

APPENDIX I

FAMILY MEDICAL LEAVE

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Board of Trustees, Policy 4169, Approved September 1995

FAMILY MEDICAL LEAVE ACT - 1993

POLICY:

In compliance with the Family Medical Leave Act (FMLA), eligible District employees may take unpaid leave of up to twelve (12) weeks for qualified medical and family reasons. The purpose of the Family Medical Leave Act is to provide employees reasonable leave to care for an eligible family member, or the employee himself or herself, in the event of a serious medical condition, or to enable the employee to care for a child within one year of the child's adoption or receipt into foster care. While on leave, employees are entitled to District paid benefits.

NOTE: Family Medical Leave is not an additional leave. This means that the leave is granted only to ensure a total of twelve (12) weeks of leave with benefits. For example, if an employee has taken personal necessity leave of one (1) week, the Family Medical Leave will be for eleven (11) weeks, making a total of twelve (12) weeks of leave.

ELIGIBILITY:

Employees who have been employed for at least one (1) year of continuous service by the District are eligible for this leave. Continuous service consists of full-time or part-time employment for the number of months customarily worked by employees in that job classification. If an employee separates from service after attaining more than one year of continuous service and is subsequently re-employed by the District, the employee is not eligible for Family Medical Leave until he or she completes another year of service.

QUALIFYING EVENTS FOR PURPOSE OF FAMILY MEDICAL LEAVE:

The conditions for which Family Medical Leave may be taken are:

- a) Birth or adoption of a child, or the receipt of a child into foster care, within one (1) year of such birth or placement, or
- b) The employee's own serious health condition that makes it impossible to perform essential job functions, or
- c) A serious health condition of an employee's child, spouse, parent or member of the immediate household, which requires the employee to care for the family member.

ELIGIBLE CHILD:

An eligible child is defined as:

- a) A biological, adopted or foster child under the age of 18, or
- b) A disabled child of any age, or
- c) A child under 18 who is treated as the employee's child or for whom the employee has been "in loco parentis."

APPLICATION FOR LEAVE:

A request for Family Medical Leave must be made in writing by completing the Family Medical Leave application form. The application must be submitted to the employee's administrator and then forwarded to the Office of Human Resources at least thirty days before the requested start of the leave unless the reason for the leave is due to an emergency, in which case the request must be made immediately. The completed application must state the reason for the leave and the beginning and ending dates of the leave.

CONDITIONS OF LEAVE:

An employee who requests medical leave for his or her own serious health condition is required to use all accrued sick leave and extended sick leave if applicable. Because Family Medical Leave is limited to twelve workweeks, it is unlikely that an employee will run out of extended sick leave within the duration of this leave. An employee who requests Family Medical Leave to care for his or her spouse, child, parent or member of the immediate household with a serious medical condition must first use all available personal necessity and then sick leave to the extent allowed in the employee's relevant bargaining unit agreement for care of family members. At the exhaustion of all paid leaves, the remainder of the leave - up to a maximum of twelve (12) weeks - will be unpaid. District paid benefits, if applicable, will continue through the duration of the leave on the condition that the employee returns to work after the leave. An employee may choose to use vacation time and/or compensatory time if he or she chooses before using unpaid leave.

Only one (1) Family Medical Leave may be taken in each twelve (12) month period. This twelve (12) month period is a forward rolling leave calculated from the date on which the last Family Medical Leave started, or in the case of the first leave, the first date on which the employee becomes eligible and has a qualifying reason.

The District may require the employee to obtain a second medical opinion at District expense. If the two (2) medical opinions conflict, the opinion of a third medical provider, approved jointly by the employee and the District, may be required at District expense, and the third opinion will be final and binding.

Leave taken because of the serious health condition of an employee, spouse, child, parent or member of the immediate household may be taken intermittently or on a reduced medical schedule when medically necessary. Leave may be counted in full or partial days or full or partial weeks. Leave taken because of the birth or placement of a child may not be taken intermittently or on a reduced schedule leave unless expressly approved by the Director of Human Resources.

While in unpaid status under Family Medical Leave, an employee will not accrue additional benefits such as sick leave, vacation, or seniority. However, Family Medical leave is counted as active work status for the purposes of pension vesting or eligibility in pension plans.

If both a husband and wife work for the District, their leave is limited to a combination of twelve (12) weeks for the qualifying event of a birth, adoption, or foster care placement.

MEDICAL CERTIFICATION STATEMENT:

An application for leave based on the serious health condition of the employee or the employee's spouse, child, parent or member of the immediate household must be accompanied

by a Medical Certification Statement completed by a health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition. If leave is for the care of a family member, it should also estimate the amount of time that the employee will be needed to care for the patient. If leave is for the employees own health condition, certification should also state that the employee is unable to perform the functions of his or her own position. If additional leave is requested beyond the period stated in the certification, the District may require re-certification in accordance with these procedures.

RETURN FROM OR FAILURE TO RETURN FROM LEAVE:

The employee is expected to return to work on the date stated in the application for leave. If the employee wishes to return earlier, both the employee's administrator and the office of Human Resources should be notified at least five (5) days before the employee's planned return. Failure to return from leave without notification may be construed as an abandonment of the employee's position. The District will require a certification that the employee is physically able to return to work upon return from leave due to the employee's own serious health condition. However, if an employee returning from Family Medical Leave due to his or her own serious medical condition is unable to perform the essential functions of his or her job because of a physical or mental condition, the District's obligations to that employee may be governed by the American's with Disabilities Act.

REINSTATEMENT RIGHTS:

An employee on Family Medical Leave is entitled to be returned to the same position held prior to the leave, if still available, or to a position with equivalent pay, benefits, if applicable, and other terms and conditions of employment, subject to provisions of the contract with the relevant bargaining unit. An employee on Family Medical Leave will not suffer the loss of any other employment benefit that the employee earned or was entitled to before using the leave.

HEALTHCARE BENEFITS (if applicable):

District paid benefits will continue during the period of Family Medical Leave. If the employee does not return from leave and employment is terminated, District paid benefits shall terminate in accordance with the "12 days in paid status" rule.

COORDINATION WITH PREGNANCY DISABILITY LEAVE:

Family Medical Leave is separate and distinct from disability leave for pregnant employees. Pregnant employees may be entitled to a disability leave in addition to the Family Medical Leave. An eligible employee may be entitled to take a pregnancy disability leave of up to four (4) months and a Family Medical Leave of up to twelve (12) weeks for a combination of approximately seven (7) months.

REFERENCE: The Family Medical Leave Act became effective on August 5, 1993.

The California Family Rights Act was amended by AB 1460 to conform the state law to the federal Family Medical Leave Act. These amendments were effective on October 5, 1993.

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
APPLICATION FOR FAMILY MEDICAL LEAVE**

NAME: _____ DIVISION: _____

SOC. SEC. #: _____ CAMPUS: _____

Beginning Date of Leave: _____ Ending Date of Leave: _____

Reason for Leave (check one):

_____ a) Birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement, or

_____ b) The employee's own serious health condition that makes it impossible to perform essential job functions, or

_____ c) A serious health condition of an employee's eligible child, spouse, parent or member of the immediate household, which requires the employee to care for the family member.

Explanation (if necessary): _____

A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child, parent or member of the immediate household must be accompanied by a verifying medical certification from a physician.

I hereby authorize the Foothill-De Anza Community College District Office of Human Resources to contact my physician to verify the reason for my requested leave or for any other information concerning my requested Family Medical Leave.

I concur with the terms and conditions of the leave and understand that it will be my obligation to return to District employment on the working day following the ending date of the leave. I am aware that failure to return from leave may be construed as abandonment of the employee's position.

Signature of Employee

Date

APPROVED BY:

Administrator Date

Director of Human Resources Date

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
MEDICAL CERTIFICATION STATEMENT**

Name of Employee: _____

Is this Certification for the Employee _____ or for ill family member _____

Name of ill Family Member (patient): _____

Date Condition Began: _____

Date Condition Ended (or is expected to end): _____

Medical facts regarding the condition: _____

Explanation of extent to which employee is needed to care for ill family member (if applicable):

Explanation of extent to which employee is unable to perform the functions of his or her job:

Health Care Provider Signature: _____

Print Name: _____

Date: _____ Office Phone Number: _____

Medical Release:

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: _____ Date: _____

Print Name: _____

Please return this form to Foothill-De Anza Community College District, Office of Human Resources at 12345 El Monte Road, Los Altos Hills, CA 94022.