

SCHOOLCRAFT COLLEGE FAMILY & MEDICAL LEAVE GUIDELINES

A. General Provisions

It is the policy of Schoolcraft College to grant up to twelve (12) weeks of family and medical leave during any twelve (12) month period to eligible employees, in accordance with the Family & Medical Leave Act of 1993 (FMLA) and as amended. The FMLA also allows eligible employees to take up to 26 weeks of job-protected leave in a “single 12-month period” to care for a covered service member with a serious injury or illness – also known as military family leave entitlements.

B. Eligibility

In order to qualify to take family and medical leave under this policy, the employee must meet the following conditions:

- 1) The employee must have worked for the College at least twelve 12 months. (not necessarily consecutive)
- 2) The employee must have worked at least 1,250 hours during the previous 12 months prior to the leave.

C. Type of Leave Covered

In order to qualify as FMLA leave under this policy, the employee must be taking the leave for one of the reasons listed below:

- 1) Birth of a son or daughter of the employee and in order to care for such son or daughter.
- 2) Placement of a son or daughter with the employee for adoption or foster care.
- 3) To care for the spouse, son, daughter, or parent of the employee, if such spouse, son, daughter, or parent has a serious health condition.
- 4) A serious health condition that makes the employee unable to perform the work functions.

- 5) To care for a spouse, son, daughter, parent or next of kin of a covered service member with a serious injury or illness who is a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability list for a serious injury or illness.
- 6) To be with the employee's spouse, son, daughter, or parent who is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. This does not extend to family members of military members in the Regular Armed Forces, but to those in the National Guard or Reserves.

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that:

- (a) requires overnight inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with the inpatient care.
- (b) involves a period of incapacity of more than three (3) consecutive calendar days that (1) also involves treatment two or more times by a health care provider or (2) treatment by a health care provider on at least one occasion which results in continuing treatment under the supervision of the health care provider.
- (c) requires periodic visits for treatment by a health care provider over an extended period of time and causes episodic rather than a continuing period of incapacity.
- (d) involves a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective but where the employee or family member must be under the continuing supervision of a health care provider.
- (e) involves multiple treatments by a health care provider either for restorative surgery after an accident or other injury or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment.
- (f) involves any period of incapacity due to pregnancy or for prenatal care.

Employees with questions about what illnesses are covered under this FMLA policy are encouraged to contact the Human Resources Office.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the College may designate all or a portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

An eligible employee may take up to twelve (12) weeks of leave under this policy during any twelve (12) month period. The College will measure the twelve (12) month period as a rolling twelve (12) month period measured backward from the date any employee uses any leave under this policy. Each time an employee takes a leave, the College will compute the amount of leave the employee has taken under this policy and subtract it from the twelve (12) weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

The "single 12-month period" for leave to care for a covered service member with a serious injury or illness begins on the first day the employee takes leave for this reason and ends 12 months later, regardless of the 12 month period established by the employer for other types of FMLA leave. An eligible employee is limited to a **combined** total of 26 workweeks of leave for any FMLA-qualifying reason during the "single 12-month period". (Only 12 of the 26 weeks total may be for a FMLA-qualifying reason other than to care for a covered service member).

If husband and wife both work for the College and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (not parent-in-law) with a serious health condition, the husband and wife may only take a total of twelve (12) weeks of leave.

D. **Employee Status and Benefits During Leave**

While an employee is on leave, the College will continue the employee's health benefits at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work after the leave, the College will require the employee to reimburse the College the amount paid for the employee's health insurance during the leave period.

If the employee has a payroll deduction for any optional insurance, the employee will be obligated to continue payments while on leave to insure continuous coverage.

E. **Employee Status After Leave**

An employee who takes a leave under this policy will be able to return to the same job or a job with equivalent status, pay, benefits and other employment terms. The position will be the same or one which entails substantially equivalent skill, effort, responsibility and authority.

F. **Use of Paid and Unpaid Leave**

If the employee has accrued paid leave (sick, short/long-term disability, vacation, etc.), the employee must use the appropriate paid leave first and take the remainder of the twelve (12) weeks as unpaid leave. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation prior to being eligible for unpaid leave.

G. **Intermittent Leave or a Reduced Work Schedule**

The employee may request FMLA leave in twelve (12) consecutive weeks or on an intermittent schedule (using a day periodically when needed over the year), or under certain circumstances, to reduce the work week or work day, resulting in a reduced schedule.

An employee interested in an intermittent or reduced leave schedule must consult with Human Resources to arrange the leave so as not to unduly disrupt the College's operations. If intermittent or reduced leave is for medical treatment, the College may require the employee to reschedule treatment to a mutually convenient time.

The College may need to temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule.

For the birth, adoption or foster care of a child, the College and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption, or foster care of a child must be taken within one (1) year of the birth or placement of the child.

If the employee is requesting leave for a serious health condition or because of the serious health condition of a family member, the employee must attempt to reach agreement with the College before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary. The College will require certification of the medical necessity.

H. **Certification of the Serious Health Condition**

The College will require certification of a serious health condition and the employee must respond to such a request within fifteen (15) days of the request, or provide a reasonable explanation for the delay. Failure to provide certification may result in a delay, denial or termination of the leave. Medical certification must be provided on the Schoolcraft College Family & Medical Leave Act of 1993 Physician's Statement obtained from the Human Resources Office.

Certification of the serious health condition shall include: the date when the condition began, its expected duration, diagnosis, and a brief statement of treatment. For medical leave for the employee's own medical condition, the certification must also include a statement that the employee is unable to perform work of any kind or a statement that the employee is unable to perform the essential functions of the employee's position. For a seriously ill family member, the certification must include a statement that the patient requires assistance and that the employee's presence would be beneficial.

If the employee is requesting intermittent leave or work on a reduced schedule, the certification must also include dates and the duration of treatment and a statement of medical necessity for taking this type of leave.

If necessary, the College may require a second opinion if there is reason to doubt the certification. The College will pay for the employee to get certification from a second doctor, which the College will select.

If necessary to resolve a conflict between the original certification and the second opinion, the College will require the opinion of a third doctor jointly selected, and the College will pay for the opinion. This third opinion will be considered final.

I. **Procedure for Requesting Leave**

Except where leave is not foreseeable, all employees requesting leave under this policy must submit the request in writing to the Human Resources Office with a copy to his/her supervisor.

Requests for leave under this policy must be submitted thirty (30) days (or as early as possible) prior to the onset of the leave. An employee undergoing planned medical treatment is required to make a reasonable

effort to schedule the treatment to minimize disruptions to the College's operations.

If an employee fails to provide thirty (30) days' notice for foreseeable leave with no reasonable excuse for the delay, the leave request may be delayed until at least thirty (30) days from the date the College receives the request.

While on leave, employees will be required to report periodically to the College regarding the status of the medical condition and their intent to return to work.

mp
3/30/2009

**SCHOOLCRAFT COLLEGE
FAMILY & MEDICAL LEAVE ACT OF 1993
Physician's Statement**

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

4. Date condition commenced _____
5. Probable duration of condition _____
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

(continued...)

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. OTHERWISE, CONTINUE BELOW.

Check **Yes** or **No** in the boxes below, 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. _____
Type of Practice (Field of specialization, if any)

12. _____
Date

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

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), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort).

Yes _____ No _____

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

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/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's signature

19. _____
Date

20. _____
Signature of Physician or Practitioner

21. _____
Date

22. _____
Type of Practice (Field of specialization, if any)