

**Carteret General Hospital
Family & Medical Leave Kit**

Dear Fellow Employee,

Human Resources is supplying this kit to assist you and your department manager in handling the administrative aspects of a leave of absence under the federal Family Medical Leave Act of 1993.

This kit contains all the forms needed to start, extend, or terminate Family Medical Leave.

Please contact your department manager or the Employment and Benefits Coordinator if you need further information or assistance.

Sincerely,

Employment & Benefits Coordinator

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Family Medical Leave Check List

- ❑ The employee requests Family Medical Leave, 30 days prior to the need for leave **if** possible.
- ❑ The department manager gives the employee the required forms (Request for Family Medical Leave Form), and asks the employee to return the Family Medical Leave Certification form within 15 calendar days.
- ❑ The employee fills out the top part of the leave request form.
- ❑ The employee comes in and meets or arranges a phone appointment with the Employment and Benefits Coordinator to review the effect of the leave on benefits plans and turn in the Family Medical Leave Certification Form.
- ❑ The department manager fills out the rest of the leave request form and forwards this to Human Resources as soon as it is completed. **The response to the employee's request is due within two business days.** Human Resources will review the request and complete their section, then they will notify the employee of the status of their request, i.e. that they are approved, provisionally approved, or denied.
- ❑ The employee begins the leave.
- ❑ The Hospital requires employees to use their PTO while on Family Medical Leave. The amount of PTO hours must equal the amount they are scheduled to work during a pay period, had they not been on Family Medical Leave. For example, if an employee is scheduled to work for 36 hours in a pay period, he or she will be required to use 36 hours of PTO each pay period while on Family Medical Leave until their PTO is exhausted.
- ❑ Conversion to Leave Without Pay: If the employee uses up his or her PTO, the employee will convert to a Leave Without Pay status upon approval from the Department Manager and the VP of Human Resources.
- ❑ The employee will continue to be responsible for their portion of insurance premiums once they have exhausted their PTO and are no longer receiving a paycheck. Payments must be received on Payroll Fridays. This information will be given to the employee when they meet with the Employment and Benefits Coordinator and/or sent home in a letter, as well.
- ❑ The employee returns to work. The employee must notify **both** their department manager and the Employment and Benefits Coordinator **before** they return to work.
- ❑ **IF** the leave lasted more than two weeks and was for the employee's own health condition, the employee **must** present the Return To Work Certification **before** reporting to work. However, the Hospital does retain the right to require a Return to Work Certification for a period of less than two weeks.
- ❑ The department manager communicates to the Employment and Benefits Coordinator the amount of Family Medical Leave used.
- ❑ The employee is to schedule a meeting or phone appointment with the Employment and Benefits Coordinator to check on the status of their benefits.
- ❑ Medical certifications must be maintained as confidential medical records in a file separate from the employee's personnel file in the Human Resources Office.

Carteret General Hospital Request for Family Leave Instructions

Employee Section

Complete the top section of **Family Medical Leave Request** indicating reason for leave, requested begin date and anticipated return date.

If you are requesting intermittent or reduced schedule, you must indicate the intermittent schedule to be worked (i.e. number of hours per day, begin date and end date of intermittent schedule).

Sign, date and return form to your department supervisor.

Contact Employment and Benefits Coordinator at (252-808-6033) to set up a meeting by phone or in person regarding your leave, benefits, and premiums.

Department Manager Section

The department manager or their designee must complete the section labeled Departmental Designation of Leave. Indicate if that the employee is provisionally approved for Family Medical Leave pending review by Human Resources. Provide the employee with a copy of this form, the medical certification, and their rights under the FMLA of 1993. Forward the original to Human Resources – Attention: Employment & Benefits Coordinator.

Policy and Law

The federal **Family & Medical Leave Act** (FMLA) entitles employees to up to 12 weeks of leave for their own serious health condition; the birth of a child; care of a newborn, newly adopted child or new foster care placement; or the care of a spouse, child or parent with a serious health condition. (For complete information, see the personnel policies and contacts listed below.)

Eligibility Requirements

- The employee must have at least 12 months of service with Carteret General Hospital.
- The employee must have worked at least 1250 hours immediately preceding the commencement of the leave.
- The employee must not have already exhausted their Family Medical Leave in the 12 months preceding the request.

**CARTERET GENERAL HOSPITAL
Family Medical Leave Request**

Employee: Please complete the top section

Employee: _____ SSN: _____ Work Phone: _____

Home Mailing Address & Phone: _____

Department: _____ Title: _____

Please check reason for leave of absence:

- | | | | |
|---|--------------------------|---|--------------------------|
| Own serious health condition (not work related) | <input type="checkbox"/> | Care for parent/spouse/child w/serious health condition | <input type="checkbox"/> |
| Care for newborn/placed child | <input type="checkbox"/> | Work-incurred injury | <input type="checkbox"/> |
| Pregnancy disability | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Requested Start Date: _____ Anticipated Return to Work Date: _____

Intermittent or reduced work schedule (describe): _____

A leave of absence may consist of paid time off, (PTO), and/or leave without pay. Paid leave will be used in accordance with policy.

Employee signature: _____ Date: _____

Departmental Designation of Leave
Department: Please complete the bottom section

Department Manager's signature: _____ Date: _____

Department Manager's name (please print): _____ Phone: _____

- Your leave is provisionally approved - pending review by Human Resources and the return of the Medical Certification.
- Your leave is denied for the following reason(s): _____

Human Resources Designation of Leave

Initial application _____ Revision (describe) _____

- Approved** **Family Medical Leave Available** _____
- Denied, reason(s)** _____

HR Signature _____ Date: _____

Phone: _____ Date Mailed to Employee: _____

CARTERET GENERAL HOSPITAL

FAMILY & MEDICAL LEAVE: YOUR RIGHTS AND OBLIGATIONS

Carteret General Hospital provides family medical leave to eligible employees in accordance with the federal Family and Medical Leave Act. This notice summarizes your rights and obligations under this law.

Eligibility for Leave

If you have at least 12 months of service and if you have worked at least 1,250 hours during the 12 months prior to the requested leave, you are eligible for Family Medical Leave.

Purpose of Leave

You may use Family Medical Leave for your own serious health condition, for the serious health condition of your spouse, child, or parent, or to care for your child after birth or placement by adoption or foster care.

Length of Leave

Your leave will be counted against your entitlement of up to 12 workweeks per year under Family Medical Leave. Carteret General Hospital uses the "rolling year" method of calculating the 12 workweeks. You may take your leave in several blocks of time, on an intermittent basis or as a reduced work schedule, if medically necessary.

The hospital runs Family Medical Leave concurrently with other types of leave, for example until your PTO is exhausted, this would include PTO built up in your Catastrophic Leave Bank.

Pay

The Family Medical Leave Act does not provide for paid leave. However, Hospital policy does require you to use PTO for all hours missed while on Family Medical Leave; until such leave is exhausted.

Advance Notice

30 days advance notice is required if your need for leave is foreseeable. In those cases where it is unforeseeable, you or a family member must notify the Carteret General Hospital as soon as possible. Failure to comply with the notice rules may result in deferral of the requested leave until you comply with the notice rules.

CARTERET GENERAL HOSPITAL

Medical Certification

Written certification from a health care provider is required for your own serious health condition, pregnancy, or the serious health condition of your family member. Failure to provide certification within 15 calendar days of the date you receive this notice may result in delay or denial of leave until the certification is provided. If your health care provider provides a note, it must contain the same information requested in the medical certification form. There may be situations where the Hospital may request a second opinion. In such cases the Hospital will be responsible for the cost of a second opinion.

Recertification of a serious health condition may be required under certain circumstances, as described in federal and state law.

A "health care provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, or nurse-midwife who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science practitioner.

Health Benefits

Coverage under your group medical, dental, and vision plans will continue during Family Medical Leave for up to 12 workweeks. You are responsible for contacting the Employment and Benefits Coordinator to make arrangements to pay your portion of any premiums that are not covered by Carteret General Hospital. Failure to pay your portion of the premiums within 30 days of the due date will result in cancellation of your coverage.

Reinstatement

Under the law, you must be reinstated to the same position you had prior to taking the leave, or to an equivalent position if you return to work immediately after Family Medical Leave. However, you have no greater right to reinstatement than you would have had if you been continuously at work.

If the leave was for your own serious health condition and lasted for two weeks or longer, you must present medical certification of your ability to return to work. However, Carteret General Hospital retains the right to require a Return to Work for a period less than two weeks.

CARTERET GENERAL HOSPITAL

**CARTERET GENERAL HOSPITAL
FAMILY AND MEDICAL LEAVE CERTIFICATION**

EMPLOYEE: PLEASE FILL OUT THIS SECTION, AND TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER.

Employee:	
Patient (if other than employee):	Relation to employee:
Begin and end dates of requested leave: _____ to _____	

HEALTH CARE PROVIDER: PLEASE FILL OUT THIS SECTION AND RETURN AS SHOWN BELOW.

Does the patient have a serious health condition <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please check reason):		
<input type="checkbox"/> 1. Hospital Stay <input type="checkbox"/> 2. Incapacity plus Treatment -- condition that causes 3 days of incapacity and <input type="checkbox"/> two or more treatments by a health care provider; or <input type="checkbox"/> one treatment plus a continuing regimen under supervision of a health care provider <i>Please request employee's job description if needed to determine "incapacity."</i> <input type="checkbox"/> 3. Pregnancy -- any period of incapacity due to pregnancy or prenatal care. <input type="checkbox"/> 4. Chronic Serious Health Condition <input type="checkbox"/> 5. Permanent or Long-Term Conditions -- requiring medical supervision <input type="checkbox"/> 6. Multiple Treatments for Non-Chronic Condition		
If the leave is to care for a family member, is the employee's presence necessary or would it be beneficial to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When did the serious health condition begin?		
When is the anticipated return to work date?		
Is intermittent leave or a reduced work schedule medically necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe):		
Name of Health Care Provider:		
Specialty:		
Signature of Health Care Provider	Date	Address

PLEASE RETURN THIS FORM TO:

<input type="checkbox"/> Employee / Patient	<input type="checkbox"/> Other: _____
Carteret General Hospital ATTN: Benefits 3500 Arendell Street, Morehead City, NC 28577	

CARTERET GENERAL HOSPITAL

CARTERET GENERAL HOSPITAL FAMILY AND MEDICAL LEAVE RETURN TO WORK CERTIFICATION
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EMPLOYEE: PLEASE FILL OUT THE TOP PORTION, AND TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER. THIS CERTIFICATION MUST BE PROVIDED TO HUMAN RESOURCES PRIOR TO YOUR RETURN TO WORK.

Employee:
Employee's Department:
Carteret General Hospital, Attn: Benefits 3500 Arendell Street, Morehead City, NC 28557
Fax: (252)808-6916
Telephone Number: (252) 808-6033

HEALTH CARE PROVIDER: PLEASE COMPLETE THE FOLLOWING AND RETURN DIRECTLY TO CARTERET GENERAL HOSPITAL PRIOR TO THE RETURN TO WORK DATE.

Please review the attached job description. Is the employee able to perform all the functions of his or her job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with restrictions or accommodations.	
Please list any restrictions or describe accommodations which the department should consider:	
Are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary, until (date):	
Comments	
Employee is released to return to work effective (date):	
Name of Health Care Provider:	
Specialty:	
Address of Health Care Provider	
Signature of Health Care Provider	Place address stamp here
Date	

COPY TO: CONFIDENTIAL FILE

RETAIN: 3 YEARS