

**DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT**

BULLETIN NO. 30

Revised June 2014

FAMILY AND MEDICAL LEAVE

1.0 POLICY

It is the policy of the District of Columbia Fire and Emergency Medical Services Department to provide eligible employees requested leave under the District of Columbia's Family and Medical Leave Act (DCFMLA) and the federal Family and Medical Leave Act of 1993 (FMLA). Additional guidance regarding FMLA is contained in DPM Instruction 12-42 (Attachment 1).

2.0 PURPOSE

The purpose of this Bulletin is to establish a procedure for the Department to make decisions regarding requests for approval for leave pursuant to the DCFMLA or FMLA.

3.0 SCOPE

All employees who can establish that they are qualified to receive leave under the DCFMLA or FMLA. To determine qualification, please review DPM Instruction 12-42.

4.0 DCFMLA

- 4.1 An eligible employee is entitled to take up to 16 weeks of unpaid leave during a 24-month period for family leave (birth of a child, adoption, care for family member). An eligible employee is also entitled to take up to 16 weeks during a 24-month period for medical leave (employee's own serious health condition).
- 4.2 If an employee is assigned to a 42 hour work week immediately preceding the use of DCFMLA, the employee shall be eligible to use up to 672 hours of unpaid leave over a two year period. If an employee is assigned to a 40 hour work week immediately preceding the use of DCFMLA, the employee shall be eligible to use up to 640 hours of unpaid leave over a two year period.
- 4.3 An employee may elect to use accrued, advanced, or donated paid leave (annual, sick, or compensatory leave) provided by the Department. Any use of paid leave shall count against the 16 workweeks of allowable DCFMLA.

5.0 FEDERAL FMLA

- 5.1 In addition to DCFMLA, employees are covered by the federal FMLA. The FMLA does not supersede any provision of the DCFMLA. Under the FMLA, an employee who has satisfied the eligibility requirements is entitled to a total (both family and medical) of 12 workweeks of leave during a 12-month period. If leave qualifies under both the DCFMLA and FMLA, the leave used counts against the employee's entitlement under both laws. Also, because the DCFMLA provides, for example 16 workweeks of medical leave entitlement over a 24-month period, an eligible employee may be entitled to use 16 weeks of medical leave for the first year under DCFMLA and 12 weeks the second year under the FMLA.
- 5.2 If an employee is assigned to a 42 hour workweek immediately preceding the use of FMLA, the employee shall be eligible to use up to 504 hours of unpaid leave over a one year period. If an employee is assigned to a 40 hour work week immediately preceding the use of FMLA, the employee shall be eligible to use up to 480 hours of unpaid leave over a one year period.
- 5.3 An employee may elect to use accrued, advanced, or donated paid leave (annual, sick, or compensatory leave) provided by the Department. Any use of paid leave shall count against the 12 workweeks of allowable FMLA.
- 5.4 Further information on the FMLA may be obtained by contacting the local office of the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division (website: www.dol.gov).

6.0 MILITARY FAMILY LEAVE UNDER THE FMLA

Under the federal FMLA, a spouse, son, daughter, parent, or next of kin may take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness." Additionally, an eligible employee may take family/medical leave under the FMLA for "any qualifying exigency" as determined by applicable federal regulations) rising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty in the armed forces in support of a contingency operations).

7.0 RULES

- 7.1 Family leave may be used for:
- 1) The birth of a child of the employee;
 - 2) The placement of a child with the employee for adoption or foster care;

- 3) The placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
 - 4) The care of a family member of the employee who has a serious health condition.
- 7.2 The entitlement to family leave under (1) through (3) above shall expire 12-months after the birth of the child or placement of the child with the employee and shall be taken in a continuous block of time. Family leave for the birth or placement of a child shall not be taken intermittently.
- 7.3 In the case of an employee or family member who has a serious health condition, the family or medical leave may be taken intermittently when *medically necessary*.
- 7.4 If the necessity to use DCFMLA or FMLA is foreseeable based on an expected birth or placement of a child, the employee shall provide the Department with at least 30 days' notice prior to the date the employee wishes to use family leave.
- 7.5 If the necessity for family or medical leave is foreseeable based on planned medical treatment or supervision, the employee shall
- 1) Provide the Department with 30 days' notice of the medical treatment or supervision; and
 - 2) Make a reasonable effort to schedule the medical treatment or supervision, subject to the approval of the health care provider of the employee or of the family member, in a manner that does not unduly disrupt the operations of the Department.
- 7.6 The use of family or medical leave must be consistent with the medical documentation used to support the approval of the employee's DCFMLA or FMLA request. If an employee takes leave that is inconsistent with the medical documentation or abuses leave pursuant to the DCFMLA and FMLA, the employee may be disciplined.
- 7.7 Family and medical leave cannot be taken unless it is approved by the Department.
- 7.8 Employees who are approved to use leave pursuant to DCFMLA or FMLA shall comply with the Department's rules and regulations regarding the use of sick and annual leave. For instance, if the leave is not scheduled in advance, the employee shall comply with Order Book, Article IX § 7 (EAL) and Order Book, Article XI § 2 (Emergency Sick leave). If an employee fails to comply, the employee shall be granted family or medical leave but shall be carried in a Leave Without Pay status (LWOP).
- 7.9 Timekeepers for employees shall monitor the use of leave pursuant to the DCFMLA and FMLA. Timekeepers shall also accurately record the use of leave used pursuant to the DCFMLA and FMLA in both TeleStaff and PeopleSoft. Family or Medical

Leave posted in PeopleSoft shall be recorded as “Family Annual,” “Family Sick,” “Family Comp,” or “Family LWOP.”

- 7.10 Employees may use leave pursuant to DCFMLA or FMLA when ordered to remain in continuation of duty. If an employee exercises his or her ability to use approved family or medical leave, the employee’s timekeeper shall enter the leave in both PeopleSoft (Family LWOP) and TeleStaff (Family Leave) for a period of 12 hours. When an employee uses family or medical leave for period of mandatory overtime, it shall count against the workweeks of allowable leave pursuant to the DCFMLA and FMLA.
- 7.11 When an employee elects to use family or medical leave, the employee must state to his or her supervisor that s/he is using FMLA and the basis for the leave (e.g. “I’m taking FMLA to care for my ill son/daughter”). **Supervisors are permitted to ask the reason why the leave is uncheduled and ask for supporting documentation for uncheduled family or medical leave requests.** For example, a supervisor may ask the employee to provide documentation that the employee attended a medical appointment (without any further medical information) or if an employee is using family leave to care for a child, proof from a school or daycare provider that the child was not in school or daycare.
- 7.12 Employees on medical leave shall inform the Police & Fire Clinic (PFC) and follow all recommendations or requirements.
- 7.13 If an employee’s use of intermittent leave unduly disrupts the operations of the Department, the Department may reassign the employee to another position within the Department that will better accommodate recurring periodic absences. When the employee’s use of intermittent leave ends, the Department shall reinstate the employee to the same or equivalent position as the job that he or she left when the use of family or medical leave began.
- 7.14 When an employee uses family or medical leave in a continuous block of time, the employee is prohibited from working overtime, **excluding** continuation of duty or mandatory overtime.
- 7.15 When an employee uses family or medical leave on an intermittent basis, the employee is prohibited from working overtime for the remainder of the pay period, **excluding** continuation of duty or mandatory overtime.
- 7.16 Employees are prohibited from working for another employer while on family or medical leave or engaging in any productive work of compensable or non-compensable nature.
- 7.17 In the event of an emergency or exigent circumstances, the Department may cancel or terminate the use of family and medical leave.

- 7.18 In general, family or medical leave does not cover (not an exhaustive list): breastfeeding, cosmetic surgery, stress (unless related to serious medical condition), funerals, serious medical conditions of extended family, etc.
- 7.19 Employees who elect to use LWOP for family or medical leave shall complete a D.C. Form 1199. Periods of LWOP shall not count as creditable service. For example, an employee's grade or step increase date may be adjusted when an employee is on LWOP.

8.0 PROCEDURES

- 8.1 An employee seeking leave under DCFMLA or FMLA shall inform the supervisor of the need for leave. If the leave may qualify as family or medical leave, the supervisor shall give the employee a copy of a completed DC FMLA Notification Letter, as well as a copy of DPM Instruction No. 12-42 (Attachment 1). In addition, the supervisor will provide the employee with the forms to be completed and returned by the employee (Attachment 2). Those forms are: 1) DC Request for FMLA, 2) SF-71, and 3) U.S. Labor Health Care Provider Certification. The supervisor shall 1) note in the company journal "(Insert Employee Name) provided FMLA packet," 2) send an electronic copy of the completed letter to the EEO & Diversity Manager, and 3) place a copy of the letter in the employee's company and battalion file.
- 8.2 The Department requires all employees to provide a certification from a health care provider of the employee or family member for all family or medical leave requests. The certification shall contain:
- 1) The date on which the serious health condition commenced;
 - 2) The probable duration of the condition;
 - 3) The appropriate medical facts within the knowledge of the health care provider that would entitle the employee to take leave under this policy; and
 - 4) For purposes of **medical leave**, a statement that the employee is unable to perform the functions of the employee's position. The certification should provide an explanation as to the extent to which the employee is unable to perform the functions of the employee's position;
 - 5) For purposes of **family leave**, an estimate of the amount of time that the employee is needed to care of the family member; or
 - 6) For purposes of family leave for the birth of a child, the employee may submit a note from a medical provider with the estimated delivery date.
- 8.3 If there is doubt as to the validity of the certification, the Department may require that the employee obtain, at the expense of the Department, the opinion of a second health care provider approved by the Department, in regard to any information required to be certified.
- 8.4 If the second opinion provided under this subsection differs from the original

certification provided, the employee may obtain the opinion of a third health care provider mutually agreed upon by the Department and the employee, in regard to any information required to be certified under this section. The Department shall pay the cost of the opinion of the third health care provider.

- 8.5 The opinion of the third health care provider in regard to the information certified under this section shall be final and binding on the Department and employee.
- 8.6 The health care provider approved or mutually agreed upon under this section will not be retained on a regular basis by the Department or otherwise bear a close relationship to the Department or the employee that would give the appearance that the certification is biased.
- 8.7 The Department may require that the employee obtain subsequent recertification on a reasonable basis. If the submitted medical certification states the serious medical condition is indefinite or the end date is unknown, the approval may need to be renewed every six months. Approval of family or medical leave ends when the reason for family or medical leave end (medical condition resolves, covered family member is deceased, child is not in the employee's custody, etc.)
- 8.8 Certification information requested under this section shall be used only to make a decision in regard to the employee's request for family or medical leave. The Department shall keep any medical information obtained from a certification request confidential.
- 8.9 All medical signatures and relevant documentation must accompany the application packet.
- 8.10 Upon return to duty as a result of medical leave under DCFMLA or FMLA, the employee must submit a certification of fitness from his/her physician to return to work. Uniformed firefighters must submit this certification to the Police and Fire Clinic for clearance to return to duty. The Department reserves the right to have any employee submit to a Fitness for Duty Exam on his or her return to duty.
- 8.11 Employees shall electronically (Email) submit a complete packet requesting family or medical leave. When possible, the employee should submit the request from his or her D.C. Government email address.

9.0 RESPONSIBILITY

- 9.1 The EEO & Diversity Manager is responsible for the general administration of family and medical leave. When the EEO & Diversity Manager receives a request for family or medical leave he or she shall make a decision as quickly as possible and inform the appropriate Assistant Fire Chief or Director of the decision in writing. The decision to grant or deny family or medical leave shall be transmitted down the chain

of command to the employee's first level supervisor. The first level supervisor shall notify the employee of the decision.

- 9.2 The EEO & Diversity Manager is responsible for making an initial decision regarding requests for approval or disapproval of family and medical leave. If the employee is not satisfied with the decision of the EEO & Diversity Manager, the employee may make an appeal to the Fire & EMS Chief. The appeal must be filed within 10 business days of the EEO & Diversity Manager's decision. The decision of the Fire & EMS Chief shall be final. If an employee believes that the Department has violated DCFMLA, he or she may file a complaint with the District of Columbia's Office for Human Rights. If an employee believes that the Department has violated FMLA, he or she may file a complaint with the U.S. Department of Labor.
- 9.3 Each employee shall monitor his or her work email for communication regarding his or her family or medical leave request.
- 9.4 Supervisors and timekeepers shall ensure the employee's use of family or medical leave is accurately recorded in both PeopleSoft and TeleStaff.
- 9.5 Employees shall ensure his or her use of family or medical leave is accurately recorded in both PeopleSoft and TeleStaff.
- 9.6 If a supervisor believes an employee is abusing family or medical leave, the supervisor shall notify the EEO & Diversity Manager.
- 9.7 If an employee abuses or fraudulently uses family or medical leave, he or she may be disciplined, up to and including termination.

10.0 GRANTING FAMILY AND MEDICAL LEAVE

- 10.1 The EEO & Diversity Manager should first determine if the requesting employee's request for leave or absence is due to the employee's serious health condition or whether it is the employee's responsibility to provide care to a family member with a serious health condition, or for the birth or placement of a child.
- 10.2 To the extent practicable, the requesting employee shall be notified within 15 calendar days of receipt of a complete application. If an application is not complete, the request will be denied or returned. Notwithstanding any other law, if the recipient employee is eligible for leave under DCFMLA or FMLA and the application is complete, the leave shall be granted.

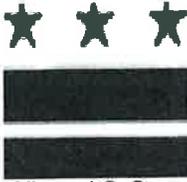
11.0 **EFFECTIVE**

This policy will become effective immediately.

12.0 **EXCEPTIONS**

None.

ATTACHMENT 1



Vincent C. Gray
Mayor

**Government of the District of Columbia
Fire and Emergency Medical Services Department
Washington, D.C. 20001**



Kenneth B. Ellerbe
Fire & EMS Chief

____/____/____
(DATE)

Name of Employee (PRINT)

Dear Employee:

It has come to the Department's attention that you may be eligible for family or medical leave. Under these circumstances, you may qualify for leave under the District of Columbia Family and Medical Leave Act of 1990 ("DCFMLA"). The purpose of this letter is to provide you with information and the forms both you and your health care provider need to complete and return to us for consideration.

Enclosed is District Personnel Manual (DPM) Instruction No.12-42, *Procedures on Family and Medical Leave under the District of Columbia Family and Medical Leave Act of 1990; and Applicability of the Federal Family and Medical Leave Act of 1993*, dated October 27, 2008. The DPM instruction contains the procedures for granting leave to District government employees under the provisions of the DCFMLA, and provides detailed information on the various options available to you under DCFMLA.

Under the DCFMLA, an eligible employee is entitled to take up to 16 weeks of unpaid leave during a 24-month period for family leave (birth of a child, adoption, care for family member); or up to 16 weeks during a 24-month period for medical leave (employee's own serious health condition).

Please review the enclosed materials carefully, especially the section on continuation of health insurance benefits. Eligible employees must maintain their health insurance benefits during any period of unpaid leave under the same conditions as if they were working; and are entitled to return to the same position (or an equivalent position), with the same pay, benefits, and terms and conditions of employment, when the period of leave ends. If an employee does not return to work following DCFMLA leave for reasons other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to DCFMLA leave; or (2) other circumstance beyond your control, the employee may be required to reimburse the District government for its share of health insurance premiums paid on the employee's behalf during the period of DCFMLA leave.

The following FMLA forms need to be completed by you and your health care provider and returned to us:

1. Request for Family/Medical Leave: This form will need to be completed and returned as soon as possible.
2. DOL Form WH-380-F, Certification of Health Care Provider for Family Member's Serious Health Condition OR DOL Form WH-380-E, Certification of Health Care Provider for Employee's Serious Health Condition: At least one of these forms will need to be completed by your health care provider for FMLA leave due to a serious health condition or the serious health condition of a family member. Your health care provider may return the completed form directly to us or to you for submission.

[The completed form must be returned to us within 15 calendar days following the request, or reasonable explanation for delay must be provided. Failure to provide certification may result in denial of continuation of leave. As stated in the above-referenced DPM instruction, medical information received for FMLA leave is considered confidential and shall be disclosed only to those involved in the FMLA leave determination.

Family and Medical Leave Act of 1993

Please be advised that, in addition to the DCFMLA, District government employees are covered by the Family and Medical Leave Act of 1993, also known as the "federal Family and Medical Leave Act" ("Federal FMLA") (29 U.S.C. 2611 *et seq.* and 29 C.F.R. 825.100 *et seq.*)

The Federal FMLA does not supersede any provisions of the DCFMLA. Under the Federal FMLA, an employee who has satisfied the eligibility requirements is entitled to a total of 12 workweeks of leave during any a 12-month period. If leave qualifies under both the DCFMLA and federal FMLA, the leave used counts against the employee's entitlement under both laws. Also, because the DCFMLA provides, for example, 16 weeks of medical leave entitlement over a 24-month period, an "eligible employee" may be entitled to use 16 weeks of medical leave for the first (1st) year under DCFMLA and 12 weeks the second (2nd) year under the federal FMLA (see 29 CFR 825.701).

Military Family Leave under the Federal FMLA

Under the Federal FMLA, a *spouse, son, daughter, parent, or next of kin* may take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness." Additionally, an eligible employee may take family/medical leave under the Federal FMLA for "*any qualifying exigency*" (as determined by applicable federal regulations) *arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operations.*

Further information on the Federal FMLA may be obtained by contacting the local office of the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division (website: www.dol.gov/dol/esa/).

Please return the completed forms to me via hand delivery or email. After receipt and review of the forms, a determination will be made on your request.

If you have any questions or need additional information on family or medical leave, please contact Joshua Henline, Esq., at 202-673-3396 or joshua.henline@dc.gov.

Sincerely,

SUPERVISOR SIGNATURE

SUPERVISOR PRINT

Enclosures

cc: EEO & DIVERSITY MANAGER (EMAIL)
Company File
Battalion File

GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

District Personnel Manual Issuance System

This instruction should be filed
behind the divider for Part III of
DPM Chapter (a) 12

DPM Instruction No. 12-42

Date: October 27, 2008

SUBJECT: Procedures on Family and Medical
Leave under the District of Columbia
Family and Medical Leave Act of 1990;
and Applicability of the Federal Family
and Medical Leave Act of 1993

NOTE: This District Personnel Manual (DPM) Instruction supersedes DPM Instruction No. 12-16, *Procedures on Family and Medical Leave under the D.C. Family and Medical Leave Act*, dated December 10, 2001.

1. Scope

The purpose of this DPM instruction is to set forth procedures for subordinate agencies to follow in granting leave to employees under the provisions of the District of Columbia Family and Medical Leave Act of 1990 (*D.C. FMLA*); and address the applicability to the District government of the Family and Medical Leave Act of 1993 (*Federal FMLA*).

2. Authority

- The District of Columbia Family and Medical Leave Act of 1990, effective October 3, 1990 (D.C. Law 8-181; D.C. Official Code § 32-501 *et seq.*), and Chapter 16, Title 4, District of Columbia Municipal Regulations; and
- **Federal FMLA**: The Family and Medical Leave Act of 1993, approved August 5, 1993 (29 U.S.C. § 2611 *et seq.* and 29 C.F.R. 825 *et seq.* (2000)), **as amended**.

3. Applicability

a. D.C. FMLA

- (1) The *D.C. FMLA* is applicable to all employers in the District of Columbia employing 20 or more employees. For the purposes of the *D.C. FMLA*, the District government is considered a single-employer. Therefore, the *D.C. FMLA* is applicable to every District government agency without regard to its individual size.

Note: DPM Instructions that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, §1.3]

Inquiries: Policy and Planning Administration, DCHR, (202) 442-9644

Distribution: Heads of Department and Agencies, HR Advisors, and DPM Subscribers

Retain Until Superseded

- (2) Under the *D.C. FMLA*, the District government is required to provide up to 16 weeks of unpaid family leave during any 24-month period to eligible employees. Additionally, an eligible employee who becomes unable to perform the functions of his or her position because of a serious health condition is entitled to up to 16 weeks of unpaid medical leave during any 24-month period.
- (3) At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

b. Federal FMLA

- (1) District government employees are covered by the *Federal FMLA*.
- (2) Under the *Federal FMLA*, covered employers are required to provide up to 12 weeks of unpaid, "job-protected" leave (family or medical) to eligible employees during any 12-month period. See 29 U.S.C. § 2612
- (3) At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.
- (4) Military Family Leave under the Federal FMLA: the Federal FMLA was recently amended¹ to provide eligible employees 2 new leave rights related to military service.²
- (5) Additional information on the *Federal FMLA* may be obtained by contacting the local office of the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division.*

[*Website: www.dol.gov/dol/esa/]

- (6) The *Federal FMLA* does not supersede any provision of the *D.C. FMLA* that affords greater family or medical leave rights. See 29 U.S.C. § 2651-2653 and 29 C.F.R. 825.700.

¹ National Defense Authorization Act for FY 2008 (NDAA), Pub. L. 110-181, approved January 28, 2008.

² Under the *Federal FMLA* as amended by the NDAA, there is a new "qualifying reason" for leave; and a new leave entitlement. Under the new qualifying reason for leave, eligible employees are entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. Under the new leave entitlement, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member ("military caregiver leave"). This military caregiver leave is available during "a single 12-month period" during which an eligible employee is entitled to a combined total of 26 weeks of all types of *Federal FMLA* leave. Additional information pertaining to the amendment pursuant to the NDAA is available on the Department of Labor's FMLA amendments Website at: http://www.dol.gov/esa/whd/fmla/NDAA_fmla.htm.

4. Coverage Determinations (*D.C. FMLA* or *Federal FMLA*)

- a. Because both the *D.C. FMLA* and *Federal FMLA* apply to the District government employees, an eligible District government employee in need of family or medical leave shall be allowed to choose under which statute he or she will be covered.
- b. Once the employee chooses the statute under which he or she will be covered for family or medical leave qualifying purposes, the request will be processed under the chosen statute.
- c. If leave qualifies under both the *D.C. FMLA* and *Federal FMLA*, the leave used counts against the employee's entitlement under both laws.
- d. Because the *D.C. FMLA* provides 16 weeks of medical leave entitlement over a 24-month period, an "eligible employee" may be entitled to use 16 workweeks of medical leave for the 1st year under the *D.C. FMLA* and 12 weeks for the 2nd year under the *Federal FMLA*. See 29 C.F.R. 825.701.
- e. **Example of coverage determination between the *D.C. FMLA* and *Federal FMLA*:**

Use of military family leave in accordance with the NDAA – Because the *D.C. FMLA* does not specifically provide the leave entitlement related to military service provided under the NDAA (*see* paragraph 3 (b)(4) above and footnotes 1 and 2), a District government employee who is eligible for the military service-related leave entitlements provided by the NDAA and who needs leave for such purposes would have to be placed under the *Federal FMLA*, not the *D.C. FMLA*.
- f. Unless otherwise specified, the provisions of paragraphs 5, 7 through 18; definitions in paragraph 6; and chart and forms attached to this DPM instruction are based on the provisions of the *D.C. FMLA*.

5. Employee Eligibility for Family and Medical Leave – *D.C. FMLA*

- a. For the purposes of family and medical leave under the *D.C. FMLA*, an "eligible employee" is an individual who:
 - (1) Has been employed by the District government for 1 year without a break in service except for regular holidays or leave; and
 - (2) Has worked at least 1,000 hours during the 12-month period immediately preceding the request for family or medical leave.
- b. A uniformed member of the Metropolitan Police Department (MPD) or the Fire and Emergency Medical Services Department (FEMSD) is eligible for family and medical leave to the same extent as any other District government employee. However, rights provided under *D.C. FMLA* may be suspended temporarily if the employee is required

by rules or regulations of the MPD or FEMSD, or by the provisions of a collective bargaining agreement, to return to duty because of an emergency declared by the agency head or the Mayor.

6. Definitions – *D.C. FMLA*

The following terms shall have the meaning ascribed:

Committed relationship – a familial relationship between 2 individuals demonstrated by such factors as, but not limited to, mutual economic interdependence including joint bank accounts, shared lease, joint tenancy, and joint and mutual financial obligations such as loans, domestic interdependence including close association, public presentation of the relationship, exclusiveness of the relationship, length of the relationship, and the intent of the relationship as evidenced by a will or life insurance.

Child – any person under 21 years of age; also any person who, though 21 years of age or older, is substantially dependent upon the eligible employee by reason of physical or mental disability; and any person under 23 years of age who is a full-time student at an accredited college or university.

Family member – a person to whom the eligible employee is related by blood, legal custody, or marriage; a foster child; a child who lives with the eligible employee and for whom the eligible employee permanently assumes and discharges parental responsibility; or a person with whom the eligible employee shares or has shared, within the last year, a mutual residence and with whom the eligible employee maintains a committed relationship.

Health care provider – any person licensed under federal, state, or District law to provide health care services.

Reduced leave schedule – family leave that, based on the mutual agreement of the employee and his or her agency, is scheduled for a fewer number of hours than an employee is officially scheduled to work each workweek or workday. Family leave on a reduced leave schedule must be taken within a period that does not exceed 24 consecutive workweeks.

Serious health condition – a physical or mental illness, injury, or impairment that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual. Examples of a serious health condition include, but are not limited to, heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, lupus, AIDS, injuries caused by serious accidents off the job, ongoing pregnancy, miscarriages, complications or illnesses related to pregnancy, prenatal care, childbirth, and recovery from childbirth.

7. General – D.C. FMLA

a. Family Leave

The *D.C. FMLA* entitles eligible employees to up to 16 workweeks of unpaid family leave over a 24-month period for:

- (1) The birth of a child of the employee;
- (2) The placement of a child with the employee for adoption or foster care;
- (3) The placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
- (4) The care of a family member of the employee who has a serious health condition. The request for family leave must be supported by a medical certification of the serious health condition issued by the family member's health care provider (see sample optional *Medical Certification Form* attached).
- (5) Family leave may be taken intermittently when medically necessary to care for a family member who has a serious health condition.

b. Medical Leave

- (1) The *D.C. FMLA* entitles eligible employees to up to 16 workweeks of unpaid medical leave over a 24-month period to an employee who becomes unable to perform his or her duties because of a serious health condition.
- (2) Medical leave may be taken intermittently when medically necessary because of the employee's serious health condition.
- (3) Medical leave may be taken on a reduce leave schedule, upon supervisor's approval, during which the 16 workweeks of family leave may be taken over a period not to exceed 24 consecutive workweeks.
- (4) Unpaid medical leave may be substituted with annual, personal or compensatory leave.

- c. An employee who is on family or medical leave is considered in a leave without pay (LWOP) status, except as otherwise provided in this instruction.
- d. The 24-month utilization period for the family or medical leave begins on the date an employee begins using family or medical leave under the *D.C. FMLA*.
- e. When an employee is on family or medical leave and is carried in a LWOP status, his or her employee health benefits will continue, provided the employee continues to make his or her contributions to the group health plan.

- f. When an employee is on family or medical leave intermittently, the person in the employing agency designated to handle FMLA requests should notify the employee of the total number of remaining hours available for his or her use under FMLA leave; and may provide the employee with a copy of the *Family/Medical Leave Use Report* (copy attached).
- g. Upon return to duty following an absence on family or medical leave, an employee is entitled to occupy the same position he or she occupied immediately before the absence on family or medical leave, or an equivalent position.

8. Tour of Duty – D.C. FMLA

- a. For the purpose of this instruction, the 16-week entitlement to family and medical leave is to be reduced to an hourly equivalent based on each employee's tour of duty (TOD) as specified in the employee's personnel records in PeopleSoft.
- b. For a full-time employee who works 40 hours per week, the 16-week hourly equivalent is 640 hours (40 hours x 16 weeks = 640 hours).
- c. For TODs other than full-time, including part-time TODs, the hourly equivalent is to be prorated by multiplying the employee's weekly TOD times the 16-week entitlement (see *Proration Chart* attached). For example:

For a part-time employee whose weekly TOD is 32 hours, the 16-week hourly equivalent is 512 hours (32 hours x 16 weeks = 512 hours (32 hours x 16 = 512 hours))

- d. During the 24-month utilization period, an employee's regularly scheduled TOD may change and, as a result, the total number of hours of leave to which the employee is entitled will also change.

Example:

Employee A is a part-time employee who works 20 hours per week. *Employee A* uses 6 consecutive weeks (120 hours) of medical leave and then returns to his part-time position. (The 24-month medical leave utilization period for *Employee A* began on the first day of absence on medical leave.) Shortly after returning to his position from the 6 weeks of medical leave, *Employee A* applies for and accepts employment to a full-time, 40-hour-per-week position. Several months after beginning his full-time tour of duty, *Employee A* has another medical need, and requests and uses the remaining 10 weeks of medical leave to which entitled. *Employee A's* medical leave as a full-time, 40-hour-per-week employee now has an hourly equivalent value of 400 hours (40 hours times 10 weeks equals 400 hours). Upon return to his full-time position following the 10 weeks of medical leave, *Employee A* has exhausted his 24-month entitlement to medical leave.

Employee A used 6 weeks (120 hours) of medical leave as a part-time employee and 10 weeks of medical leave (400 hours) as a full-time employee. In this example, *Employee A* used all 16 weeks of medical leave to which entitled, even though he only used 520 hours of medical leave. *Employee A* has no further entitlement to medical leave under the *D.C. FMLA* during the 24-month period that began on the 1st day of his initial 6-week absence.

9. Specific Provisions on Family Leave – *D.C. FMLA*

a. Family leave for the birth of a child, the placement of a child with the employee for adoption or foster care, or the placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility must commence within 12 months of the birth of the child or placement of the child with the employee. If family leave does not commence within 12 months of the birth of a child or placement of a child with the employee, the employee's entitlement to family leave for that event is forfeited.

b. Family leave may be taken:

- (1) As a block of time (*i.e.*, 2 weeks, 13 consecutive days, 6 weeks, *etc.*); or
- (2) On a reduced leave schedule upon mutual agreement of the employee and his or her agency.

A reduced leave schedule represents a temporary change to an employee's regular work schedule so as to accommodate the employee's regular and recurring need for family leave on a less than full-time basis. For example, a full-time employee's Monday through Friday regular work schedule may be changed to Monday, Wednesday, and Friday, to accommodate the employee's need for family leave on Tuesday and Thursday. A reduced leave schedule does not represent a change to the employee's regularly scheduled tour of duty. However, when taken on a reduced leave schedule, the 16 weeks of family leave must be taken within a period that does not exceed 24 consecutive workweeks.

c. If 2 family members are employed in the same office, division, subdivision, or other organizational subdivision of an agency and both employees have the same or inter-related duties so that the absence of the employees would unduly disrupt agency business, the agency may limit the aggregate family leave to 16 workweeks within a 24-month period. Likewise, the agency may limit the aggregate family leave that the employees may take simultaneously to 4 workweeks during a 24-month period. The family leave taken under the provisions of this paragraph may be taken as a block of time, on a reduced leave schedule, or intermittently. This is a statutory provision that is not likely to have an effect on the District government.

d. An employee who is on family leave will be considered in a LWOP status except as provided below:

- (1) An employee may elect to use any annual leave or compensatory time to his or her credit for family leave. However, should the employee elect to use annual leave or compensatory time for family leave, that leave will count against the 16-workweek family leave entitlement.
- (2) An employee may make application to receive annual leave pursuant to the provisions of the *Annual Leave Bank Program* administered by the D.C. Department of Human Resources (DCHR), the employing agency's *Voluntary Leave Transfer Program*, or pursuant to the provisions of a leave bank program contained in a collective bargaining agreement (CBA), because of a medical emergency. However, any leave credited to an employee pursuant to the provisions of such programs will count against the 16-workweek family leave entitlement.

10. Specific Provisions on Medical Leave – D.C. FMLA

- a. An employee who is unable to perform the functions of his or her position because of a serious health condition is entitled to medical leave for as long as the employee is unable to perform his or her job functions; except that the medical leave must not exceed 16 workweeks during any 24-month period. The request for medical leave must be supported by a medical certification of the serious health condition issued by the employee's health care provider.
- b. An employee who is on medical leave is considered in a LWOP status except as provided below:
 - (1) An employee may elect to use any sick leave to his or her credit for medical leave. However, should the employee elect to use sick leave for medical leave, that leave will count against the 16-workweek family leave entitlement.
 - (2) Based on the mutual agreement of the employee and his or her agency, the employee may use any annual leave or compensatory time to his or her credit for medical leave. However, should the employee use annual leave or compensatory time for medical leave, that leave will count against the 16-workweek medical leave entitlement.
 - (3) An employee may make application to receive annual leave pursuant to the provisions of provisions of the *Annual Leave Bank Program* administered by the DCHR, the employing agency's *Voluntary Leave Transfer Program*, or pursuant to the provisions of a leave bank program contained in a CBA, because of a medical emergency. However, any leave credited to an employee pursuant to the provisions of such program will count against the 16-workweek medical leave entitlement.

- c. Medical leave may be taken as a block of time (*i.e.*, 4 weeks, 6 weeks, 16 weeks, *etc.*) or intermittently when medically necessary. Medical leave taken intermittently may be taken over a 24-month period. See paragraph 7 (b) of this instruction

11. Medical Certification of Serious Health Condition – D.C. FMLA

- a. As appropriate, an employee's request for family or medical leave must be supported by a medical certification issued by the family member's health care provider or the employee's health care provider (see sample optional *Medical Certification Form* attached). The employee must provide the request for family or medical leave, and the medical certification when appropriate, to the person in the employing agency designated to coordinate or process such requests.

- b. The medical certification may only be used for the purpose of making a decision with regard to requests for family and medical leave; and all information obtained from the medical certification must be kept confidential.

- c. The medical certification must state:

- (1) The date on which the serious health condition commenced;
- (2) The probable duration of the condition;
- (3) The appropriate medical facts within the knowledge of the health care provider that would necessitate the employee to take family or medical leave; and
- (4) For the purposes of family leave, an estimate of the amount of time that the employee is needed to care for the family member; or
- (5) For the purposes of medical leave, a statement that the employee is unable to perform the functions of his or her position.

[NOTE: Should the agency and employee mutually agree to alternative employment for the duration of the employee's serious health condition, the agency may request that the medical certification for medical leave also include an explanation of the extent to which the employee is unable to perform the functions of his or her position.]

- d. The employing agency may require the employee to obtain the opinion of a 2nd health care provider. The opinion of the 2nd health care provider will be at the expense of the employing agency.
- e. If the 2nd opinion required by the employing agency differs from the medical certification provided by the employee, the employee may obtain the opinion of a 3rd health care provider who has been mutually agreed upon by the employee and the

employer. The opinion of the 3rd health care provider will be at the expense of the agency and is binding on the employee and the employing agency.

- f. The health care provider mutually agreed upon for 2nd and 3rd opinions must not be retained on a regular basis by the District government or the employee, or otherwise bear a close relationship to the District government or the employee, so as to give the appearance that the medical certification is biased.
- g. The agency may require the employee to obtain subsequent re-certifications on a reasonable basis, to include a fitness-for-duty certificate from the employee's health care provider indicating that he or she is able to resume work.

12. Requests for Family and Medical Leave – *D.C. FMLA*

a. Requirement for Advanced Written Request for Family or Medical Leave

When the need for family or medical leave is foreseeable (that is, the employee knew or should have known of the need) because of planned medical treatment or supervision, the employee must:

- (1) Provide his or her agency with a written request for family or medical leave 30 days prior to the beginning date of the leave; and
- (2) Make a reasonable effort to schedule medical treatment or supervision, subject to the approval of the health care provider of the employee or family member, in a manner that does not unduly disrupt the operations of the agency.

b. Requests in Cases in which the Need for Family or Medical Leave cannot be Reasonably Foreseen

When the circumstances leading to the need for family or medical leave cannot be reasonably foreseen, the employee must provide his or her agency with either an oral or written request as soon as possible, but not more than two business days after the date the family or medical leave began. An oral request must be followed up with a written request at the earliest practicable date.

- c. Written requests for family and medical leave are to be made on the *Request for Family/Medical Leave Form* attached to this instruction. The employee must submit the original form and 3 copies to the agency director (or designee). The agency will approve or disapprove the application as expeditiously as possible.
- d. The employing agency shall preserve the confidentiality of information relating to the circumstances and the particular reasons for the employee's request for family or medical leave.

13. Agency Responsibility in Responding to D.C. FMLA Requests

- a. Each agency shall designate an individual or individuals to serve as *FMLA Coordinator(s)*. The agency *FMLA Coordinator* must be knowledgeable of the requirements of the program to ensure proper handling and processing of *FMLA* requests.
- b. **Confidentiality of *FMLA*-Related Information**
 - (1) The employing agency shall preserve the confidentiality of *FMLA*-related information received and the reason(s) for employees' requests for family or medical leave.
 - (2) Only individuals with a demonstrated need to know about a *FMLA* request should be informed about the employee's request, and even then, information that is contained in *FMLA* forms and supporting medical certification shall not be disclosed or shared with a supervisor, manager, or other agency official, unless it is determined that the supervisor, manager, or other agency official has a demonstrated need to know about the information.
 - (3) Given the confidential nature of *FMLA* requests, *FMLA* forms and supporting medical certifications shall be maintained in a segregated file, and the documents shall be stored separate and apart from the agency's human resources files.

14. Recording Family and Medical Leave – D.C. *FMLA*

- a. Records must be kept of each employee's use of family or medical leave; and of any alternative employment in lieu of medical leave. The employee *Family/Medical Leave Use Report Form* attached to this instruction must be used by agencies to record each employee's family and medical leave usage. The report should indicate the beginning and end of the 24-month entitlement period.
- b. Each agency is responsible for maintaining the following employee records documenting:
 - (1) The cost to the agency for any expense incurred to temporarily replace an employee, if any, during the time the employee is absent on family or medical leave;
 - (2) The cost to the agency for the employer's share of employee health benefits, if any, during the time the employee is absent on family or medical leave;
 - (3) The length of family or medical leave taken by the employee;
 - (4) The salary and grade level of the employee who has taken family or medical leave;
 - (5) The reason(s) the employee took family or medical leave;

- (6) The employee's request and supporting documentation for family and medical leave; and
- (7) If applicable, the alternative employment, and the length of the alternative employment, provided to the employee in the place of medical leave (see Attachment).

15. Employment and Benefits Protection – D.C. FMLA

- a. Upon return to duty following an absence on family or medical leave, an employee is entitled to occupy the same position he or she occupied immediately before the absence on family or medical leave, or an equivalent position.
- b. The employee's coverage under his or her group health insurance program will continue during the period of absence under family or medical leave; provided that the employee continues to pay the employee-contribution.
- c. An employee who formally elects to cancel his or her health benefits cannot re-enroll in a health benefit program until the earlier of the next health benefits "Open Season," or upon satisfying a health benefits enrollment event. The employee must provide written notice of his or her election to either continue or terminate his or her health benefits (see attachment: "*Employee Health Benefits (FEHB & DCEHB) Options while in Non-Pay Status*" form).

16. Alternative Employment – D.C. FMLA

- a. An agency may provide alternative employment to an employee with a serious health condition, provided:
 - (1) The employee and the agency mutually agree to the alternative employment;
 - (2) The employee provides supporting medical certification from his or her health care provider that provides an explanation of the extent that the employee is unable to perform the functions of his or her position; and
 - (3) Such alternative employment is for the duration of the employee's serious health condition.
- b. When an employee and his or her agency agree to alternative employment, the period of alternative employment will not cause a reduction in the amount of medical leave to which the employee is entitled.
- c. When the employee is able to perform the functions of his or her original position, the employee must return to his or her original position, or to an equivalent position.
- d. An agency is to document the alternative employment and the duration of it provided to an employee in lieu of medical leave. The alternative employment is to be documented on the *Alternative Employment Record* form attached to this instruction.

17. Administrative Enforcement Procedure and Mediation – D.C. FMLA

- a. Any employee who has a complaint concerning a denial of rights under the *D.C. FMLA* may file a written complaint with the Office of Human Rights; but the complaint must be filed by the employee within one year of the occurrence or discovery of the alleged violation of the *D.C. FMLA*.
- b. An employee who is filing a complaint may elect to have the complaint mediated pursuant to the provisions of section 1603 of Title 4 of the District of Columbia Municipal Regulations (DCMR) as an alternative to the investigative process provided for in section 1604 of Title 4 of the DCMR.
- c. The enforcement procedure contained in Chapter 16 of Title 4 of the DCMR is the only administrative procedure that may be utilized to resolve an alleged violation of the *D.C. FMLA*. No other complaint resolution procedure, including grievances pursuant to Chapter 16 of the D.C. personnel regulations, General Discipline and Grievances; or negotiated grievance procedures contained in collective bargaining agreements may be used to resolve an alleged violation of the *D.C. FMLA*.

18. Notice of Employee Rights – D.C. FMLA

Each agency must conspicuously post and maintain a notice to employees providing pertinent information on the *D.C. FMLA*. The notice attached to this instruction is to be used for this purpose. Copies may be obtained by contacting the Office of Human Rights at (202) 727-4559.

19. Agency Records – D.C. FMLA

- a. Each agency shall maintain records to document, on an annual basis, the following:
 - (1) The total number of employees who have taken family or medical leave;
 - (2) The total cost to the agency for any expense incurred to temporarily replace employees, if any, during the time the employees were absent on family or medical leave;
 - (3) The total cost to the agency for the employer's share of employee health benefits, if any, during the time the employees were absent on family or medical leave;
 - (4) The total length of family leave taken by employees;
 - (5) The total length of medical leave taken by employees;
 - (6) The total salary and the grade levels of employees who have taken family or medical leave; and

- (7) The total number of employees who were provided alternative employment, and the total length of the alternative employment, in the place of medical leave.
- b. Agency records relating to family and medical leave requests shall be available for inspection by a representative of the Office of Human Rights (OHR) during regular business hours at the agency's place of business.
- c. Agencies shall report on an annual basis a summary of leave action taken. The report shall be in such form as the OHR prescribes.


Brenden L. Gregory
Director

Attachments:

- Proration Chart
- Sample Medical Certification Form
- Request for Family/Medical Leave Form
- Alternative Employment Record Form
- Employee Health Benefits (FEHB and DCEHB) Options while in Non-Pay Status Form
- Notice: "Employees' Rights Under the District of Columbia Family and Leave Act of 1990"

ATTACHMENT 2

DISTRICT OF COLUMBIA GOVERNMENT
REQUEST FOR FAMILY/MEDICAL LEAVE

TO BE COMPLETED BY THE EMPLOYEE

1. IDENTIFICATION INFORMATION

Name: (last) (first) (middle)
Employee ID Number (PeopleSoft ID #):
Title/Series/Grade:
Department or Agency:
Organization Code:

2. CATEGORY OF LEAVE REQUESTED

I hereby make application, for leave under the authority of the District of Columbia Family and Medical Leave Act of 1990 (D.C. Law 8-181; D.C. Official Code § 32-501 et seq.), Chapter 16 of Title 4, District of Columbia Municipal Regulations, and DPM Instruction No. 12-16.

(Check one): [] Family leave [] Medical Leave

3. TO BE COMPLETED IF APPLYING FOR FAMILY LEAVE

A. I hereby request _____ hours of family leave for one of the following purposes:

- [] The birth of my child
[] The placement of a child within my home for adoption or foster care
[] The placement of a child within my home for whom I will discharge and assume parental responsibility
[] To provide care for a family member who has a serious health condition

B. I am requesting the following type(s) of leave for family leave. (I understand that I may elect to use my accrued annual leave, and/or compensatory time for family leave and, in so using this leave, any annual leave, and/or compensatory time will count against my total 16-workweek entitlement to family leave.)

(check appropriate box(es))

- [] Annual leave:* Number of hours _____
[] Compensatory time off:* Number of hours _____
[] Leave bank hours: Number of hours _____
[] Leave without pay: Number of hours _____
Total hours _____

• (You must file and attach form SF71, "Application for Leave," when requesting this type of leave.)

If this application is to provide care for a family member, a medical certification of the "serious health condition," issued by your family member's health care provider, must be attached to this application.

C The period of family leave requested in 3A above is to be taken:

- [] In a continuous block of time from _____ to _____
[] On a reduced leave schedule as mutually agreed to by my agency from _____ to _____ I understand that the 16 weeks of family leave on reduced leave schedule must be taken within a period that does not exceed 24 consecutive workweeks.
[] Intermittently in accordance with paragraph 8(d) of DPM Instruction No. 12-16.

Do you wish to continue your health benefits during the unpaid period of your family leave entitlement?

- Yes (I understand that I am responsible for continuing to pay my share of the health benefit premium.)
- No (Attach declination of benefits form). I understand that by canceling my health benefits enrollment I cannot re-enroll in the health benefits program until the earlier of (1) the next health benefits "open season," or (2) upon satisfying a health benefits enrollment event.

4. TO BE COMPLETED IF APPLYING FOR MEDICAL LEAVE

- A. I hereby request _____ hours of medical leave because of a serious health condition.
- B. I am requesting the following type(s) of leave for medical leave. (I understand that I may elect to use my accrued sick leave and, if agreed to by my agency, accrued annual leave, and/or compensatory time; and, in so using this leave, any sick leave, annual leave, and/or compensatory time will count against my total 16-workweek entitlement to medical leave.)

- Sick leave:* Number of hours _____
 - Annual leave:* Number of hours _____
 - Compensatory time off-* Number of hours _____
 - Leave bank hours: Number of hours _____
 - Leave without pay: Number of hours _____
- Total hours _____

* (You must file and attach form SF71, "Application for Leave," when requesting this type of leave.)

C. The period of medical leave requested in 4A above is to be taken:

- In a continuous block of time from _____ to _____
- Intermittently as medically necessary.

Do you wish to continue your health benefits during the unpaid period of your medical leave entitlement?

- Yes (I understand that I am responsible for continuing to pay my share of the health benefit premium.)
- No (Attach declination of benefits form). I understand that by canceling my health benefits enrollment I cannot re-enroll in the health benefits program until the earlier of (1) the next health benefits "open season," or (2) upon satisfying a health benefits enrollment event.

A medical certification of your "serious health condition," issued by your health care provider, must be attached to this application.

5. CERTIFICATION

I certify that the above statements are true to the best of my knowledge and belief and that I am eligible to participate in the District of Columbia Family and Medical Leave Act

Signature

Date

TO BE COMPLETED BY THE EMPLOYING AGENCY

____ Approved ____ Disapproved

(Signature of Approving Official)

Date

DISTRIBUTION

Original - Personnel File

1 Copy-Employee

1 Copy--Agency T&A Office

1 Copy - Agency Reporting Office

APPLICATION FOR LEAVE



INSTRUCTIONS: Please complete Items 1-8

1. Name (Print or type-Last, First, M. I.)				2. Social Security Number			
3. Organizational Unit	4-A	Month	Day	Hour	<input type="checkbox"/> A.M.	4-C Total Number of Hours	
	FROM:				<input type="checkbox"/> P.M.		
5. 1 hereby request (if more <i>than one</i> box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	<input type="checkbox"/> A.M.		
	TO:				<input type="checkbox"/> P.M.		
<input type="checkbox"/> Annual leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory time. <input type="checkbox"/> Other. (Specify)							
6. Remarks						8. Date (Month, Day, Yr.)	
7. Employee's Signature							
OFFICIAL ACTION ON APPLICATION							
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (if <i>disapproved</i> , give reason, if annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.)			Date (Month, Day, Yr.)



District of Columbia Fire and EMS Department

Application For Leave

APPLICATION FOR LEAVE



INSTRUCTIONS: Please complete Items 1-8

1. Name (Print or type-Last, First, M. I.)				2. Social Security Number			
3. Organizational Unit	4-A	Month	Day	Hour	<input type="checkbox"/> A.M.	4-C Total Number of Hours	
	FROM:				<input type="checkbox"/> P.M.		
5. 1 hereby request (if more <i>than one</i> box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	<input type="checkbox"/> A.M.		
	TO:				<input type="checkbox"/> P.M.		
<input type="checkbox"/> Annual leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory time. <input type="checkbox"/> Other. (Specify)							
6. Remarks						8. Date (Month, Day, Yr.)	
7. Employee's Signature							
OFFICIAL ACTION ON APPLICATION							
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (if <i>disapproved</i> , give reason, if annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.)			Date (Month, Day, Yr.)

APPLICATION FOR LEAVE



INSTRUCTIONS: Please complete Items 1-8

1. Name (Print or type-Last, First, M. I.)				2. Social Security Number			
3. Organizational Unit	4-A	Month	Day	Hour	<input type="checkbox"/> A.M.	4-C Total Number of Hours	
	FROM:				<input type="checkbox"/> P.M.		
5. 1 hereby request (if more <i>than one</i> box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	<input type="checkbox"/> A.M.		
	TO:				<input type="checkbox"/> P.M.		
<input type="checkbox"/> Annual leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory time. <input type="checkbox"/> Other. (Specify)							
6. Remarks						8. Date (Month, Day, Yr.)	
7. Employee's Signature							
OFFICIAL ACTION ON APPLICATION							
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (if <i>disapproved</i> , give reason, if annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.)			Date (Month, Day, Yr.)

Form - SF 71
Rev. 1-02

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: 2/28/2015

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.

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. 20 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. 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.

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

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

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 to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. 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' family members, 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.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her 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 to care for a covered family member with a 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 to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

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. 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 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:

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:

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

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:

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.

Signature of Health Care Provider **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.