
- To care for a qualifying family member with a serious health condition
- Due to the employee's own serious health condition
- To attend to a Qualifying Exigency (QE) arising out of the fact that the employee's spouse, parent, son, or daughter is "on active duty or had been notified of an impending call or order to active duty in support of a contingency operation."
- To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

Provide description/details as appropriate:

TYPE OF LEAVE REQUESTED:

Continuous Intermittent Reduced Hours

If FMLA leave is approved, do you wish to use available sick and/or vacation time while on FMLA leave? Yes No

If applicable, provide details:



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

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.

This form provides employees information on their eligibility or reason(s) why they are not eligible for FMLA (Part A), and information regarding their rights and responsibilities for taking FMLA leave (Part B).

TO: _____ DATE _____
Employee

FROM: _____
Employer Representative

Part A – NOTICE OF ELIGIBILITY

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 service member 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:
 - _____ 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 approx. _____ months towards this requirement.
 - _____ You have not met the FMLA’s 1,250-hours-worked requirement.
 - _____ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

If you have any questions, contact

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 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. _____

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

- _____ 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.
- _____ 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 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 service member 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 service member’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.
- 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 its use conforms to the Department’s leave policy, located at: http://parksandrecreation.idaho.gov/procedures_manual.aspx.

If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA 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 contact the Payroll Unit.



Designation Notice Family and Medical Leave Act

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 Department may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the Department will state in writing below what additional information is necessary to make the certification complete and sufficient.

TO: _____ DATE _____
Employee

FROM: _____
Employer Representative

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.

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

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).
- _____ 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 attached. The fitness-for-duty certification must address your ability to perform these functions.

_____ Your FMLA leave request is not approved at this time. 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. Please provide the following information no later than _____ (no longer than 7 days) to enable the Department to render a decision on approving your leave request.

Specific information needed: _____

_____ The Department is exercising our right to have you obtain a second or third opinion medical certification at our expense.

Specific information/timeframes: _____

_____ 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.