County of Cumberland Board of Chosen Freeholders	Policy Number: 2.07	Pages: 1 of 6
Chapter: Employee Benefits	Effective Date: October 1, 2019 Supersedes Policy 2.07 Dated July 1993	
Subject: Family and Medical Leave of Absence (FMLA)		

I. POLICY:

The County of Cumberland provides for leaves of absence in accordance with federal, state and local law. To that end, Cumberland County has provided this Family and Medical Leave of Absence Policy which shall be in full compliance with the applicable federal and state statutes.

II. DEFINITIONS:

A. FAMILY LEAVE OF ABSENCE:

An approved leave of absence is available to eligible employees under circumstances critical to the life of the family. Leave may be taken upon:

1. The birth of the employee's child
2. Upon placement of a child with the employee for adoption or foster care
3. When the employee is needed to care for a child, spouse, eligible military service member, or parent who has a serious health condition

B. MEDICAL LEAVE OF ABSENCE

An approved leave of absence for the employee's own serious health condition

C. SERVICEMEMBER LEAVE:

Under a qualifying exigency for Armed Service obligations, The Federal Family and Medical Leave Act entitles eligible employees to take leave for a family member's service in the Armed Forces. This policy provides general notice of employee rights to such leave.

D. ELIGIBLE EMPLOYEE:

A person who has been employed by the County of Cumberland for one year with at least 1,250 hours of paid service over the preceding 12 month period.

E. SON OR DAUGHTER:

Is a biological, adoptive, or foster child. A stepchild, legal ward, or a child of a person standing in loco parentis (in place of a parent). If over 18 years old, the son or daughter must be incapable of self-care because of a mental or physical disability.

F. SERIOUS HEALTH CONDITION:

Is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility or continuing treatment by a health care provider. The term serious health condition is not intended to cover short term conditions such as minor illnesses that last only a few days or surgical procedures that typically do not involve hospitalization and only require a brief recovery period.

G. REDUCED LEAVE SCHEDULE:

A schedule that reduces the number of hours worked per week or hours worked per day taken for medically necessary reasons. Medically necessary reasons include chronic, serious health conditions where treatment and care are needed for planned medical treatments. Appropriate medical documentation of this serious medical condition including the planned periods of treatment must be provided prior to an employee being approved for reduced schedule leave.

H. INTERMITTENT LEAVE:

Leave taken in separate blocks of time for medically necessary reasons due to a single qualifying event. Medically necessary reasons include chronic, serious health conditions where treatment and care are needed for either planned or unanticipated medical treatments. Unanticipated medical treatments and/or leave days must be related to the original serious medical condition. Appropriate medical documentation of this serious medical condition including the planned periods of treatment must be provided prior to an employee being approved for Intermittent Leave.

I. QUALIFYING EXIGENCY:

Covered family member on active duty.

III. PROCEDURE:

A. SCOPE:

If an employee is entitled to sick leave, and the FMLA/NJFLA is for the employee's serious medical condition or an employee's family member's serious medical condition, the employee must take all sick leave concurrently with the FMLA/NJFLA based on the applicable Collective Bargaining Agreement. Any sick leave exceeding 7 consecutive calendar days will result in implementation of an FMLA/NJFLA event.

B. BASIC REGULATIONS:

1. The County requires medical certification to support a claim for a leave for an employee's own serious health condition or to care for a seriously ill child, spouse, or parent.

    a. For the employee's own medical leave, the certification must include a statement that the employee is unable to perform the functions of his or her position.
    b. For leave to care for a seriously ill child, spouse, or parent, the certification must include an estimate of the amount of time the employee is needed to provide care.
    c. At its discretion, the County may require a second medical opinion and periodic re-certification at its own expense. If the opinions differ, the County, at its own expense, may require the binding opinion of a third health care provider, approved jointly by the County and the employee.
    d. If medically necessary for a serious health condition of the employee or his or her spouse, child, or parent, leave may be taken on a reduced leave or intermittent leave schedule. The county may require the employee to transfer temporarily to an alternative position which better accommodates recurring periods of absence or a part-time schedule, provided that position has equivalent pay and benefits.
    e. Spouses/Civil Union Partners who are both employed by the County are entitled for a total of twelve weeks family leave (rather than 12 weeks each) for the birth or adoption of a child or for the care of a sick parent.

C. NOTIFICATION REQUIREMENTS:

When the need for leave is foreseeable, such as the birth of a child, or planned medical treatment, the employee must provide reasonable prior notice and make efforts to schedule leave so as not to disrupt departmental operations. In cases of illness, the employee will be required to report periodically on his or her leave status and intention to return to work.

D. EMPLOYEE BENEFITS DURING LEAVE OF ABSENCE:

1. Any employee granted a family and medical leave of absence shall be provided with the group health insurance policy or health care plan at the same level and under the same conditions as before the leave commenced.
2. Benefit entitlements based upon length of service will be calculated as of the last paid work day prior to the start of any unpaid leave of absence. Benefits do not accrue while on unpaid leave.

E. REQUEST FOR FAMILY AND/OR MEDICAL LEAVE:

1. A request for Family and Medical Leave of Absence form must be originated by the employee. This form shall be:

    a. Completed in detail
    b. Signed by the employee
    c. Forwarded to the County Human Resources Department for approval
    d. Department Head will receive notification of approval
    e. Please reference Section III A. Scope in reference to this section

2. If possible, the form should be submitted thirty (30) days in advance of the effective date of the leave.

3. All requests for Family and Medical Leaves of Absence due to illness shall include the following information attached to the Request for Family and Medical Leave form:

    a. Medical certification stating the date on which the serious health condition commenced; the probable duration of the condition; and the appropriate medical facts regarding the condition.

b. For purposes of leave to care for a child, spouse, or parent, the certificate shall give an estimate of the amount of time that the employee is needed for such care, as well as the previously mentioned information.
c. For reduced leave schedule for planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment must be stated.
d. Intermittent Leave medical treatment which is unanticipated in nature, must be related to the original medical condition. Appropriate medical documentation of the serious medical condition including the planned periods of medical treatment must be provided prior to an employee taking intermittent leave.
e. Intermittent Leave is not available for the birth or adoption of a child.
f. Any/all information received from an employee with respect to a medical condition will be treated confidentially and follow any/all HIPAA regulations.

F. DURATION OF LEAVES OF ABSENCE:

An employee may request up to 12 weeks for a Family and Medical Leave of Absence in each rolling 12 month period.

G. MAINTAINING WORK LOAD:

While an employee is on family and/or medical leave of absence without pay, the duties of his/her position shall either be performed by remaining staff and the position kept vacant or the duties may be performed by an interim employee.

H. RESTRICTIONS:

1. Key employees, defined as those whose salaries rank within the highest paid 5% are excludable from the family leave provision.

2. An employee on FMLA/NJFLA may not engage in outside County employment during the term of the leave unless such employment commenced prior to the leave and is not otherwise prohibited by law.

IV. SERVICE MEMBER LEAVE:

A. The federal FMLA entitles eligible employees to take unpaid leave for a family member's service in the Armed Forces.

B. Service member FMLA provides eligible employees unpaid leave for any one, or a combination of the following qualifying reasons:

1. A qualifying exigency arising out of a covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan.
2. To care for a covered family member who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that such an injury or illness may render the family member medically unfit to perform the duties of the member's office, grade, rank, or rating.

C. Duration of Leave:

1. When leave is due to a qualifying exigency, an employee may take up to 12 workweeks of leave during any 12 month period.
2. When leave is to care for an injured or ill service member, an employee may take up to 26 workweeks of leave during a single 12 month period. Leave to care for an injured or ill service member, when combined with other FMLA qualifying leave, may not exceed 26 weeks in a single 12 month period.
3. Service member FMLA runs concurrent with other leave entitlements provided under federal, state, and local law.