

**City of New Haven**  
**Leave Of Absence Policy**

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- Purpose:** To insure that the City fairly and consistently addresses the needs of employees in instances that require the employee to be absent from the work place for a significant period of time.
- Issuing Authority:** Chief Administrator's Office
- Enforcement Authority:** Daily administration is the responsibility of the Coordinators, Department Heads and the City's Human Resources Department.

*All forms referenced in this policy may be obtained from the City's Human Resources Department and are available on the City website under "HR Policies, Procedures and Forms".*

**I – GENERAL PROVISIONS**

1. **Definition:** A leave of absence (LOA) is defined as an approved absence from work, whether paid or unpaid, for a specified period of time for medical, parental, military or personal reasons as set forth in this policy. The City of New Haven complies with all requirements of the Family and Medical Leave Act of 1993 (FMLA) and the Uniformed Services Employment and Reemployment Rights Act (USERRA). The provisions of these Acts have been incorporated into this LOA policy. Any employee who expects to be out of work for more than five (5) consecutive working days (including employees on short term disability) for reasons set forth in this policy shall contact the Human Resources department to apply for an LOA.

2. **Eligibility, Maximum Leave and Extensions:** All full time, permanent employees who have successfully completed their probationary period may apply for a leave of absence, provided that they meet the specific requirements set forth herein. The maximum amount of LOA time an employee is allowed to take in any combination (with the exception of Military Leave) is 26 weeks in a 12-month rolling time period (measured from the date an employee begins a leave of absence). Military Leave shall not be combined with any other type of leave for purposes of determining maximum LOA allotment. Any extensions to the 26-week maximum leave period shall require written authorization by the Department Head, Human Resources and the Department of Labor Relations to be decided on a case-by-case basis, provided that the employee can demonstrate, with medical certification, that he/she will be able to return to the full duties of his/her job within a known and reasonable timeframe.

Exhaustion of accrued sick time or any other form of paid time-off (PTO) is not required prior to commencement of an LOA, unless otherwise required by the employee's collective bargaining agreement. While on LOA (except military LOA), an employee must contact the Human Resources department at least once every thirty (30) days with an update of his/her medical condition (or such other period of time may be agreed upon in writing between Human Resources and the employee). Absent exigent circumstances, failure to contact HR in a timely manner in accordance with this provision during an LOA shall be deemed a voluntary termination (absent exigent circumstances). If the employee does not return to work after termination of any authorized LOA, the supervisor must promptly notify Human Resources so that appropriate action may be taken.

Failure to return to work upon the expiration of an approved LOA, or failure to accept an offer of reinstatement after expiration of an LOA to an equivalent position for which the employee is qualified, shall also be deemed a voluntary termination.

**3. Required Forms/Documentation and Notice:** All requests for an LOA must be made on an "**Application for Leave of Absence and Family Medical Leave**" form and submitted to the Human Resources Department (see Attachment A). If the requested LOA meets the requirements for FMLA or other medical leave set forth in this policy, the employee must also submit the "**Certification of Physician or Practioner**" form to Human Resources (see Attachment B). An employee must provide 30 days' advance notice when the need for the leave of absence is foreseeable (for instance, if medical treatments or other events are planned or known in advance). If the leave of absence is not foreseeable, the employee must provide notice to his or her immediate supervisor as soon as practicable.

When planning medical treatment, the employee must consult with the employer and make a reasonable effort to schedule the treatment so as not to disrupt unduly the City's operations.

Any requests for an extension of an LOA shall be accompanied by the submission of an updated physician certification. Updated certification may also be required in other circumstances, as requested by the Department Head or Human Resources. Failure to provide proper certification may result in delay or denial of a LOA.

The City reserves the right to request an independent medical opinion at the City's expense.

**4. Approval Process:** Both the Department Head and the Human Resources Department will review the request for LOA. A leave of absence will not be granted to allow an employee time off to seek employment elsewhere or to work for another employer. Employees who begin employment elsewhere (whether paid or unpaid) while on LOA shall be considered to have voluntarily resigned on the first day of such outside employment, unless the leave is covered by USERRA.

**5. Continuation/Status of Job Benefits:** The City of New Haven will pay its portion of the cost of the employee's health, dental, life and disability insurance benefits, as applicable, while an employee is on LOA. The employee must continue to pay his/her portion of the benefits, either by payroll deductions (if on paid leave), or by check (if on unpaid leave) which must be submitted to the Human Resource Department each pay period, unless other arrangements have been agreed upon by the employee and the Human Resources Department. The employee's coverage under the group health plan shall be under the same conditions as would have been provided if the employee had been continuously employed during the entire approved LOA period.

If the employee fails to pay his/her portion of the benefits for more than 30 days, the employee's benefits will be terminated and he/she will be offered Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage to continue health and dental benefits. In the event that an employee fails to return from leave after the expiration of the FMLA leave period, the employee will be liable for the City's share of the insurance premiums incurred during the leave, unless the reason the employee does not return is due to the continuation of a serious health condition of the employee or the employee's family member or other circumstances beyond the employee's control as set forth in 29 CFR 825.213. In such instances, medical certification may be required. The cost of the certification shall be borne by the employee, and the employee is not entitled to be paid for the time or travel costs spent in acquiring the certification. If the employer requests medical certification and the

employee does not provide such certification in a timely manner (not to exceed 30 days absent exigent circumstances), or the reason for not returning to work does not meet the test of other circumstances beyond the employer's control, the employer may recover 100% of the health benefit premiums it paid during the period of unpaid FMLA leave.

Except as otherwise provided by law or the applicable collective bargaining agreement, unpaid LOA periods, except for time spent on military LOA, will not be counted as credited service for purposes of benefit accrual or vesting.

An employee may choose not to retain group health plan coverage during FMLA leave. However, when an employee returns from leave, the employee is entitled to be reinstated on the same terms as prior to taking the leave, including family or dependent coverage, without any qualifying period, physical examination, exclusion of pre-existing conditions, etc. Unpaid FMLA leave shall not be treated as or counted toward a *break in service* for purposes of vesting and eligibility to participate in a pension plan. However, unpaid FMLA leave periods shall not be treated as *credited service* for purposes of benefit accrual, vesting and eligibility to participate in the pension plan (e.g., an individual hired in 2000 who takes one year of leave in 2003, will have the ten (10) years of service necessary to vest to 2010, but will only have 9 years of credited service toward his pension calculation in 2010).

**6. Return to Work/Reemployment Process:** Upon the expiration of any approved LOA, the employee will be entitled to return to the employee's original position or, if this position is not available, to an equivalent position with equivalent pay, except that the employee will not be entitled to any employment rights or benefits greater than those he/she would have had in the absence of taking an LOA. In the case of a medical leave involving a serious health condition of an employee, medical certification will be required verifying an employee's ability to return to work and perform all the essential functions of the job (with or without reasonable accommodation under the ADA). A functional capacity examination may also be required. In all events, if an employee is unable to return to either his/her job or an equivalent position for which he/she is qualified and capable of performing, because of illness or injury, for more than twenty-six (26) weeks within a 12 month rolling period, the employee may be separated from employment.

## II. TYPES OF LEAVE

### A. FMLA LEAVE

1. **Definition:** FMLA leave of absence may be requested for the following reasons:

- For birth of a son or daughter, and to care for the newborn child;
- For placement with the employee of a son or daughter for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent with a serious health condition;
- Because of a serious health condition that makes the employee unable to perform the functions of the employee's job;
- Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation;
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.

**2. Eligibility, Maximum Leave and Extensions:** An employee will be eligible for up to 12 weeks of FMLA leave in a 12-month period if he/she has been employed by the City for at least 12 months and has worked at least 1,250 hours in the twelve-month period preceding the first day of leave. In determining eligibility for leave, a "rolling" twelve-month period is used, measuring the period backward from the date leave is requested.

FMLA leave for the birth, or placement for adoption or foster care of a child must be concluded within the first 12 months after the birth, adoption or placement of the child.

Workers Compensation leave and other LOAs pursuant to this policy (except Military) shall run concurrently with FMLA leave, except as provided by law or the applicable collective bargaining agreements. Paid leave time (vacation, sick and personal days) shall be used concurrently with FMLA leave, in any order chosen by the employee, provided however that use of concurrent paid leave time shall not be required in the event of the birth of a child. Paid leave time used as part of the FMLA leave shall be included in (and shall not be in addition to) the aforementioned statutory period of allowable FMLA leave.

If an employee and his/her spouse both work for the City and both are eligible for FMLA leave under this policy, the spouses are limited to a combined total of 12 weeks if the leave is taken for: (1) the birth or care of a newborn; (2) placement of a child with the employee for adoption or foster care; or (3) to care for an employee's parent with a serious health condition. However, each is entitled to the maximum twelve week leave to care for their own or each other's serious health condition, or that of their child.

**3. Required Forms/Documentation and Notice:** Notice must be provided in accordance with Section I.3 of this policy. Failure to provide proper and timely notice may result in delay or denial of FMLA protected leave.

If an employee takes leave (paid or unpaid) for an FMLA qualifying purpose but fails to specifically request FMLA leave, the City may nonetheless notify the employee that the leave will be designated as FMLA upon learning of the FMLA qualifying reason.

**4. Intermittent or Reduced Schedule FMLA:** In cases of a serious health condition of the employee, a family member, or a covered service member, FMLA leave may be taken intermittently or on a reduced schedule basis in circumstances when it is medically necessary. Appropriate medical certification is required.

The employee must make a reasonable effort to schedule medical treatments so as not to unduly disrupt the City's operations. The City reserves the right to request rescheduling of such treatment in appropriate circumstances.

Where a reduced work schedule or intermittent leave is based upon a foreseeable schedule, the City may require the employee to temporarily transfer to an available alternative position for which the employee is qualified and which will better accommodate the employee's recurring periods of leave. In such case, the alternative position shall have equivalent pay and benefits, but will not necessarily have equivalent duties. Benefits may be proportionately reduced based upon the actual number of hours worked.

**5. Approval Process:** See language in Section I.4 of this policy.

6. **Continuation/Status of Job Benefits:** See language in I.5 of this policy.

7. **Return to Work/Reemployment Process:** At the end of the authorized FMLA leave the City will grant the employee reinstatement to his/her original position or, if this position is not available, to an equivalent position with equivalent pay, (pursuant to the language in Section I.6 of this policy), provided that the employee can continue to perform all essential functions of the job (with or without reasonable accommodation pursuant to the Americans with Disabilities Act).

## B. MEDICAL LEAVE

1. **Definition:** Medical leave refers to occasions where an employee needs to be out of work for the reasons set forth in Section II.A.1, and whose severity justifies an extension of the 12-week FMLA period.

2. **Eligibility, Maximum Leave and Extensions:** Medical leave under this policy is designed to provide extended benefits commensurate with those provided under FMLA. If an employee's personal illness or injury requires a leave of absence of more than 12 calendar weeks, the City may, with satisfactory medical evidence, extend an employee's leave for up to an additional 14 calendar weeks for a total of 26 weeks in a 12 month rolling period, provided that the employee can demonstrate an ability to return to the full duties of his/her job within a known or reasonable timeframe.

3. **Required Forms/Documentation and Notice:** Notice must be provided in accordance with Section I.3 of this policy. Failure to provide proper and timely notice may result in delay or denial of protected leave.

4. **Approval Process:** Any extensions to the 26-week maximum leave period shall require written authorization by the Department Head, Human Resources and the Department of Labor Relations to be decided on a case-by-case basis, provided that the employee can demonstrate, with medical certification, that he/she will be able to return to the full duties of his/her job within a known and reasonable timeframe.

5. **Continuation/Status of Job Benefits:** See language in Section I.5 of this policy.

6. **Return to Work/Reemployment Process:** At the end of the extended medical leave period (not to exceed twenty-six weeks), the City will grant the employee reinstatement to his/her original position or, if this position is not available, to an equivalent position with equivalent pay (pursuant to the language in Section I.6 of this policy), if the employee can continue to perform all essential functions of the job (with or without reasonable accommodation under the ADA).

## C. PERSONAL LEAVE

1. **Definition:** A personal leave of absence is meant for unique or extraordinary reasons which are not covered under other types of LOAs.

2. **Eligibility, Maximum Leave and Extensions:** The maximum amount of time that can be granted for a personal leave is six (6) calendar weeks in any 12-month rolling period.

3. **Required Forms/Documentation and Notice:** All requests for a personal LOA must be made on a "**Leave of Absence Request**" form and submitted to the Human Resources Department.
4. **Approval Process:** The Department Head, the Human Resources Department and the Director of Labor Relations will review the request for Personal LOA. The decision to grant a personal LOA will be based on the business needs of the City and the needs of the employee.
5. **Continuation/Status of Job Benefits:** See language in Section I.5 of this policy.
6. **Return to Work/Reemployment Process:** At the end of the authorized personal leave period the City will grant the employee reinstatement to his/her original position or, if this position is not available, to an equivalent position with equivalent pay, (pursuant to the language in Section I.6 of this policy), if the employee can continue to perform all essential functions of the job (with or without reasonable accommodation under the ADA).

#### D. **MILITARY LEAVE**

1. **Definition:** Military leave may be requested for the following reasons:
  - Service in the Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty;
  - For funeral honors duty;
  - During examinations to determine fitness to perform military service.
2. **Eligibility, Maximum Leave and Extensions:** Employees who are members of the uniformed services may be eligible for a military LOA for the above stated reasons, provided that the following conditions are met:
  - The employee has given advance written or verbal notice of such service to his/her supervisor and Human Resources; and
  - The cumulative length of all absences for reasons of military service does not exceed five (5) years (except as otherwise permitted by law)

Employees on military leave may, at their option, use any or all accrued vacation or personal days during their absence.

3. **Required Forms/Documentation and Notice:** Unless military necessity prevents it, or is otherwise impossible or unreasonable, an employee shall provide the City with notice of the need for leave as far in advance as is reasonable under the circumstances. A request for a military LOA may be made on a "**Leave of Absence Request**" form.
4. **Approval Process:** Both the Department Head and the Human Resources Department will review the request for Military LOA.
5. **Continuation/Status of Job Benefits:** If an employee is absent from work due to a military LOA, benefits will continue as follows:
  - a. An employee on extended military leave may elect to continue group health insurance coverage for the employee and covered dependents under the same terms and conditions for a

period not to exceed twenty-four (24) months from the date the military leave of absence begins. If the Military LOA is less than thirty-one (31) days, the employee must pay, per pay period, the premium normally paid by the employee during that thirty-one (31) day period. If the Military LOA exceeds thirty-one (31) days, the employee and covered dependents can continue group health insurance up to 24 months at 102% of the full (both employer and employee) premium rate.

b. Any group term life/AD&D insurance provided by the City will terminate the day the employee becomes active military. An employee may opt to convert to an individual policy in order to continue voluntary dependent life insurance coverage. To exercise this conversion option, dependents must submit a written application and the first premium payment within 31 days immediately following the termination of coverage.

c. Any group long term disability insurance provided by the City will terminate the day the employee becomes active military.

d. Employees shall not accrue vacation, personal leave or sick leave while on a military LOA.

Human Resources will collect any applicable insurance premiums from the employee, generate other applicable documents, and process accordingly.

**6. Return to Work/Reemployment Process:** When the employee intends to return to work, he or she must apply for reemployment to Human Resources within the application period set forth below, and shall provide documentation to establish the timeliness of the application for reemployment, the total duration of the military service, and the honorable discharge from the military service.

- If military service is less than thirty-one (31) days, the employee must apply for reemployment no later than the first business day after the completion of service, plus time required to return home from the place of service and an eight hour rest period.
- If military service is between thirty-one (31) days and one hundred eighty (180) days, the employee must apply for reemployment no later than fourteen (14) days after the completion of service.
- If military service is over one hundred eighty (180) days, the employee must apply for reemployment no later than ninety (90) days after the completion of service.
- If the employee is hospitalized or convalescing from a service-connected injury, the employee must apply for reemployment upon recovery from such injury provided that such period of recovery shall not exceed two (2) years.

An employee entitled to reemployment pursuant to this policy and USERRA will be reinstated to employment in the following manner depending upon the employee's period of military service:

For military service of less than ninety (90) days, the employee shall be reinstated:

- In the position of employment in which the person would have been employed if the continuous employment of such person with the City had not been interrupted by such service, the duties of which the person is qualified to perform;

- In the position of employment in which the person was employed on the date of the commencement of the service in the uniformed services, only if the person is not qualified to perform the duties of the position referred to above after reasonable efforts by the employer to qualify the person;

For military service lasting more than ninety (90) days, the employee shall be reinstated:

- In the position of employment in which the person would have been employed if the continuous employment of such person with the City had not been interrupted by such service, or a position of like seniority, status and pay, the duties of which the person is qualified to perform; or
- In the position of employment in which the person was employed on the date of the commencement of the service in the uniformed services, or a position of like seniority, status and pay, the duties of which the person is qualified to perform, only if the person is not qualified to perform the duties of the position referred to above after reasonable efforts by the employer to qualify the person.

In the case of a person who has a disability incurred in, or aggravated during, such service, and who is not qualified due to such disability to be employed in the position of employment in which the person would have been employed if the continuous employment of such person with the City had not been interrupted by such service, the employee shall be reinstated:

- In any other position which is equivalent in seniority, status, and pay, the duties of which the person is qualified to perform or would become qualified to perform with reasonable efforts by the City; or
- In a position which is the nearest approximation to the position referred to above in terms of seniority, status, and pay consistent with circumstances of such person's case.

**7. General Benefits Upon Reemployment:** Employees reemployed following military LOA will receive seniority, and other rights and benefits determined by seniority, that the employee had at the beginning of the military leave, plus any additional seniority and benefits the employee would have attained, with reasonable certainty, had the individual remained continuously employed during the period of military LOA.

Upon reemployment, an employee returning from military LOA will not be discharged except for cause: for up to one year following reemployment if the leave was over 180 days; or for up to 180 days if the leave was between 30 and 180 days.

Upon reemployment, employees who have taken military LOA will be treated as not having incurred a break in service for time spent on military LOA, for purposes of vesting only (e.g., an individual hired in 2000 who takes one year of leave in 2003, will have the ten (10) years of service necessary to vest to 2010, but will only have 9 years of credited service toward his pension calculation in 2010). Immediately upon reemployment, the employee may, at the employee's election, make any or all employee contributions that the employee would have been eligible to make had the employment not been interrupted by the military LOA. Such contributions must be made within a period that begins with the employee's reemployment and that is not greater in duration than three times the length of the employee's military LOA, but not to exceed five (5) years. Employees will receive all associated City match for such contributions.



**Exceptions to Reemployment:** An employee is not entitled to reinstatement from military LOA if any of the following conditions exist:

- The employee failed to apply for reemployment and provide required documentation in a timely manner;
- The City's circumstances have so changed as to make reemployment impossible or unreasonable;
- Reemployment would pose an undue hardship upon the City of New Haven;
- The employee's employment with the City prior to the military service was for a brief, non-recurrent period and there was no reasonable expectation that the employment would have continued indefinitely or for a significant period; or
- The employee received a dishonorable or bad conduct discharge from military service.

Issuing Authority:  \_\_\_\_\_

Effective Date: July 24, 2012 \_\_\_\_\_

Previously Revised:    Date    N/A
A copy of this policy is available for review at the Department of Human Resources, and on the City's computer network at N:\POLICIES also on City's website at <a href="http://www.cityofnewhaven.com/HumanResources/Policies.asp">http://www.cityofnewhaven.com/HumanResources/Policies.asp</a>

**CITY OF NEW HAVEN  
APPLICATION for LEAVE OF ABSENCE  
& FAMILY AND MEDICAL LEAVE**

**I. TO BE COMPLETED BY EMPLOYEE:**

Employee Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Department Employed \_\_\_\_\_ Union Affiliation \_\_\_\_\_

Job Title \_\_\_\_\_

General Funds  Special Funds  Civil Service Employee yes  no  # of hours in work week: \_\_\_\_\_

Type of Leave Request

I am requesting the following type of Leave Of Absence:

FMLA     Medical     Personal     Military

Start Date of Anticipated Leave \_\_\_\_\_ Expected Date of Return \_\_\_\_\_

Reason for Leave (Explain) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

For FMLA Requests Only

Are you requesting Intermittent Leave/Reduced Schedule FMLA? Yes  No

***NOTE:*** An FMLA leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

I hereby authorize the City of New Haven, its employees and agents to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

**I understand that a failure to return to work at the end of my leave period may be treated as a resignation.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF NEW HAVEN  
APPLICATION for LEAVE OF ABSENCE  
& FAMILY AND MEDICAL LEAVE**

**II. TO BE COMPLETED BY DEPARTMENT HEAD OR COORDINATOR:**

Employee # \_\_\_\_\_

Employee's Hire Date with the City \_\_\_\_\_

Did employee use FMLA time in the last 12 months? Yes  No  If yes, provide the dates used:

\_\_\_\_\_

Amount of Paid Leave Available to employee as of the date of anticipated leave.

Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Personal \_\_\_\_\_

**For Personal Leave Only** – Approval of this leave will cause significant operational issues. Yes  No

Department Head/Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**III. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES:**

Check one:  Leave Approved for: \_\_\_\_\_ Days/Weeks

Leave Denied (explain): \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IV. TO BE COMPLETED BY FMLA COMMITTEE IN CASE OF APPEAL:**

Check one:  Leave Approved for: \_\_\_\_\_ Days/Weeks

Leave Denied (explain): \_\_\_\_\_

Committee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 5/31/2018

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) Fax: ( )

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No  Yes. If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition:

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition?  No  Yes.

Was medication, other than over-the-counter medication, prescribed?  No  Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No  Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_

2. Is the medical condition pregnancy?  No  Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:  No  Yes.

If so, identify the job functions the employee is unable to perform:

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? \_\_\_ No \_\_\_ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? \_\_\_ No \_\_\_ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?  
\_\_\_ No \_\_\_ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? \_\_\_ No \_\_\_ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?  
\_\_\_ No \_\_\_ Yes. If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

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**Signature of Health Care Provider**

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**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**





**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider’s name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: AMOUNT OF CARE NEEDED:** When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  No  Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care?  No  Yes.

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery?  No  Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  No  Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

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7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_ No \_\_\_ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)

Duration: \_\_\_ hours or \_\_\_ day(s) per episode

Does the patient need care during these flare-ups? \_\_\_ No \_\_\_ Yes.

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**

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