



## **City of Cranston Family and Medical Leave Policy**

It is the policy of the City of Cranston (the City) to provide eligible employees with leaves of absence in accordance with the provisions of the federal Family and Medical Leave Act of 1993 (FMLA) and the R.I. Parental and Family Medical Leave Act. Nothing in this policy will affect the rights of any employee under the Americans with Disabilities Act or the R.I. Fair Employment Practices Act.

This policy applies to all employees of the City, including all of its departments and divisions, except for School Department employees. However, nothing in this policy diminishes or affects any rights provided under any applicable collective bargaining agreement.

### **Eligibility**

Employees are eligible to apply for FMLA leave of absence under this policy provided the employee has completed the following:

At least twelve (12) months of employment with the City

Has worked at least 1250 hours during the twelve (12) month period immediately preceding the commencement of leave

### **Grounds for Leave**

Eligible employees will be entitled to leave under this policy for any of the following reasons:

The employee's own serious health condition prevents them from performing the essential functions of their position

Birth of your child and in order to care for your child. Leave may begin prior to the birth of the child, but must conclude not more than twelve (12) months after the child's birth

Placement with you of a child, age seventeen or younger, for adoption or foster care, provided that such leave must conclude not more than twelve (12) months after the actual placement. Leave taken for this purpose may begin prior to actual placement of the child with the parents if absence from work is required in order for the placement to proceed.

In order to care for a son, daughter, spouse, parent, mother-in-law, or father-in-law if such person has a serious health condition.

To attend school conferences or other school related activities for your child or child of whom you are legal guardian (to a maximum of ten (10) hours in any twelve (12) month period).

Because of a qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is on covered active duty or call to covered active duty status with the Armed Forces.

Because you are the spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness.

### **Duration**

The maximum duration of a leave of absence under this federal Family and Medical Leave Act and the R.I. Parental and Family Medical Leave Act policy is thirteen (13) weeks in the twelve (12) month period from January 1-December 31 in any given year.

### **Reduced Work Schedule or Intermittent Leave**

In the case of your own serious health condition or that of a spouse, child, or parent, you may be permitted to take leave on an “Intermittent” basis rather than all at once, or you may be able to work a reduced schedule. In such a case, the City may require you to transfer temporarily to an available alternative position with equivalent pay and benefits for which you are qualified and where the temporary position better accommodates recurring periods of leave than your regular position. Intermittent or reduced schedule leaves are subject to the City’s approval unless medically necessary. The maximum total accumulation of leave that may be taken intermittently or by working reduced schedule is thirteen (13) weeks.

### **Paid/Unpaid Leave**

The Family Medical Leave Act of 1993 allows eligible employees to take job-protected unpaid leave or to substitute accrued paid leave the employee has earned. The City, through this policy, requires that any employee applying for FMLA leave to apply all of their accrued (paid) time-vacation, sick, personal time **prior** to being allowed to take unpaid leave. Once all of your accrued time has been used you may continue your FMLA leave unpaid.

## **Entitlement to Benefits**

The City will continue to provide existing health coverage for the duration of the leave. However, the employee is expected to pay the portion of their coverage for health benefits that they normally pay whether covered under an individual or family plan. If you do not return at the end of a leave granted under this policy you must reimburse the City for the cost to the City of continuing your medical and dental coverage during the leave, unless your failure to return is due to the continuation of a serious health condition or other circumstances beyond your control.

## **Procedure, Notice, and Information Required**

The procedure to request a leave of absence under this policy requires written notification to the City, with as much notice as possible, preferably at least 30 days prior to the beginning of the leave when the need for such leave is reasonably foreseeable (as in the case of a birth of a child, placement of a child for adoption or foster care, or a planned medical treatment for a serious health condition). If the need for leave is not foreseeable, you must provide such notice as is practicable. Failure to provide timely notice may result in a delay in approval or denial of leave. You must provide at least twenty-four (24) hours' notice prior to leave for school related activities, and you must make a reasonable effort to schedule such leave so as to avoid disrupting the City's operations.

The City requires the following information when applying for a leave of absence under this FMLA policy:

When your own illness is involved, a statement that you cannot perform the essential functions of your position

In the case of leave for the birth, adoption, foster placement of a child, information related to the birth or placement, including the anticipated due date or age of the child to be placed for adoption or foster care

In the case of leave to care for a spouse, child, parent, mother in law, or father in law, a statement that you are needed to provide such care and an estimate of the amount of time you will be needed for that purpose

Where intermittent or a reduced work schedule is sought for a planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment

Where intermittent leave or a reduced work schedule is sought because of your own serious medical condition, a statement of the medical necessity for the intermittent leave or reduced leave schedule, and the expected duration of such leave

Where intermittent leave or a reduced work schedule is sought to care for a spouse, child, parent, mother in law, or father in law a statement that such leave is necessary to care for the family member or will assist in their recovery, and the expected duration of such leave

### **Certification**

All information related to serious health conditions must be certified by your health care provider (utilizing Form WH-380-E), or the health care provider of your child, spouse, parent, mother in law, or father in law, whichever is appropriate (utilizing Form WH-380-F). If the City has reason to doubt the validity of the certification, the City may require, at its expense, that you obtain the opinion of a second health care provider designated or approved by the City. Where the original and second opinions differ, the City may require, at its expense, that you obtain the opinion of a third health care provider designated or approved jointly by you and the City, whose opinion shall be final. Leaves of absence will be provisionally granted for periods during which the second and third opinions are sought.

### **Notification**

Upon receipt of a completed application packet containing all of the required information sufficient to allow the City to decide whether a requested leave of absence qualifies under this policy, the City will notify you within five (5) business days in writing and/or by email whether the leave is Granted or Denied. Your department head will also receive notification from the Personnel Director for planning and scheduling purposes.

### **Requirements**

Employees who are granted a leave of absence under this policy will be required to update the foregoing information on a reasonable basis. If your leave of absence is necessitated by your own serious health condition, you will be required to furnish medical certification of your fitness to return to work at the conclusion of your leave. If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the form provided, you will be required to notify the City at least two (2) workdays prior to the date you intend to report for work.

### **Reinstatement and Extension**

If your leave under this policy does not exceed thirteen (13) weeks, you will be restored to the same position you held prior to commencement of the leave, or to an equivalent position, with equivalent pay, benefits, seniority status, and other terms and conditions of employment, unless no such position is available for reasons unrelated to your taking leave under this policy. Where necessary you may request an extension of the leave. If you have not requested it in writing and

been granted an extension, and do not return to work at the conclusion of an approved leave under this policy, you will be considered to have voluntarily resigned from employment with the City. It is your responsibility to notify the Personnel Department if an extension of the approved leave is necessary. All extensions must be approved by the Personnel Director before they become effective.

## **Documentation and Recertification**

The federal guidelines are very clear regarding documentation with your employer for time off once your FMLA leave has been granted. If the employee fails to follow the intent of the law then they may be asked to recertify with the physician who completed the original leave request to verify it is warranted. The following are the federal guidelines:

825.203. If an employee needs leave intermittently or on a reduced leave schedule for planned medical treatment, then the employee must make a reasonable effort to schedule the treatment so as not to unduly disrupt the employer's operations

825.303 Employee notice requirements for unforeseeable FMLA leave.

*Timing of notice.* When the approximate timing of the need for leave is not foreseeable, an employee must provide notice to the employer as soon as practicable under the facts and circumstances of the particular case. It generally should be practicable for the employee to provide notice of leave that is unforeseeable within the time prescribed by the employer's usual and customary notice requirements applicable to such leave.

When an employee seeks leave due to a qualifying reason, for which the employer has previously provided the employee FMLA-protected leave, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. Calling in "sick" without providing more information will not be considered sufficient notice to trigger an employer's obligations under the Act. The employer will be expected to obtain any additional required information through informal means. An employee has an obligation to respond to an employer's questions designed to determine whether an absence is potentially FMLA-qualifying. Failure to respond to reasonable employer inquiries regarding the leave request may result in denial of FMLA protection if the employer is unable to determine whether the leave is FMLA-qualifying.

Also if there is a pattern of suspected abuse the city may request that the employee return to the physician for further clarification and a special recertification of the qualifying illness.

## Request for Family Medical Leave

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_

**Reason for Requested Leave:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anticipated Dates of Leave: From** \_\_\_\_\_ **to** \_\_\_\_\_

If the requested leave is for the placement of a child for adoption or foster care:

What is the child's date of birth? \_\_\_\_\_

What is the expected date of placement? \_\_\_\_\_

If the reason for the leave is to care for one's own serious medical condition or that of a close family member, please advise the Personnel Director who will provide the appropriate medical certification paperwork that must be completed as soon as possible. Failure to submit the appropriate medical certification may result in the delay of a leave or the denial of a leave request.

If you are requesting intermittent leave or reduced schedule leave, please briefly explain when you need to be absent from work and why this schedule is necessary. If you are requesting leave to attend a school related activity, please briefly explain when you need to be absent from work and the nature of the school related activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Premiums:

\_\_\_\_ I would like to pay my share of health plan premiums on my normally scheduled payday  
\_\_\_\_ I am taking unpaid leave and would like to prepay my share of health plan premiums for the duration of my leave.

I fully understand that:

I am required, under City of Cranston policy, to use accrued sick, vacation, and/or personal time during my personal or family medical leave.

I may be required to reimburse the City of Cranston for the full cost of maintaining any benefits other than health benefits during my absence, regardless of whether I return to work or not.

I may be required to present updated medical certifications and statements of my intention to return to work every 30 days.

In the case of my own serious health condition, I will be required to present a fitness for duty (return to work) certificate prior to returning to work.

I want to apply my accrued sick time \_\_\_\_\_.

I want to apply my accrued vacation time \_\_\_\_\_.

I want to apply my accrued personal time \_\_\_\_\_.

I will be taking partial unpaid leave due to having not enough accrued time \_\_\_\_\_.

I will be taking total unpaid leave due to having no accrued time \_\_\_\_.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The City of Cranston will retain this form for three (3) years from date of completion.**

**This document has been updated in May 2021 and will be the official request form.**

