

## **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

The Family and Medical Leave Act of 1993 was effected August 5, 1993. This act entitles covered Federal Employees (an employee who has completed twelve months of service) to 12 workweeks of unpaid leave during any 12 month period for the following **fully documented** purposes:

- the birth of a son or daughter of the employee and the care of such son or daughter;
- the placement of a son or daughter with the employee for adoption or foster care;
- the care of a spouse, son, daughter or parent of the employee who has a serious health condition requiring continuing care by a health care provider; or
- a serious health condition of the employee that makes the employee unable to perform the essential functions of their position.

Medical documentation must be provided when it involves the employee's medical condition, or the care of an employee's spouse, son, daughter, or parent who has a serious health condition. The definition of a **serious health condition** includes:

- any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential care facility;
- any period of incapacity requiring absence from work of more than three calendar days that involves continuing treatment by a health care provider;
- continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days; or for prenatal care.

If there is any doubt about the validity of the certification provided, the agency may get a second or even third opinion, at the agency's expense. A fitness for duty report may be required to return to work. Attached is a sample form which can be used for medical documentation.

An employee may elect to substitute paid leave, as appropriate, for unpaid leave under the FLMA. Requests for leave under the Family Leave Act must be submitted not less than 30 days before leave is to begin or as soon as possible.

Requests must be addressed to the Chief, Human Resources Management Service for review and recordkeeping purposes.

Upon return from FMLA leave, an employee must be returned to the same position or to an "equivalent position with equivalent benefits, pay status, and other terms and conditions of employment". An employee who takes FLMA leave is entitled to maintain health benefits coverage. An employee may pay the employee share of the premiums on a current basis or pay upon return to work.

Under certain conditions, FLMA leave may be taken intermittently, or the employee may work a reduced work schedule that is reduced by the number of hours of leave taken as family and medical leave. However, both the employer and the employee have to agree to this reduction. It is not an entitlement under the Act.

**CERTIFICATION OF PHYSICIAN OR PRACTITIONER**

1. Employee's Name	2. Patient's Name (If other than employee)
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3. Diagnosis

4. Date condition commenced	5. Probable duration of condition
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6. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment, if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)

a. By Physician or Practitioner

B. By another provider of health services, if referred by physician or practitioner.

**If this certification relates to care for the employee's seriously-ill family member, skip items 7, 8 and 9 and proceed to items 13 thru 20 on reverse side. Otherwise, continue below.**

Circle Yes or No as appropriate

7. Is inpatient hospitalization of the employee required?      Yes                  No
8. Is employee able to perform work of any kind? (If "No", skip item 9)      Yes                  No
9. Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee)
- Yes                  No

10. Signature of Physician or Practitioner	11. Date	12. Type of Practice (Field of Specialization, if any)
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For certification relating to care for the employee's seriously-ill family member, complete items 13 thru 17 below as they apply to the family member and proceed to item 20.

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13. Is inpatient hospitalization of the family member (patient) required?

Yes                  No

14. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?

Yes                  No

15. After review of the employee's signed statement (See Item 17 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.)

Yes                  No

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16. Estimate the period of time care is needed or the employee's presence would be beneficial.

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**ITEM 17 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE**

17. When Family Leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule.

18. Employee Signature	19. Date	
20. Signature of Physician or Practitioner	21. Date	22. Type of Practice (Field of Specialization, if any)