

Family Medical Leave Act (FMLA)

General

The FMLA is a federal law that requires the college to provide up to twelve (12) weeks of unpaid leave each calendar year to employees for certain family and medial reasons. The FMLA works in conjunction with other leave provisions to which employees are entitled under collective bargaining agreements, personnel policies or other laws. FMLA may be taken on an intermittent basis in increments no smaller than one hour.

Eligibility

An employee must have been employed for one year and worked at least 1250 hours in the year prior to taking leave under the FMLA.

Reasons for Taking Leave

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent, who has a serious health condition;
- For a serious health condition that makes the employee unable to perform his/her job duties.

Serious Health Condition

This means an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medial care facility;
- Any period of incapacity requiring absence of more than three calendar days from work, school, or regular daily activities that also involves continuous treatment by a health care provider;
- Continuing treatment by a health care provider for a chronic or long term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than tree calendar days;
- Prenatal care.

Advance Notice

The employee must ordinarily provide the employer with 30 days notice when the leave is "foreseeable."

Medical Certification

The college may require medial certification to support a request for leave because of a serious health condition or of the need to care for a child/family member. In addition, the college may require a second or third opinion, at the employer's expense. Also, the college may require a medial statement regarding the employee's fitness to return to duty subsequent of the leave.

Job Benefits and Protection

The college must maintain an employee's health coverage during FMLA leave if they had coverage through the college prior to the leave.

The college must return the employee to the same or equivalent position upon return from leave as provided by law.

Pay During Leave

The employee may use or be required to use accrued vacation, personal or compensatory time for any FMLA leave. The employee may use accrued sick leave for FMLA leave taken for the employee's own serious health condition.

The employee may use accrued sick leave for FMLA other than their own health condition to the extent permitted by the appropriate collective bargaining agreement or personnel policy handbook.

AFSCME	10 days per fiscal year (15 days in emergency/life threatening/terminal cases)
Faculty/Professional Staff	7 days per fiscal year
Non-Unit Classified	10 days per fiscal year (15 days in emergency/life threatening/terminal cases)
Non-Unit Professional	10 days per fiscal year (15 days in emergency/life threatening/terminal cases)

The college may permit the use of accrued leave beyond that outlined above.

Process for Using this Benefit

Employees who realize that they may need leave for any of the reasons outlined in "Reasons for Taking Leave" above should contact the Human Resources (HR) Office (X3530 or X3531) to determine appropriate steps. Generally, HR will inform the employee whether or not the leave is considered under the FMLA, what other personnel policies may be involved at the same time and what payment options can be considered. The HR office will usually ask the employee to complete the form below and to talk with their supervisor about the request. Once the request is made, the HR office will respond to the request in writing providing any details and conditions which must be met. **The employee does not need to be aware of the details of the FMLA as the HR office will help with that. The employee simply has the obligation of letting the college know, usually HR and the immediate supervisor, of the need and reason to take leave. The employee will then be advised what steps to take.**

Leave Request Form

Employee Name: _____ Division/Department: _____

Supervisor: _____ Date of Request: _____

Leave Status Requested

____ Paid Leave:

____ Vacation ____ Sick ____ Personal ____ Compensatory

____ Unpaid Leave

____ Unpaid & Paid using the following type leave to the extent available:

____ Vacation ____ Sick ____ Personal ____ Compensatory

____ Other (Explain: _____

Reason for Leave

____ Vacation ____ Personal ____ Employee's Own Illness ____ Family Member Illness
(Relationship: _____)

____ New Child Care ____ Adoption/Foster Care ____ School Activities Participation
____ Child Medical/Dental Appt.

____ Elderly Relative Medical/Dental/Professional Service Appt. ____ Other (Explain: _____
_____)

Beginning Date of Leave: _____ Ending Date of Leave: _____ Return to Work Date: _____

Employee Signature: _____

Special Circumstances (Explain):

Small Necessities Leave Act (SNLA)

General

The SNLA is a state law that requires the college to provide up to twenty-four (24) hours of unpaid leave each calendar year to employees for certain “small necessities”. The SNLA works in conjunction with other leave provisions that employees are entitled to under collective bargaining agreements, personnel policies or other laws, but is in addition to that provided by the Family Medical Leave Act. The SNLA may include intermittent leave in increments not smaller than one hour.

Eligibility

An employee must have been employed for one year and worked at least 1250 hours in the year prior to taking leave under the SNLA.

Reasons for Taking Leave

- To participate in school activities directly related to the educational advancement of a son or daughter of the employee, such as parent-teacher conferences or interviewing for a new school;
- To accompany a son or daughter of an employee to routine medical or dental appointments, such as check-ups or vaccinations;
- To accompany an elderly relative of the employee to routine medical, dental, or other appointments for professional services related to the elder’s care, such as interviewing at nursing or group homes.

Advance Notice

The employee must ordinarily provide the employer with 7 days notice with the leave is “foreseeable.”

Certification

The college may require certification to support a request for leave.

Pay During Leave

The employee may use accrued vacation, personal or compensatory time for any SNLA leave.

The college may require the use of accrued leave for SNLA.

Process for Using this Benefit

Employees who realize that they may need leave for any of the reasons outlined in “Reasons for Taking Leave” above should contact the Human Resources (HR) Office (X3530 or X3531) to determine appropriate steps. Generally, HR will inform the employee whether or not the leave is covered under the SNLA, what other personnel policies may be involved at the same time and what payment options can be considered. The HR office will usually ask the employee to request the leave in writing and to talk with their supervisor about the request. Once the request is made, the HR office will respond to the request in writing providing any details and conditions which must be met. **The employee does not need to be aware of the details of the SNLA as the HR office will help with that. The employee simply has the obligation of letting the college know, usually HR and the immediate supervisor, of the need and reason to take leave. The employee will then be advised what steps to take.**

Leave Request Form

Employee Name: _____

Division/Department: _____

Supervisor: _____

Date of Request: _____

Leave Status Requested

____ Paid Leave:

____ Vacation ____ Sick ____ Personal ____ Compensatory

____ Unpaid Leave

____ Unpaid & Paid using the following type leave to the extent available:

____ Vacation ____ Sick ____ Personal ____ Compensatory

____ Other (Explain:

Reason for Leave

____ Vacation ____ Personal ____ Employee's Own Illness ____ Family Member Illness
(Relationship: _____)

____ New Child Care ____ Adoption/Foster Care ____ School Activities Participation
____ Child Medical/Dental Appt.

____ Elderly Relative Medical/Dental/Professional Service Appt. ____ Other (Explain:
_____)

Beginning Date of Leave: _____ Ending Date of Leave: _____ Return to Work
Date: _____

Employee Signature: _____

Special Circumstances (Explain):
