

# Quick Guide to FMLA



Under the Family and Medical Leave Act of 1993 and the County's FMLA policy which follows the law, an employee will be granted up to 12 weeks per calendar year of scheduled leave for a serious health condition and also birth, bonding and placement of child for adoption or foster care, qualifying exigency, and up to 26 weeks in a single 12 month period for service member leave, if the employee is (1) eligible, and the leave is (2) qualified and (3) certified, if required.

This is a 3-step summary of FMLA. For full details, refer to the Family and Medical Leave Handbook (the County's FMLA policy) at the Employee Benefits website <http://ups.co.pinellas.fl.us/benefits/BENEFIT.HTM> or by contacting Employee Benefits at 464-4570.

## Eligibility

#1 Is the employee **ELIGIBLE** for FMLA?

▼ If YES, proceed to #2▶

- Employee must have been employed by the County at least 12 months, AND
- Must have worked at least 1,250 hrs in the 12 month period immediately preceding the start of the leave.
- In addition to self, employee may take FMLA for:
  - Spouse
  - Child
  - Parent

Questions are both permitted and required to obtain sufficient information to determine if an absence qualifies under FMLA. For example:

- Were you admitted to the hospital?
- When did your incapacity begin?
- When do you expect to return?
- Have you seen a doctor?
- Did you get a prescription?
- Are you scheduled to go back to the doctor?

## Qualification

#2 Does the condition **QUALIFY** for FMLA?

▼ If YES, proceed to #3▶

### Serious health condition:

- **Overnight hospitalization** .
- **Incapacity of > 3 consecutive calendar days** (> 72 hrs) including any subsequent treatment or period of incapacity relating to the same condition **PLUS Continuing treatment** by a medical provider (2 or more Dr's visits or 1 Dr's visit + regimen OF TREATMENT, e.g. prescription).
- **Chronic health condition** - requiring periodic doctor's visits, over an extended period of time, causing episodic flare-ups,
- **Multiple Treatments** (non chronic condition) and recovery therefrom by health care provider for condition that would likely result in period of incapacity of >3 consecutive calendar days.
- **Permanent long-term condition**, i.e. period of incapacity due to a condition for which treatment may not be effective. Person must be under continuing supervision but need not be receiving active treatment by a health care provider.
- **Pregnancy, prenatal care, placement of child** for adoption or foster care, bonding.

**Qualifying Exigency  
Service Member Leave**

## Certification

#3 Is certification required?

▼ If YES & provided, leave is FMLA! ▼

### Unpaid Leave

Written Certification of Health Care Provider (DOL form WH-380-E or WH-380-F) must be submitted if any portion of the employee's leave is unpaid.

### Intermittent Leave - Paid or Unpaid

Written Certification (DOL WH-380E or WH-380-F) must be provided by the employee for FMLA leave due to a condition requiring intermittent leave. Condition must be recertified every 6 months upon an absence related to the condition.

### Reduced Schedule - Paid or Unpaid

Written Certification (DOL WH-380E or WH-380F) must be provided.

### Qualifying Exigency and Service Member Leave

Certification (DOL WH-384 or DOL WH-385) is required whether leave is paid or unpaid. (Contact Employee Benefits.)

## Concurrent Leave

Leave under County FMLA policy will be used concurrently with all other types of paid/unpaid leave including Workers' Compensation and Short or Long-Term Disability. At the same time you are out on other leave, if FMLA eligible and qualified, the hours you are out of the workplace will also be deducted from your FMLA entitlement.

Absences must be processed and approved online via the OPUS self-service module.