

Leave Administration

MAP No. 10-10

Supersedes MAP No. 10-10

Dated: April 15, 1988

State of Alaska

Department of Health & Social Services

Division of Public Assistance

FIELD SERVICES

MANAGEMENT ADMINISTRATIVE PROCEDURES

Approved by:

Rebecca Eames

Chief of Field Services

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PURPOSE

To provide the Division's employees with information and guidelines on the types, accrual, usage, and duration of leave, and establish standardized notification and approval processes.

BACKGROUND

Division managers and supervisors are responsible for the day-to-day administration and approval of leave. Although leave may not be denied unreasonably, managers and supervisors must plan and schedule leave so it does not interfere with orderly operations and customer service.

Employee leave is a benefit that must be managed with bargaining unit agreements, Departmental Policy and Procedures, Departmental Standard Operating Procedures and state personnel rules. The leave procedures stated in this document comply with the following statutes and codes:

- Alaska Statute 23.10.500-.550, 39.20.200-.400
- Alaska Administrative Code 2 AAC 07-500 and 2 AAC 08.010-.999
- Alaska Family Leave Act and Federal Family and Medical Leave Act
- General Government Unit (GGU) and Supervisory Unit (SU) collective bargaining agreements
- Department of Health and Social Services Employee Leave Handbook dated October 26, 1998.

It is the employees' responsibility to be familiar with their specific bargaining unit contracts. All employees must refer to their specific bargaining contracts when reviewing the procedures stated in this document.

TYPES OF LEAVE

The following are types of leave that may be available to Division employees.

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| I. Annual / Personal Leave | IX. Union Business Leave |
| II. Sick Leave | X. Military Leave |
| III. Family Leave | XI. Search and Rescue Leave |
| IV. Worker's Compensation Leave | XII. Educational Leave |
| V. Funeral Leave | XIII. Time off to Vote |
| VI. Leave Without Pay | |
| VII. Leave for State Interview | |
| VIII. Court Leave | |

GENERAL PROCEDURES

I. ANNUAL / PERSONAL LEAVE

- Eligible employees under the Supervisory Unit accrue personal leave.
- Eligible employees under the General Government Unit hired before July 1, 2000 have the option of irrevocably electing to be under the annual leave or personal leave system.
- Eligible employees under the General Government unit hired after July 1, 2000 will accrue annual leave, but on December 16, 2000, will be automatically converted to the personal leave system.
- Annual or personal leave may be granted at any time business permits if approved by the supervisor in advance of the use. An employee's request for leave may not be unreasonably denied.
- The leave year begins on December 16 and ends on December 15 for all employees. Pay period ending December 31 will be paid in the next calendar year.

Eligibility

- GGU employees who elect to be in the annual leave system are eligible to use their annual leave after 90 days from their date of hire.
- GGU employees who elect to be in the personal leave system and SU employees may use their personal leave after 30 days from their date of hire.

Accrual Rates

- Accrual rate can be adjusted to reflect any creditable prior service in a leave accruing position.
- Leave accruals for part-time employees will be prorated based on hours in pay status.

ANNUAL LEAVE SYSTEM
leave accrual per pay period
(Full-time employee – 37.5 hrs/week)

Years of Service	Annual	Sick
0-2 years	4.69	4.69
2-5 years	6.56	4.69
5-10 years	7.50	4.69
10 years and over	9.38	4.69

PERSONAL LEAVE SYSTEM

leave accrual per pay period
(full-time employee – 37.5 hrs/week)

Years of Service	Personal
0-2 years	7.50
2-5 years	8.44
5-10 years	9.38
10 years and over	11.25

Donations

- An employee may donate annual or personal leave to another employee on extended sick leave.
- The donation is deducted from the donating employee's annual/personal leave account and placed in the recipient's donated leave account.
- The minimum amount of leave that can be donated is 4 hours.
- To donate leave, a leave slip must be completed with the number of hours donated.
- The recipient may not use leave that is donated to them until they have exhausted their own sick and annual/personal leave.
- To qualify to use donated leave for a pay period, the donation must be received on or before the 15th or the end of the month.

Mandatory Leave Use

- All eligible GGU and SU employees are required to take a minimum amount of annual/personal leave each year.
- Each full-time employee under the personal leave system shall take at least 37.5 hours of personal leave during each leave year beginning December 16 and ending December 15 of the succeeding year.
- Each full-time employee under the annual leave system is required to take 75 hours of annual leave each year.
- Part-time employees will have the mandatory leave requirement prorated based upon the number of hours the employee is regularly scheduled to work.
- Unused mandatory leave will be deducted from the year end balance.

- The employer has the right to schedule leave for an employee who has not met the requirement of mandatory leave usage.
- Should the employer deny the employee any opportunity to take the required hours of annual/personal leave during the leave year, any unused portion of the mandatory leave shall be deducted from the employee's leave balance at the end of the leave year and paid in cash.
- If the employee has been denied the use of mandatory leave, it is the employee's responsibility to request their supervisor write a memo to the Human Resource Section, through the Division Director, explaining the denial of leave. The employee needs to send a copy of this request to the Human Resource Section.
- The supervisor's memo must be received at the HR Section by December 1st. The memo needs to include the reason(s) leave was denied and the requested leave dates. The supervisor should include assurances they will comply with the mandatory leave requirements in the next year.
- Denied mandatory leave usage is cashed out and charged directly to the Division's budget.
- Division Directors and Managers shall notify employees that they must schedule leave covering any unused mandatory leave by October 31 and all unused mandatory leave shall be taken within the current leave year.
- Any employee failing to schedule his/her unused mandatory leave by the cut-off date may be directed by the director designee to take the unused portion at a specified date or time period within the current leave year.

Accumulation

- All unused personal or annual leave balances of an eligible GGU and SU employee is carried forward for use in the succeeding year.
- The leave balance rollover happens on December 15th of each leave year.

Leave Cash-In

- Employees who have more than 37.5 hours of accrued annual leave may cash-in an unlimited amount of annual leave per leave year. The first 37.5 hours of leave cashed-in will be applied towards the annual mandatory leave usage.

- Employees are required to maintain a balance of 37.5 hours of annual leave after using leave cash-in.

Floating Holiday

- Overtime ineligible employees assigned to work on a holiday can have 7.5 hours of leave credited to their annual/personal leave balance.
- The employee must submit a completed designation of floating holiday form to the personnel/payroll unit.
- If the employee works less than 7.5 hours on the holiday, the employee needs to submit a leave slip for the difference.

II. SICK LEAVE

Accrual of Sick Leave

- GGU employees under the annual leave system accrue sick leave.
- Employees under the Supervisory Unit and GGU employees under the personal leave system do not accrue sick leave but may use their personal leave for absences due to illness.
- Sick leave accrual is posted to the employee's sick leave account on a semi-monthly basis, and is available for use immediately upon posting.
- Permanent full-time and long-term nonpermanent full-time GGU employees accrue sick leave at a rate of 4.69 hours per pay period.
- Sick leave for GGU employees who work less than full-time shall accrue leave at a prorated rate based on hours in pay status during each pay period.

Use of Sick Leave

- An employee may be granted use of sick leave for a medical or dental appointment, or to attend to an immediate family member.
- The supervisor may require a physician's certification of illness or injury for absences of three days or more, or if leave abuse is suspected.
- Employees who are absent due to illness or injury must notify their immediate supervisor no later than 15 minutes past the

scheduled starting time. In the absence of the immediate supervisor, the next level supervisor is to be advised.

- Employees should advise the supervisor of the expected date or time of their return to work.
- Some offices within the divisions have an internal call-in policy that requires a longer notice prior to the scheduled starting time. Supervisors should notify employees in writing of their internal call-in requirements and inform them of their responsibility to notify the supervisor when they will be absent due to illness or injury.

Excess Sick Leave or Medical Leave Bank

- Excess sick leave or Medical Leave Bank is available to certain employees under the General Government and Supervisory Unit.
- This is established when employees move from an annual/sick leave system into the personal leave system and a portion of the former sick leave account remains available to use for specific medical reasons.
- Employees need to refer to their collective bargaining unit agreements or contact the Human Resource Section as questions arise because the rules for use of surplus sick leave are extensive.

III. FAMILY LEAVE

Family Leave guarantees employees the right to take leave up to a set number of weeks for their own medical needs, to care for a family member, or for the birth, adoption, or foster placement of a child, and guarantees a return to their position at the end of the leave.

The General Government Unit contract allows its members to retain up to five days of annual/personal leave for use when they return from family leave. The member must notify the supervisor of their request to retain annual/personal leave at the date family leave begins.

Forms of Family Leave

Employees of the Division are entitled to use family leave for certain family and medical reasons under the Federal Family and Medical Leave Act (FMLA) and the Alaska Family Medical Leave Act (AFLA). Family leave applies equally to male and female

employees; it is intended to supplement rather than replace existing regulations and benefits. Employees should get the most generous benefit to which they are entitled.

- **The FEDERAL FAMILY MEDICAL LEAVE ACT of 1993 (FMLA)** allows employees the opportunity to take twelve weeks of job protected leave within a twelve-month period.
- **The ALASKA FAMILY MEDICAL LEAVE ACT of 1992 (AFLA)** allows employees the opportunity to take 18 weeks of job protected leave within a two-year period.

A. FEDERAL FAMILY MEDICAL LEAVE ACT

Key Definitions

- Child - defined as a biological, adopted, foster or step child; a legal ward; a child of someone standing in loco parentis who is under 18 years of age, or over 18 years of age and incapable of self care.
- Spouse – defined under Alaska State Law, which means married.
- Parent – defined as a biological parent or an individual who stands or stood in loco parentis to an employee when the employee was a child.
“Loco parentis” exists when a person undertakes care and control of another in absence of such supervision by the latter’s natural parents and in the absence of formal legal approval, and is temporary in character and is not to be likened to an adoption which is permanent. (Black’s Law Dictionary, 6th edition)
- Health Care Provider - defined as doctor of medicine or osteopathy who is licensed by the State of Alaska; any provider recognized by the employer or the employer’s group health plan; health care providers authorized to practice in a country other than the United States.

Eligibility

An employee needs to meet all of the following requirements to be eligible for FMLA:

- 1) must have worked for at least 12 months (these months need not be consecutive).
- 2) must have worked for 1250 hours over the past twelve months, not including vacation, personal or sick leave,

holidays, periods of layoff or other time not actually worked.

- 3) must be working in a location where at least 50 other state employees are employed within a 75-mile radius. Refer to addendum 6 for a list of non-eligible locations.

Qualifying Conditions

An employee is entitled to take FMLA under the following conditions:

- 1) An employee's own injury or serious health condition that makes the employee unable to perform the functions of his or her job, or
- 2) Employee is required to care for a child, spouse, or parent with an injury or serious health condition, or
- 3) Birth or adoption of an employee's child, or
- 4) Placement of a foster child.

Serious Health Condition

Under FMLA, a serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves one of the following:

- hospital care
- absence plus treatment
- pregnancy
- chronic conditions requiring treatment
- permanent/long-term conditions requiring supervision
- non-chronic conditions requiring multiple treatments

Limitations

- an employee's entitlement to FMLA due to the birth or adoption of a child expires at the end of the 12-month period beginning on the date of the birth or placement of the child.
- Leave taken for the birth or placement of the child may be taken in a single block of time beginning with the initial use. It can be taken intermittently during that block; however, it does not extend the length of entitlement.
- Spouses who are employed by the same employer are limited to a total of a shared 12 weeks for medical leave, family leave or parental leave.

B. ALASKA FAMILY MEDICAL LEAVE ACT

Key Definitions

- Child - defined as someone under 18 years of age, or over 18 years of age and incapable of self-care
- Spouse – defined under Alaska State Law, which means married.
- Parent – defined as a biological parent, adoptive parent, parent in-law or stepparent.
- Health Care Provider - defined as a physician, dentist or psychologist licensed by the State of Alaska.

EXCEPTION:

In cases where the employee can also qualify for FMLA, any health care provider acceptable under FMLA will also be acceptable for AFLA usage.

Eligibility

An employee needs to meet the following requirements to be eligible for AFLA:

- 4) Must be employed 35 hours a week for six consecutive months **or** 17.5 hours a week in 12 consecutive months in preceding year; and must be working in a location where at least 21 other state employees are employed within a 50 mile radius. Refer to addendum 6 for a list of non-eligible location.

Qualifying Conditions

An employee is entitled to take AFLA under the following conditions:

- An employee's own injury or serious health condition makes the employee unable to perform the functions of his or her job, or
- The employee is required to care for a child, spouse, or parent with an injury or serious health condition, or
- Birth or adoption of an employee's child

Serious Health Condition

Under AFLA , a serious health condition is defined as an illness, injury or physical or mental condition that involves one of the following:

- inpatient care

- continuing treatment
- supervision by a health care provider

Limitations

An employee's entitlement to AFLA due to the birth or adoption of a child expires at the end of the 12-month period beginning on the date of the birth or placement of the child.

- Leave taken for the birth or placement of the child may be taken in a single block of time beginning with the initial use. It can be taken intermittently during that block; however, it does not extend the length of entitlement.
- Under AFLA, an employee is entitled to a separate 18 weeks for medical or family leave and a separate 18 weeks for parental leave.

C. GENERAL RULES TO FOLLOW WHEN DESIGNATING FAMILY LEAVE:

- Supervisors should designate family leave for all qualifying conditions.
- Supervisors must notify the employee in writing their leave will be counted as family leave. Leave cannot be counted as family leave until the employee has been notified either verbally or in writing. If family leave was designated verbally, it must immediately be followed up in writing.
- If the employee's leave is not designated as family leave, it will not count against an employee's family leave entitlement.
- If information becomes available that an employee's leave is qualified as family leave while the employee is on leave or after an employee returns from leave, then all or whatever portion of the leave circumstances that qualify as family leave can be charged against the employee's entitlement. The designation of family leave must be made within two days of the employee's return to work.

D. REQUESTING/OBTAINING A MEDICAL CERTIFICATION

- A supervisor should require a medical certification if the leave is for the employee's own serious health condition or to care for a seriously ill family member.
- A supervisor should allow an employee a reasonable period of time (15 days) for an employee to provide a medical certification. If the employee fails to provide the medical certification within that time, the supervisor may delay the family leave until the certification is provided. If

an employee never produces medical certification, the leave is no longer protected under FMLA/AFLA and the employee may be recalled to work or disciplined according to policy. The supervisor should notify the employee of the consequences of the failure to provide medical certification.

- A supervisor may request additional medical certifications to support extensions or renewal of FMLA/AFLA leave but not usually more frequently than every 30 days.
- When the leave is for an employee's own medical condition, certification must include a statement that the employee is unable to perform the functions of his or her position.
- When the leave is to take care of a seriously ill child, spouse, or parent, the certification must include an estimate of the amount of time the employee will be needed to care for the person.
- If an employee submits a completed certification that has been signed by the health care provider, the supervisor may not request additional information. With the employee's permission, a supervisor may contact the employee's health care provider to clarify information contained in the medical certification.
- If the certification is for intermittent leave for planned medical treatment, e.g., physical therapy sessions or periodic chemotherapy, the certification must also state the treatment dates and the duration of the treatment.
- The employer is entitled to require a second medical opinion and re-certification at its own expense. If the first and second opinions differ, the employer may, at its own expense, require the binding opinion of a third health care provider, which has been jointly approved by the employer and the employee.

E. EMPLOYEE RESPONSIBILITIES:

- 1) Give the supervisor 30 days notice or as much notice as possible when requesting FMLA/AFLA leave.
- 2) Complete the Certification of Health Care Provider form as requested by the supervisor.
- 3) Update the supervisor on the status of their condition as requested by the supervisor.
- 4) Fill out the timesheets and note FMLA or AFLA or both in the comment section.
- 5) Provide a fit for duty statement upon return to work as requested by the supervisor.

F. SUPERVISOR'S RESPONSIBILITIES:

1. Insure FMLA/AFLA notice is posted in a work location frequented by employees.
2. Provide the employee with their portion of the FMLA/AFLA leave packet.
3. Review and approve the employee's FMLA/AFLA leave request. (A supervisor's checklist is available for the supervisor to assist them in their determination.)
4. Determine if the employee meets the threshold requirements. (The Human Resource Office is available for assistance.)
5. Determine if the employee has a qualifying condition.
6. Request a Certification of Health Care Provider form if necessary. Provide the employee a reasonable time to submit a certification of Health Care Provider form (15 days is considered a reasonable time).
7. Designate the employee's family leave entitlement in writing.
8. Provide expectations for the employee during their family leave absence including:
 - The need to report on the status of their condition. The employee should not be required to report more frequently than every 30 days.
 - The need to provide a fit for duty statement when returning to work.
9. Provide a copy of the supervisor's checklist, the memo invoking FMLA/AFLA, and a copy of the certification of health care provider to the servicing Human Resource Office.
10. Complete the employee's timesheets, noting FMLA or AFLA or both in the comment section if the employee is unavailable.
11. Notify the Human Resource Office of any change in the employee's family leave status.

IV. WORKER'S COMPENSATION LEAVE

- Employees may utilize their accrued leave while they are on leave status due to a work-related injury. The Alaska Worker's Compensation Act (AS 23.30) provides wage continuation to employees who earn leave and are in leave status due to a work-related injury.
- Employees must report on a leave slip they are on leave due to a work-related injury. The supervisor may also submit the leave slip for the employee and note in the comment section that leave is due to a work-related injury.

The leave slip is then submitted to the Human Resource office.

- Worker's compensation leave is taken out of the sick leave account and then to the annual (or personal leave) account, as long as the employee has remaining leave. Worker's Compensation will reimburse the employee's leave account according to the applicable regulations.
- After all leave is exhausted, employees may keep wage payments provided by Worker's Compensation.

V. FUNERAL LEAVE

- Employees under the General Government Unit may utilize up to five days of accrued sick leave to attend a funeral for a member of their immediate family.
- Employees under the Supervisory Unit may utilize up to five days of personal leave to attend a funeral for a member of their immediate family.
- The supervisor may approve additional days of accrued sick or personal leave under extenuating circumstances.
- Under funeral leave, immediate family is defined as the employee's spouse, children, stepchildren, mother, father, mother or father in-law, siblings, grandparents or grandchildren.

VI. LEAVE WITHOUT PAY

There are three types of leave without pay that may be granted based on collective bargaining agreements or personal regulations:

- Approved Leave Without Pay (LWOP)
- Seasonal Leave Without Pay (SLWOP)
- Disciplinary Leave Without Pay

A. Approved Leave Without Pay (LWOP)

- LWOP is approved for a variety of situations including family leave, funeral leave, family emergency or sickness, and other approved absences.
- May be taken by an employee as part of the 18 and/or 12 week FMLA/AFLA leave entitlement after all Personal/Annual and Sick Leave balances have been exhausted.

- May be granted to an employee up to 12 months.

General Rules:

- Will only be authorized when the prolonged absence of the employee will not jeopardize the Division's ability to meet divisional commitments.
- Will not be granted without prior approval from the Commissioner when an employee has a leave balance.
- Will not be arranged for the purpose of continuing health insurance coverage.
- Will be denied if it appears the LWOP requested would result in the employee not being able to fulfill their mandatory leave requirements.

Processing Requests for Leave Without Pay:

- The supervisor of the supervising employee may authorize LWOP for up to ten (10) workdays on a regular leave slip. Simply mark the section called "AUTH LWOP" and attach it to the employee's timesheet.

Processing Requests for Leave Without Pay in Excess of Ten Working Days:

- The Leave Without Pay Request Form must be filled out on all requests for LWOP in excess of ten (10) working days.
- All requests for LWOP in excess of ten (10) workdays must be approved by both the supervisor and the Division Director. The Human Resources Manager will grant final approval.
- Along with the form, the immediate supervisor will submit a memorandum to the Division Director to include the supervisor's recommendation whether the leave request should be approved or denied.
- When an employee's supervisor does not approve the requested LWOP in excess of ten (10) working days, the supervisor needs to provide a legitimate business related reason on the LWOP request form prior to forwarding the form to the Director and Human Resource Manager.

Processing Requests for Leave Without Pay if the Employee Wishes to Retain Accrued Leave Balance:

- When the employee wishes to retain leave (annual/personal or personal leave, depending on the situation), the employee must attach a memorandum to the LWOP request form stating the following information:

1. specific reasons for requesting to retain leave on the books,
 2. how the request will benefit the Division and Department, and
 3. If the request will, in anyway, affect the mandatory leave usage requirements.
- All requests for LWOP as a budget saving tool must have prior approval from the Commissioner's office regardless of the situation.

Leave Without Pay in Excess of Ten Days while on Family Leave or Worker's Compensation:

- When an employee is in LWOP while on Family Leave (FMLA/AFLA) or Worker's Compensation, there is no need to complete the LWOP request form.
- Under the above laws, the employee is entitled to a specified amount of time-off from work (depending on the law, it may be uncompensated).
- Family Leave or Worker's Compensation will automatically be approved as long as the employee contacted their servicing personnel/payroll office and has been determined eligible for the specified entitlement.
- Employees on Family Leave or Worker's Compensation may choose to retain some or all of their leave. If the employee wishes to retain leave, they must contact their servicing Personnel/Payroll office prior to approval.

B. Seasonal Leave Without Pay (SLWOP)

Positions that are budgeted for eleven months or less in a year are considered seasonal positions.

- During the incumbent of a seasonal position, employees are placed on seasonal leave without pay status at the time their position is not budgeted for. This is different from the approved leave without pay (LWOP) status due to the nature of the position.
- Seasonal employees retain rights to their position while they are on SLWOP status.
- A LWOP in Excess of Ten (10) Days form is not required for this type of leave without pay.
- Seasonal employees may choose to carry-over 187.5 hours of annual/personal leave to use after returning from seasonal LWOP, unless the seasonal LWOP is anticipated to be less than 45 calendar days in which case the entire leave balance can be carried over.

C. Disciplinary Leave Without Pay

Disciplinary LWOP is a result of disciplinary action. The supervisor shall consult with the Human Resource Section, Labor Relations Unit before putting this into effect.

D. Effects of Leave Without Pay

1) Authorized Leave Without Pay (LWOP)

- **Salary:** Reduces semi-monthly salary or wage based on the number of hours of LWOP taken in the pay period.
- **Holiday Pay:** If the employee is on LWOP for the entire working day before or following a holiday, the employee is considered to be on LWOP for the holiday.
- **Merit and Leave Anniversary Dates** are moved forward one month for each 23 days (172.5 hours) of LWOP in a leave year, unless specifically provided for in law, regulation, or contract.
- **Basic Group Health and Life Insurance** coverage lapses when an employee is on LWOP on the first working day of the month, except for employees who are within the first 12 weeks of authorized family leave. Coverage resumes that day the employee reports back to duty. Affected employees may choose to extend coverage during LWOP periods by paying the full monthly premium. The employee shall be instructed to call the Human Resources Section for details on extending coverage during LWOP.
- **SBS Health Option I (for GGU employees only):** The SBS benefit option may be extended during a period of LWOP if the employee pays the premium and if the employee also pays for the basic group health plan.
- **SBS Health Option II (for GGU employees only):** This SBS option may be purchased in lieu of the basic health insurance.
- **PERS Credit:** If the accumulated LWOP exceeds ten days in a calendar year, service credit will not be received for the entire period of LWOP. Employees who qualify for worker's compensation and who default to LWOP have the option of buying back their PERS credit.
- **Deferred Compensation:** Deductions for Deferred Compensation will discontinue if the employee's earned income is not sufficient to continue the contribution.
- **Leave Accrual** is based upon time in pay status. When an employee is on LWOP, the leave accrual rate is

reduced in proportion to the number of days of LWOP incurred during a pay period. LWOP does not count towards satisfying the mandatory leave requirements.

E. Responsibilities of the Employee and Supervisor

- To fully understand the effects of leave without pay on their employment status.
- To report leave without pay on the appropriate timesheets (approval for each period of LWOP must be made).
- For the supervisor to complete and return a LWOP request form at least ten (10) days prior to the last day of leave without pay if the employee needs an extension of LWOP. Note clearly on the form that the request is for an extension.

VII. LEAVE FOR STATE INTERVIEW

- When an employee is going on an interview for another position with the State of Alaska, they are required to obtain approval from their supervisor prior to the interview if the employee wishes to utilize state time.
- It is the decision of the supervisor if a leave slip will be required. If the supervisor suspects an abuse of this privilege, they are responsible for contacting the servicing Human Resource Office.
- When an employee is going on an interview for a position outside of state service, the employee will be required to use annual/personal leave for time spent away from the work site.

VIII. COURT LEAVE

- Employees are entitled to use court leave with no loss in pay and no reduction to annual or personal leave balances when summoned to serve as a juror or when subpoenaed as a witness as provided by AS 39.20.270.
- Request for court leave must be supported by a written document such as:
 - 1) written notice of jury duty
 - 2) subpoena
 - 3) marshal's statement of attendance and compensation for services

- Court leave must be reported on a leave slip. It is recorded in the state leave system (AKPAY), but it is not deducted from employees' leave balance.
- Compensation for services rendered by the court must also be reported and turned over to the human resources office unless it was earned during the employee's regular day off. Reimbursements paid to an employee for travel expenses and parking do not have to be turned over to the HR office.
- Court leave must be utilized only for hours that are spent in court, and for travel to and from court during work hours. If the court duty is only for part of the day, the employee must return to work for the duration of their scheduled work hours. An employee's absence from court due to personal reasons while on court leave are not considered court leave.
- Employees who are required to testify as a witness in connection to their official duties are considered to be on state work time and are not required to report court leave on a leave slip.

IX. UNION BUSINESS LEAVE

- Union business leave is a bank of leave administered by the State for use by the respective unions.
- Creation and maintenance of union business leave banks are in accordance with collective bargaining unit agreements.
- Bargaining unit members are required to donate a specified amount of their personal/annual leave. Some bargaining unit agreements call for one-time donations and other agreements call for annual donations. Employees need to consult their collective bargaining unit agreements for specific information.
- Bargaining unit members are allowed to utilize union business leave when working on union business. Employees need to consult their collective bargaining unit agreements for specific information on the maximum number of hours.
- When an employee utilizes union business leave, the union will provide the employer with written documentation stating the employee's name and date the union business leave occurred.

X. MILITARY LEAVE

- Employees who are members of a reserve or auxiliary component of the United States Armed Forces are entitled to a leave of absence without loss of pay, time or performance rating disregarding other compensation earned during that period.
- Employee's rights to military leave of absence apply to both active and inactive duty training.

General Rules:

- Leave of absence may not exceed 16.5 working days in any leave year for military training. Unused military leave hours at the end of the leave year are not carried over towards the new or following year.
- Use of military leave does not reduce the employee's annual or personal leave balance. However, if the employee's military leave allotment is exhausted, annual, personal or leave without pay may be granted.
- In order to qualify for use of military leave, the employee must be ordered to training duty, as distinguished from active duty, with troops or at field exercises, or for instruction, or when under direct military control in the performance of a search and rescue mission. Written drill schedule for the fiscal year may be submitted only once as long as the schedule remains unchanged.
- An employee who is required to report for a military physical examination is entitled to a leave of absence without loss of pay.

Active Duty

- National Guard or Reserve members who are called to active duty must be placed on a **leave of absence** for their position and will not be paid during the period . They are given the opportunity of **cashing in their personal and annual leave** once they begin their leave of absence. The employee's position may be filled with a permanent or non-permanent substitute.
- The **rate of pay** of a returning employee from military active duty will be calculated to include all cost of living increases that the employee would have received had they stayed on the job during the period of service.
- An employee will not be awarded **merit increases nor longevity increments** they would have been eligible to receive during their absence because merit and longevity increase is not awarded primarily on the basis of seniority.

The employee's **merit anniversary date** will be moved forward in the same manner as it is for other employees who are on leave without pay.

- When calculating **leave accrual rates**, the time spent in active duty will be considered time spent in State service.
- Employees who are in military active duty will not accrue leave during the time they spend on active duty services.
- The employee's time spent in active duty service will be considered when calculating **layoff points**.

XI. SEARCH AND RESCUE LEAVE

- Emergency Search and Rescue employees are those who possess skills necessary to perform emergency search and rescue operations. They may be asked by the commissioner of Public Safety or the designee to volunteer their services during work hours.
- Such employees will remain in pay status but will be reassigned to the Department of Public Safety for the duration of the emergency search and rescue operation.

XII. EDUCATIONAL LEAVE

The State of Alaska recognizes its responsibilities to its employees for maintenance and development within their areas of expertise or job orientation through Employer-sponsored educational opportunities.

In order to encourage bargaining unit members to seek additional education and/or specialized training, the employer agrees that when operationally practicable, the employer will continue to make necessary adjustments to the member's work schedules to permit attendance for educational pursuits.

Leave for Training

- Examples include training obtained from Alaska Professional Development Institute, Learning Connection, etc.
- Also includes training that is related to the employee position and pre-approved by the supervisor and Division Director.
- Paid for by the State of Alaska during work hours and considered regular hours worked.
- Employees must complete the Training Certification and Agreement prior to attending the training.

Educational Leave

- Examples include college courses, practicum hours, research, etc.
- Must be pre-approved by the Supervisor, Division Director, Department of Human Resource Manager and Commissioner.

Educational Leave may be handled by either the following ways:

- a) Employee requesting a reduced or flex work week for extended education
- b) Employee requesting a reduced or flex work week for over 30 days may require a letter of agreement from the employees union.

Training Agreement

If the employer is going to pay for any or part of the education or course (**expensive long-term training**), the employee has to enter into a training agreement. The agreement must specify a repayment schedule if the employee separates from state service during a specified amount of time.

Leave Without Pay for Educational Pursuits

Request for leave without pay for educational pursuits must be made in accordance with the Leave Without Pay policies and procedures and with the bargaining union agreements.

XIII. TIME OFF TO VOTE

- Employees are allowed reasonable and necessary time off to vote in local, municipal, borough, State and federal elections, provided the member is unable to vote outside working hours because of actions of the employer.

REPORTING LEAVE

- All leave shall be requested and reported on the State of Alaska Leave Request/Report (form 02-035) commonly called a leave slip.
- A separate leave slip must be submitted for each type of leave as well as for each pay period.

- Leave slips must be submitted within 24 hours after the employee's return to duty.

APPENDICES

The following appendices are provided to assist Division managers and supervisors in administering leave:

- #1 [Leave Request / Report Form \(02-035\)](#)
- #2 [Additional Leave Cash-In Approval Request Form](#)
- #3 [Supervisor's Checklist for Determining FMLA/AFLA Leave](#)
- #4 [Certification of Health Care Provider \(FMLA/AFLA\)](#)
- #5 [Family and Medical Leave Act of 1993 Information Sheet](#)
- #6 [Personnel Memorandum 97-1](#)
- #7 [Request for Leave Without Pay In Excess of Ten Days](#)
- #8 [Training Certification and Agreement Form](#)
- #9 [Training Agreement Form](#)
- #10 [Designation of Floating Holiday Form](#)
- #11 [Available Resources on the Web](#)

CONTINUOUS PRINTING OF ALASKA (907) 277-6466

STATE OF ALASKA

LEAVE REQUEST/REPORT

EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL)	BU	DEPT. NO.	SOCIAL SECURITY NUMBER		

DATE LEAVE BEGINS	DATE LEAVE ENDS	Total Hrs.	Supervisor Approval
MONTH DAY HOUR AM PM _____	MONTH DAY HOUR AM PM _____	_____	_____

LEAVE TYPE - CHECK ONLY ONE

- | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|------------------------------------------------|
| <input type="checkbox"/> ANNPERS | <input type="checkbox"/> MILITARY | <input type="checkbox"/> AUTH LWOP | <input type="checkbox"/> LV CASH-IN |
| <input type="checkbox"/> SICK/PERS | <input type="checkbox"/> COURT | <input type="checkbox"/> DISCP LWOP | <input type="checkbox"/> OTHER (Explain Below) |
| <input type="checkbox"/> MATERNITY | <input type="checkbox"/> WORKS COMP | <input type="checkbox"/> UNAUTH LWOP | _____ |

BUS LV USED _____
BUS LEAVE UNION APPROV _____
BUS LV LABOR REL. APPROV _____

This form must be submitted within 24 hours after return to duty.

EXPLANATION: _____ LV DONATED TO _____

NOTE: No leave with pay will be granted in excess of that accrued to employees' credit. Bargaining Unit restricts Leave type availability.

EMPLOYEE SIGNATURE _____ DATE _____

APPROVING OFFICER _____ DATE _____

WHITE: Dept Personnel YELLOW: Employee PINK: File Form 02-035 (5/90)

APPENDIX J

Designation of Floating Holiday

In accordance with Article 24.03, the _____ holiday, observed on _____, shall be considered a floating holiday for the following employee(s):

PCN	Employee Name	Classification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved:

Division Director

Date

CC: Departmental Human Resources Office

Appendix B

Designation of Floating Holiday

Having agreed to the terms of Article 26 D, the holiday, observed on _____ shall be considered a floating holiday for the following employee:

PCN: _____

Employee Name: _____

Classification: _____

Employee Signature: _____ Date: _____

Approved by Immediate Supervisor

_____ Date: _____

cc: Human Resources Office

AVAILABLE RESOURCES ON THE WEB

- **Leave forms and packets**
(FMLA/AFLA Information Packet & Forms, DHSS Employee Leave Manual, Employee Orientation Information Handout, Additional Leave Cash-in form, LWOP in Excess of 10 days form)
www.hss.state.ak.us/dashr/PPU/PPUHomepage.htm
- **Bargaining Unit Contracts**
www.state.ak.us/local/akpages/ADMIN/labrel/contind.htm
- **Interpretive Memoranda from Department of Administration – Division of Personnel**
www.state.ak.us/local/akpages/ADMIN/labrel/intrpind.htm
- **Public Officers and Employee Compensation and Allowances
Alaska State Legislature Title 39 / Chapter 20**
<http://www.legis.state.ak.us/cgi-bin/folioisa.dll/stattx97>
- **Supervisor’s Guide to Title I of the Americans with Disabilities Act**
<http://www.state.ak.us/local/akpages/ADMIN/das/hrs/pdfs/title1.pdf>
- **Policy on Discriminatory Treatment of Individuals with Disabilities**
<http://www.state.ak.us/local/akpages/ADMIN/das/hrs/pdfs/discrim.pdf>



STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES



ADDITIONAL LEAVE CASH-IN APPROVAL REQUEST

PLEASE REFER TO BACK PAGE FOR IMPORTANT INFORMATION

Attached is a completed leave slip to request a cash-in for [] hours or [] dollars (gross amount) for: Employee's Name_The reason is:_

Three horizontal lines for providing details.

Employee's Signature _____ Date _____

Division Director's or Designee's Approval Signature _____ Date _____

TO BE COMPLETED BY PAYROLL SECTION:
On line Warrant Request: [] Approved [] Disapproved
Original Leave Balance: _____
Requested Leave Total: _____
Remaining Leave Balance: _____
Hours Cashed in this year: _____
Dollar amount of this request: _____
Payroll cutoff date: _____
Completed by: _____ (Signature of Payroll employee completing section)

Human Resources Manager Recommendation

[] Approval [] Disapproved

Jo Olson, Human Resources Manager _____ Date _____

[] Approval [] Disapproved

Janet Clarke, Director of Administrative Services _____ Date _____

(revised)

PLEASE READ BEFORE COMPLETING A REQUEST FOR AN ADDITIONAL CASH IN

“Additional leave cash-in” means any leave cash-in to which an employee is not automatically entitled by contract or regulation (i.e., exceptions requiring the employer’s approval) and includes requests which exceed the contractually/regulatory mandatory entitlements.

If an employee is disciplined (i.e., on unauthorized leave without pay), they will not be approved for additional leave cash-in. In addition, car repairs, paying taxes, vacation, will not be considered as an unforeseen hardship.

The following criteria must be met and demonstrated when forwarding a request.

- Is the request satisfying a major and unanticipated expense which could not have been foreseen and budgeted for by a reasonable and prudent individual? If so, what documentary evidence of the need has the employee provided (e.g., Medical bills not-covered by insurance, etc.)?
- Would denial of the request significantly and substantially impair an employee’s ability to meet necessary living expenses that may continue for 30 days or more?

If the answer to these question is “NO”, then your request will be denied. If the answer is “Yes” to these questions, it does not mean the request will automatically be approved.

Employees need to attach all supporting information they wish to have considered when submitting an additional cash-in request. Thorough supporting documentation will enhance the prospect of approval for cash-in requests. All personal financial data will be treated confidentially and made available only to those individuals responsible for processing the cash-in request.

(revised 9/17/97)

(H:\PERS\1WINWORD\FORMS\PERS\CASHIN.DOC)



STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
TRAINING AGREEMENT



It is agreed between the State and _____, the employee, that the cost of authorized expenses (itemized below) for the following training course(s) _____ will be paid by the State upon submission of receipts and proof of satisfactory completion of the course. In the event the course is not satisfactorily completed, all State advance will be reimbursed by the employee.

ITEM	\$	ITEM	\$

It is also agreed that if the employee terminates employment with the State of Alaska in less than two years after completion of training, unless termination is result of death, prolonged illness, disability, unacceptability of the employee to the State, or other circumstances beyond the control of the employee, the employee will reimburse the State an amount of the itemized expenses in accordance with the following schedule:

- (a) 100% termination occurs before completing 6 months.
- (b) 75% termination occurs after 6 mos. before 12 months.
- (c) 50% termination occurs after 12 mos. before 18 months.
- (d) 25% termination occurs after 18 mos. before 2 years.
- (e) 0% termination occurs after 2 years.

Termination for reasons due to misconduct or delinquency on the part of the employee shall not excuse the employee for liability for reimbursement within the limits specified above.

It is further agreed that the State of Alaska shall have the right to deduct from the undersigned employee's final pay check any Moines owing the State in accordance with the above terms or to recover such Moines by other legal means.

Employee Signature

Date

Employee Name (Printed)

Social Security Number

Appointing Authority

Date



STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES



REQUEST FOR LEAVE WITHOUT PAY IN EXCESS OF TEN (10) DAYS

Employee Name: _____

Social Security Number : _____ Date: _____
(Initial request Extension)

TYPE OF LEAVE: (Check One)

Annual Leave Without Pay* Sick Leave Without Pay*

See appropriate bargaining unit contract for guidelines.

DATES OF LEAVE: (Show total leave to be used, not just LWOP)

Begin: _____ A.M/P.M. to End: _____ A.M/P.M.
(month) (day) (hr) (month) (day) (hr)

REASON FOR LEAVE: (Write justification below and if for Sick Leave Without Pay attach doctor's certificate)

Employee Signature: _____ Date: _____

FOR PERSONNEL USE ONLY*
Annual Leave Accrued (as of)
Sick Leave Accrued (as of)
Leave Usage:
Total LWOP Involved (hours) ÷ 7.5 / 8 Days Hours

Immediate Supervisor's Recommendation: Approve Disapprove*

Date: _____

Immediate Supervisor's Signature

Attach justification

Division:
Approved Disapproved
Division Director or Designee

Department:
Approved Disapproved
Human Resource Manager

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

Supervisor's Check List for Determining FMLA/AFLA Leave

It is the State of Alaska's policy to invoke FMLA/AFLA for all qualifying conditions. Supervisors are responsible for determining qualifying conditions and notifying employees of their entitlement under FMLA/AFLA.

Employee Name _

SSN _ - _

A. Information obtained from:

- | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Certification of Health Care Provider (attach to this form) | <input type="checkbox"/> Employee's spokesperson |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Birth certificate, adoption or foster care placement document (attach to this form) |

B. Leave is requested for:

- | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Employee's serious health condition | 3. <input type="checkbox"/> Birth of or placement for adoption of a child (Skip to item G) |
| 2. <input type="checkbox"/> Employee's spouse, child or parent's serious health condition | 4. <input type="checkbox"/> Placement for foster care of a child (Skip to item G) |

C. Identify the basis for determining the serious health condition:

- | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hospital Care | <input type="checkbox"/> Prenatal Care/Pregnancy |
| <input type="checkbox"/> Incapacity plus Treatment | <input type="checkbox"/> None. This is not FMLA/AFLA leave. (Skip to item G) |
| <input type="checkbox"/> Chronic | <input type="checkbox"/> Unknown. Request "Certification of Health Care Provider". (Skip to item G) |
| <input type="checkbox"/> Permanent/Long-Term | |
| <input type="checkbox"/> Non-Chronic | |

D. Does the employee's condition require absence from work due to treatment or incapacity?

TREATMENT

The employee must be absent from work for intermittent, part-time or a regimen of treatment?

- Yes
 No. This is not FMLA/AFLA leave. (Skip to item G)

OR

INCAPACITY

The employee must be absent from work due to an incapacity or episodes of incapacity or need to work on an intermittent or reduced schedule?

- Unknown. Request "Certification of Health Care Provider". (Skip to item G)
 Not applicable

E. Is the employee's absence from work because s/he is required to care for a spouse, child or parent with a serious health condition?

TREATMENT

The family member must be absent from work, school or other daily activities for intermittent, part-time or a regimen of treatment;

OR

INCAPACITY

The family member must be absent from work, school or other daily activities due to an incapacity or episodes of incapacity;

AND

The family member requires help from the employee with basic medical, hygiene, nutritional, safety or transportation needs or the employee's presence to provide psychological comfort is beneficial to the family member or assists with recovery?

- Yes
- No. This is not FMLA/AFLA leave. (Skip to item G)

- Unknown. Request "Certification of Health Care Provider". (Skip to item G)
- Not applicable

F. Health care provider is qualified under:

- FMLA
 Doctor of medicine or osteopathy licensed in the state or country of practice OR any provider recognized by the state's health care plan OR Christian Science practitioner

- AFLA
 Physician, dentist or psychologist licensed in Alaska
- Neither. This is not FMLA/AFLA leave. (Go to item G)

G. Determination:

FMLA – The reason for leave (items B1-4) and the Health Care Provider qualifies?

- NO.* Employee notified
 //.
- YES.* Employee notified verbally
 //.
 (Can be no more than 2 working days from date supervisor was aware condition qualified.)

 Follow-up written notice to employee
 //.
 (Must be no later than next payday--15th or last working day of month. If verbal notice given less than one week from next payday, written notice can be given by following payday.)
- UNKNOWN.* Conditionally approved and employee notified //pending receipt of "Certification of Health Care Provider".

AFLA – The reason for leave (items B1-3) and the Health Care Provider qualifies?

- NO.* Employee notified
 //.
- YES.* Employee notified verbally
 //.
 (Can be no more than 2 working days from date supervisor was aware condition qualified.)

 Follow-up written notice to employee
 //.
 (Must be no later than next payday--15th or last working day of month. If verbal notice given less than one week from next payday, written notice can be given by following payday.)
- UNKNOWN.* Conditionally approved and employee notified // _ _ pending receipt of "Certification of Health Care Provider".

Comments (if any):_

— —

Signature of Supervisor_

Date_

Supervisor's Printed Name_

Telephone _

Send this form with any required attachments to the servicing Human Resources Office

Certification of Health Care Provider
 (Family and Medical Leave Act of 1993)
 (Alaska Family Leave Act)

This form is to be completed when the employee needs family leave to care for a **FAMILY MEMBER with a "serious health condition."**

Employee's Name: _____ SSN: _____

Patient's Name: _____

Relationship to Employee: _____

Release of Medical Information: I authorize the release of any medical information necessary to provide the information requested on this form.

Patient's Signature: _____ Date: _____

SERIOUS HEALTH CONDITION:

1. The attached sheet describes what is meant by a "**serious health condition**"¹ under the Family and Medical Leave Act. Does the **patient's condition** qualify under any of the categories described? If so, please check the applicable category.

- _____ (1) Hospital Care
 _____ (2) Absence Plus Treatment
 _____ (3) Pregnancy
 _____ (4) Chronic Conditions Requiring Treatments
 _____ (5) Permanent/Long-Term Conditions Requiring Supervision
 _____ (6) Multiple Treatments (Non-Chronic Conditions)
 _____ None of the above.

Date condition commenced: _____

Probable duration of condition: _____

2. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

TREATMENTS:

3. Will the patient be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis?

- _____ Yes
 _____ No

If Yes: Number of treatments: _____
 Interval between treatments: _____
 Dates of treatments: _____
 Period of recovery: _____

4. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

¹ Here and elsewhere on this form the information sought relates only to the patient's condition for which the employee is taking FMLA leave

5. If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (*e.g.*, prescription drugs, physical therapy requiring special equipment):

INCAPACITY:

6. Is the patient **presently incapacitated**²?

_____ Yes
 _____ No

If yes, give the probable duration: _____

7. If the condition is a **chronic condition** (condition #) or **pregnancy**, are **episodes of incapacity likely**?

_____ Yes
 _____ No

If yes, give the probable duration of episodes: _____

If yes, give the probable frequency of episodes: _____

CARE PROVIDED:

8. **Does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

_____ Yes
 _____ No

If yes, give the probable duration: _____

9. Would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

_____ Yes
 _____ No

If yes, give the probable duration: _____

 (Signature of Health Care Provider)

 (Type of Practice)

 (Date)

 (Address)

 (Telephone Number)

To be completed by the EMPLOYEE needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided. Attach a proposed schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule.

 (Employee Signature)

 (Date)

² **Incapacity**, for purposes of FMLA, is defined to mean the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

Certification of Health Care Provider

(Family and Medical Leave Act of 1993)
(Alaska Family Leave Act)

This form is to be completed when family leave is needed for an **EMPLOYEE'S own "serious health condition".**

Employee's Name: _____ SSN: _____

Release of Medical Information: I authorize the release of any medical information necessary to provide the information requested on this form.

Employee Signature: _____ Date: _____

SERIOUS HEALTH CONDITION:

1. The attached sheet describes what is meant by a "**serious health condition**¹" under the Family and Medical Leave Act. Does the **employee's condition** qualify under any of the categories described? If so, please check the applicable category.

- _____ (1) Hospital Care
- _____ (2) Absence Plus Treatment
- _____ (3) Pregnancy
- _____ (4) Chronic Conditions Requiring Treatments
- _____ (5) Permanent/Long-Term Conditions Requiring Supervision
- _____ (6) Multiple Treatments (Non-Chronic Conditions)
- _____ None of the above.

Date condition commenced: _____

Probable duration of condition: _____

2. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

TREATMENTS:

3. Will the employee be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis?

- _____ Yes
- _____ No

If Yes: Number of treatments: _____
Interval between treatments: _____
Dates of treatments: _____
Period of recovery: _____

4. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

5. If a **regimen of continuing treatment** by the employee is required under your supervision, provide a general description of such regimen (*e.g.*, prescription drugs, physical therapy requiring special equipment):

INCAPACITY:

6. Is the employee **presently incapacitated**² ?

_____ Yes

_____ No

_____ If yes, give the probable duration: _____

7. If the condition is a **chronic condition** (condition #) or **pregnancy**, are **episodes of incapacity likely**?

_____ Yes

_____ No

_____ If yes, give the probable duration of episodes: _____

_____ If yes, give the probable frequency of episodes: _____

8. Will it be necessary for the employee to **work on a reduced schedule** as a result of the condition?

_____ Yes

_____ No

_____ If yes, give the probable duration: _____

ABILITY TO WORK:

9. Is the employee **able to perform work** of any kind?

_____ Yes

_____ No

10. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?

_____ Yes

_____ No

_____ If yes, please list the essential functions the employee is unable to perform:

11. If neither 9 nor 10 applies, is it necessary for the employee to be **absent from work for treatment**?

_____ Yes

_____ No

(Signature of Health Care Provider)

(Type of Practice)

(Date)

(Address)

(Telephone number)

² **Incapacity**, for purposes of FMLA, is defined to mean the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

Family and Medical Leave Act of 1993 Information Sheet

For purposes of FMLA, "**serious health condition**" means an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

1. **Hospital Care**
Inpatient care¹ (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment**
 A period of incapacity of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - (1) **Treatment**² **two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, physical therapist) under orders of, or on referral by, a health care provider; *or*
 - (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**³ **under the supervision of the health care provider.**
3. **Pregnancy**
 Any period of incapacity due to **pregnancy**, or for **prenatal care**.
4. **Chronic Conditions Requiring Treatments**
 A **chronic condition** which:
 - (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
 - (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
 - (3) May cause **episodic** rather than a continuing period of incapacity (*e.g.*, asthma, diabetes, epilepsy, etc.).
5. **Permanent/Long-Term Conditions Requiring Supervision**
 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**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. **Multiple Treatments (Non-Chronic Conditions)**
 Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, 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 calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

² Treatment includes examination to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

³ A regimen of continuing treatment includes, for example, a course of prescription medication (*e.g.*, an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. 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, or other similar activities that can be initiated without a visit to a health care provider.

CERTIFICATION OF HEALTH CARE PROVIDER