



HUMAN RESOURCES & RISK MANAGEMENT DEPARTMENT
107 Municipal Way, Room 101
Phone: (907)586-5250 Fax: (907)586-5392

Authorization Notice for Family and Medical Leave

Supervisor Instruction: Complete one for each specific event by an eligible employee that is, or potentially could be, on family/medical leave. This notice must be given within two (2) business days of the request for leave (one [1] week if a verbal designation), absent extenuating circumstances. A separate notice must be given for each individual qualifying condition.

DATE: _____ **Employee Name:** _____ **Emp. ID No.:** _____ **Dept:** _____

Eligible employees may take up to 18 work weeks in a 12 month period if the event qualifies for family/medical leave. The following explains the rights and obligations under family/medical leave. It also explains the consequences if you fail to meet your obligations.

Date notified employer: _____ **Date of FMLA event:** _____

A. Leave is requested for:

- | | |
|---|---|
| <input type="checkbox"/> Employee's serious health condition | <input type="checkbox"/> Birth of or placement for adoption of a child |
| <input type="checkbox"/> Employee's spouse, child, or parent's serious health condition | <input type="checkbox"/> Placement for foster care of a child |
| <input type="checkbox"/> Employee's Domestic Partner's serious health condition (check for Affidavit of Domestic Partnership on file with HR) | <input type="checkbox"/> Military qualifying exigency (Military Qualifying Exigency Form also required) |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Covered service member's serious illness or injury |

B. What is the condition? _____

C. Duration of condition/Availability to work:

- Absence from work for sustained period of time; Time period covers:
 Absence from work for intermittent periods; Use leave tracking form
 Light Duty; estimated duration of temporary duty assignment

Determination (check one)

- You are not eligible until _____ **and/or** the requested leave does not qualify;
 You are eligible and the requested leave *qualifies* for family/medical leave and will be counted against your family/medical leave entitlement (no other information is necessary at this time);
 You are eligible and the requested leave *conditionally qualifies* for family/medical leave pending further information (see below); or
 You are eligible and the requested leave qualifies but you have already used the hours allowed in the 12 month period.

Optional: Family/Medical leave will expire on _____ (date)

Medical Certification (check one)

- You are required to furnish a health care provider form (CHCP) from your medical provider. You must provide the CHCP form within 15 calendar days of this notice. The CHCP is due by _____ (date here). Failure to provide the certification by this date may result in the delay or denial of family/medical leave.

Substitution of Paid Leave. During family/medical leave, you are required to first use your accrued leave, holiday and compensatory time banks before utilizing leave without pay. You may, however, retain up to the equivalent of one workweek's worth of personal leave on the books when entering leave without pay*. If your absence is due to a compensable injury under workers compensation and you are being "made whole" using your accrued leave, the "make whole" period will count toward your family/medical leave entitlement.

*Optional: Notify Payroll of desire to leave one work week of leave in your leave bank.

Benefits

1. During your paid leave, your health insurance coverage shall be maintained on the same basis as if you were actively at work during the 18 weeks of family/medical leave. Premiums will continue to be paid through normal payroll deduction.

During your unpaid leave, the CBJ will continue to pay its portion of the premium. You must pay your portion of the premium by personal check or money order made payable to **CBJ** for the amount of \$_____. Your payment is due to the Payroll Office by the **1st** of each month for the same month's coverage. If your payment for the month is not received within 30 days of the due date, your coverage may be canceled retroactive to the last month for which full payment was made. In the event any premium amount is due upon your return, you will be required to reimburse CBJ once you have returned for at least 30 days. If you do not return to work following family/medical leave, reimbursement will still be required unless you have (1) the continuation, recurrence, or onset of a serious health condition, or (2) other circumstances beyond your control.

Periodic Check In (check one)

While on leave,

- You are not required to check in periodically.
- You are required to check in periodically. Include: information on your status; any change in circumstances; and your intent to return to work. This ensures you receive all the benefits you are entitled to. Explain the mutually agreed upon schedule, including the interval(s) between check in:

Fitness-To-Return Certificate (check one)

- You will not be required to present a return-to-duty certificate prior to returning to work.
- You will be required to present a Medical Return to Duty Work certification form prior to returning to work. Failure to provide this certificate may delay your return until it is received.

Drug Testing (for CDL employees)

- You will not be required to undergo pre-employment drug testing.
- You will be required to undergo pre-employment drug testing. Contact Anna Percival in Human Resources to set up this appointment.

Restoration Rights

(a) Upon return to work, you will be restored to your position or an equivalent one, i.e., same class title, pay, benefits, schedule, location, and other terms and conditions, subject to the provisions of the Family and Medical Leave Act of 1993.

(b) While on unpaid leave, you will not be entitled to earn any type of paid leave and your anniversary dates will be adjusted one pay period for every 10 days of unpaid leave. While on paid leave, you will continue to earn leave and your anniversary dates will remain unchanged.

- This notice has been discussed with me and I have received a copy. Knowingly providing false information directly, or through another party, may result in corrective or disciplinary action.

Employee Signature _____ Date

Authorized Signature _____ Date

OR

- Leave has begun and this notice was mailed (certified, return receipt requested) on _____ (date) to the employee's home address as listed in personnel records.

Authorized Signature _____ Date