

FMLA SUPERVISOR'S GUIDE



HUMAN RESOURCES - BENEFITS DIVISION



MEET YOUR TEAM



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FAMILY MEDICAL LEAVE ACT (FMLA)

The State and Federal Family and Medical Leave Acts (FMLA) provide eligible employees with up to 12 work weeks of protected leave each year for specified family and medical reasons. The FMLA seeks to accomplish these purposes in a manner that accommodates the legitimate interests of employers and minimizes the potential for employment discrimination.

01

FIRST STEP

When you, as a supervisor, become aware of an employee's potential need for FMLA, the employee should contact the Benefits Division to obtain the following information;

- A copy of the Family and Medical Leave of Absence Notice of Rights
- A Family and Medical Leave of Absence Request form

02

FMLA REQUEST FORM

The employee must submit the Family Medical Leave of Absence Request form to their immediate supervisor for signature. Once you have signed this form, the employee must submit the form to the Human Resources office at least 30 days in advance of the leave. If it is not possible to give 30 days' notice, the employee must give as much notice as practicable.

03

ELIGIBILITY

Upon request for an FMLA leave, it will be determined if the employee is eligible and a completed Notice of Eligibility and Rights & Responsibilities (WH-381) will be sent to the employee. This form simply notifies the employee whether they are eligible for FMLA or not and their rights - it is not the official approval of the request for FMLA



CERTIFICATION OF HEALTH CARE PROVIDER FORM

CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION (WH-380-E)

Upon obtaining the FMLA Request form, the Human Resources Department will provide a blank copy of the Certification of Health Care provider form for Employee's Serious Health Condition (WH-380-E) if the employee is requesting FMLA leave for themselves. The employee must provide the requested medical certification within 15 calendar days after an employer's request for this document.

CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY MEMBER'S SERIOUS HEALTH CONDITION (WH-380-F)

Upon obtaining the FMLA Request form, the Human Resources Department will provide a blank copy of the Certification of Health Care provider form for a Family Member's Serious Health Condition (WH-380-F) if the employee is requesting FMLA leave for a family member. The employee must provide the requested medical certification within 15 calendar days after an employer's request for this document.

DESIGNATION NOTICE (WH-382)

Upon receipt of the Certification of Health Care Provider form, the Human Resources Department will determine whether the request is approved, denied, or if more information is needed before a determination can be made and provide the employee and supervisor with a Designation Notice (WH-382). The Designation Notice is the approval/denial of FMLA.

RECERTIFICATION

For leaves longer than six (6) months, the employee will be required to provide continuing certification every six (6) months. The employee should contact the Human Resources Department when the employee is reaching six (6) months so that the appropriate forms can be forwarded to the employee.



DUTY STATUS REPORT FORM

- The City of Racine has established a uniform practice that requires all similarly - situated employees who take leave for their own serious health condition to obtain and present certification from the employee's health care provider that the employee is able to resume work as a condition of restoring an employee.
- This fitness-for-duty certification can be requested only for the health condition that caused the employee's need for FMLA leave.
- The City may delay restoration of the employee until the employee submits the required fitness-for-duty certification.
- The Duty Status Report form can be used by the employee to fulfill the need to furnish a fitness-for-duty certification. If an employee needs this form, they can contact the Human Resources Office. This form is typically given to the employee with the Designation Notice (WH-382), along with the employee's job description. The provider will then fill this form out and submit it to the Human Resources department. This Duty Status report form can be utilized by an employee's physician to document a return with or without restrictions.
- Once the Duty Status Report form has been submitted to the Human Resources Department, the Benefits Manager will communicate to the Administrative Manager and/or Supervisor the employee's return date, as well as any restrictions that the employee may have.



DUTY STATUS REPORT FORM

The Duty Status Report form can be found on CORI, or it can also be provided by the Human Resources Office. The Duty Status Report form is typically provided with the employee's job description.



TIMEKEEPING

The employee's time in TMS should be tracked using the FMLA Codes listed in TMS. The FMLA Codes are as follows;

- | | |
|--------------------------------------|---------------------------------|
| 70 - FMLA Casual Time | 766 - FMLA Floating Holiday |
| 71 - FMLA Unpaid | 767 - FMLA Prior Year Comp Used |
| 72 - FMLA Sick Leave | 680 - FD FMLA Cont Time Used |
| 73 - FMLA Vacation | 69 - FD FMLA Comp Used |
| 74 - FMLA Comp Time | 78 - FMLA Parental Leave |
| 75 - FMLA Holiday (Police/Fire only) | |
| 76 - FMLA IND ACC PD | |
| 77 - FMLA W/C NO PAY | |

These codes are also listed on the Family and Medical Leave Request Form. The supervisor and the employee must establish how the employee will submit their time in TMS while utilizing FMLA leave.

Parental Leave

Any employee eligible for and using Family and Medical Leave, as authorized by Section 5.07 of the City of Racine Employee Handbook, for the birth of a child or for the placement with the employee of a child for adoption or foster care, shall be granted 320 hours' pay, at the employee's then-regular hourly pay rate to be used during the period of Family and Medical Leave. The 320 hours must be used first, before any other paid time off is used.



FMLA SUMMARY OF STEPS

01

FMLA REQUEST

The employee must obtain a copy of the Family and Medical Leave of Absence Request Form and a copy of the Family and Medical Leave of Absence Notice of Rights from the Human Resources Department.

02

ELIGIBILITY NOTICE

Once the FMLA Request Form is submitted to the Human Resources Department, the Human Resources Department will determine if the employee is eligible for FMLA and complete a Notice of Eligibility and Rights & Responsibilities (WH-381) and forward a copy to the employee.

03

CERTIFICATION

In most cases, the employee will need to have a treating provider complete the appropriate Certification of Health Care Provider form and submit the completed form to the Human Resources Department.

04

DESIGNATION

Upon receipt of the appropriate Certification of Health Care Provider form, the Human Resources Department will determine whether the FMLA Request is approved, denied, or if more information is needed.

05

TIMEKEEPING

The employee's time in TMS should be tracked using the FMLA codes listed on page 5 of this guide.

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FITNESS FOR DUTY

An employee returning from a leave for their own serious illness must turn in a fitness for duty certification from the treating provider. A Duty Status Report form can be utilized to document a return with or without restrictions



All forms mentioned in this guide can be found on CORI, or can be provided by the Human Resources Department.



If you have any questions about the information that is listed in this guide, please contact Human Resources at the contact information that is listed on page 1 of this guide.



www.cityofracine.org/fmla
www.cityofracine.org/employeebenefits