

**SANTA CRUZ COUNTY EMPLOYEE OBLIGATIONS UNDER THE
FAMILY & MEDICAL LEAVE ACT OF 1993**

This notice is intended to provide you with information regarding your rights and obligations relating to Family Care and Medical leave and to explain the consequences of your failure to meet these obligations. For more information regarding Family Care or Medical leave, including eligibility information, please refer to the following:

- The MOU for your representation group
- Personnel Admin. Manual Section XIII.1.B. Family Care or Medical Leave
- Personnel Regulation Section 168.4
- The poster in your department titled "Your Rights Under the Family Medical Leave Act of 1993"

1. PAID LEAVE OR UNPAID LEAVE

You may use paid leave or unpaid leave for your Family Care or Medical leave. You must use all of your accrued compensatory time and earned sick leave (in the case of your own serious illness) before using any unpaid leave, including unpaid family care or medical leave.

There are specific codes that you need to use on your leave request form and timecard to indicate that the paid or unpaid leave you are using is Family Care or Medical Leave. For example, the pay code for regular vacation (NOT for family care or medical purposes) is "011" and the pay code for vacation being used for family care or medical purposes is "F11."

2. ADVANCE NOTICE REQUIREMENTS

You must provide the department at least 30 days advance notice before Family Care or Medical leave is to begin. If you cannot give 30 days notice because of a medical emergency, a change of circumstances, or because of a lack of knowledge of approximately when your leave will begin, then notice must be given as soon as possible. "As soon as possible" ordinarily means at least verbal notification to the Department within one or two business days of when the need for leave becomes known to you.

Leave Request Forms

Use the PER1082A or PER1082B form for:

- paid leaves of absence, or
- unpaid leaves of absence less than 160 hours for full time employees (pro rated for part-time employees),

Note: The PER1082B form uses Labor Distribution Codes for Payroll purposes. This form is used by the Public Works Department.

Use the PER1083 form for:

- unpaid leaves of absence of 160 or more consecutive hours (prorated for part-time employees)

Failure to Provide Advance Notice

If you fail to give 30 days notice for a foreseeable leave with no reasonable excuse for the delay you may be denied Family Care or Medical leave until at least 30 days after the date you provide the notice to the Department of the need for Family Care or Medical leave.

3. MEDICAL CERTIFICATION REQUIREMENTS - FOR REQUESTING LEAVE AND RETURNING FROM LEAVE

The County requires that requests for Family Care or Medical leave be supported by certification issued by your health care provider or the health care provider of your ill family member. (See description of required County certification forms below). This certification should be provided with the leave request form as soon as possible after the leave is requested. The department may request re-certification of the medical necessity of the leave at periodic intervals.

To return from a leave of four or more weeks for your own serious health condition, you must submit medical certification forms from each of your treating physicians, at least one week PRIOR to the ending date of your approved leave. Medical certification may also be required upon return from leaves of less than four weeks.

To return from a leave of four or more weeks which is taken to care for a family member with a serious health condition or to care for your child after birth, adoption or foster placement, you must send written confirmation of your intent to return from leave to your department at least one week PRIOR to the ending date of your approved leave of absence.

You may be required to obtain a second medical opinion, at the County's expense, regarding the medical necessity of your leave request. If the opinion of your doctor and the doctor issuing the second opinion differ, the County may require that the opinion of a third health care provider be obtained, at the County's expense. The third opinion, given by a health care provider mutually agreed on by you and the County, will be final and binding.

Medical Certification Forms

Use the PER1081A Physician's Certification form for:

- * Requesting initial leaves for your own serious medical condition
- * Re-certifying your own serious medical condition as requested by the department
- * Extending leaves for your own serious medical condition

Use the PER1081B Physician's Certification form for:

- * Requesting a leave to care for a family member with a serious health condition
- * Re-certifying the need for family care leave as requested by the department
- * Extending a leave for family care reasons

Documentation will also be required for other Family Care or Medical leave which is taken to care for your child after the birth, or placement for adoption or foster care. This proof of placement is required in lieu of medical certification. Use to PER1086 form (Physician's Certification for Return from Medical/ Disability Leave) for your return from a leave of absence for medical/disability reasons.

Failure to Provide Medical Certification:

If you fail to provide the required medical certification in a timely manner to substantiate the need for Family Care or Medical leave due to a serious health condition, the County may deny Family Care or Medical leave until you submit the certification.

If you fail to provide the required medical certification to return to work, the County will deny your request to return to work until you submit the certification.

4. RIGHT TO RETURN - EXCEPTION FOR "KEY" EMPLOYEES

At the conclusion of an approved Family Care or Medical leave, you will be restored to the same or an equivalent position, with the exception applicable to "key employees" as described below. Upon returning from an approved leave you will receive the same benefits as if you were continuously working for the County, with the exception that unpaid hours of leave do not count as County service hours for the purpose of step advancement, paid leave accrual, promotion or any other purpose.

The County may deny restoration of employment to "key" employees if the restoration would cause substantial and grievous economic injury to the operations of the County. Employees designated as "key" employees will be notified of their status as key employees at the time the leave is approved.

Failure to Return Upon Expiration of Family Care or Medical Leave:

An employee who fails to return upon the expiration of a Family Care or Medical leave of absence or fails to obtain an approved extension of the leave prior to its expiration shall be regarded as having automatically resigned from County employment upon the expiration of the approved leave.

5. HEALTH INSURANCE - PREMIUM PAYMENT REQUIREMENTS

While you are on a Family Care and Medical leave without pay, the County will continue your medical coverage as well as continue the County's portion of your dependent's medical coverage. You will continue to be responsible for your portion of dependent coverage. Payments are due prior to the beginning of each pay period while you continue Family Care and Medical leave. You must contact Risk Management to make arrangements for timely premium payments towards your dependent's health insurance.

Failure to Make Timely Insurance Premium Payments

Failure to make timely payments will result in the loss of coverage for your dependent's insurance.