

# ADMINISTRATIVE PROCEDURES



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County Administrator

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SUBJECT: **FAMILY AND MEDICAL LEAVE (FML)**

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DEPARTMENT RESPONSIBLE: **Human Resources**

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## **II. STATEMENT OF PURPOSE**

The purpose of this procedure is to establish the means by which an employee may request a leave of absence under the provisions of the Family and Medical Leave Act (FMLA) of 1993 (29 USC § 2601 et. seq.), as amended periodically, and subsequent revisions to the related regulations (29 CFR § 825 et. seq.). The procedure sets forth the manner by which County departments (with the exception of the judicial departments) shall comply with the requirements and purposes of the FMLA and relevant regulations.

## **III. FAMILY AND MEDICAL LEAVE**

- A. It is the policy of Pima County to comply with the provisions of the FMLA and relevant regulations and to provide eligible employees up to twelve (12) weeks (480 hours maximum for a 40 hour per week employee) of leave within a 12-month period for qualifying family and medical reasons or up to twenty-six (26) weeks (1040 hours maximum for a 40 hour per week employee) of leave within a 12-month period for military caregiving.

**B. Eligibility**

1. To be eligible for Family and Medical Leave (FML), the employee must:
  - a. Be an employee of Pima County including, but not limited to, an exempt employee, a non-exempt employee, an employee of an elected official, and/or a temporary employee.
  - b. Have worked for Pima County for at least twelve (12) months, whether or not such time was continuous, and not had a continuous break in service of more than seven (7) years.
  - c. Have worked a minimum of 1,250 hours during the 12-month period immediately preceding the commencement of leave.
2. For purposes of calculating the 1,250 hour requirement, the number of qualifying hours is determined according to the principles established by the Fair Labor Standards Act (FLSA) (29 USC § 2601 et. seq.) and the applicable regulations (29 CFR § 785 et. seq.) for determining compensable hours of work. The calculation of qualifying hours does not include vacation, sick leave, bereavement leave, holiday benefits, compensatory time used, unpaid leave hours or periods of layoff. Overtime, holiday worked and military hours (paid and unpaid) are included.
3. Pima County has elected not to recognize the “key employees” exception for the purposes of FML eligibility and reinstatement as outlined in 29 CFR § 825.217.

**C. FMLA-Qualifying Events (Qualifying Reasons for Leave)**

Eligible employees are entitled to FML under this section, for one or more of the following reasons. Each request will be considered on a case-by-case basis to determine if the event qualifies.

1. The employee’s own serious health condition that makes the employee unable to perform one or more of the **essential** functions of his or her job
2. Caregiving of the employee’s spouse, son, daughter, parent or domestic partner with a serious health condition
3. Birth of a son or daughter and to care for the newborn child
4. Placement with the employee of a son or daughter for adoption or foster care
5. A military qualifying exigency while the employee’s spouse, son, daughter, parent or domestic partner (the “military member”) is on covered active duty or has been notified of an impending call or order to covered active duty status (See section X Definitions)
6. Caregiving of a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, domestic partner or next of kin of the covered servicemember (“military caregiving”) (See section X Definitions)

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**D. Amount of Leave**

1. An eligible employee may be entitled to up to twelve (12) weeks of unpaid leave as his/her FMLA entitlement for FMLA-qualifying events #1 - 5 (as listed in II.C) within a specified 12-month FML period.

If leave is for military caregiving (as in II.C.6), an eligible employee may be entitled to up to twenty-six (26) weeks of unpaid leave as his/her FMLA entitlement within a specified 12-month FML period.

- a. When an employee's normal work schedule is less than eighty (80) hours per pay period (including but not limited to a part-time schedule or variable hours), the FMLA entitlement will be prorated. Example: An employee working 30 hours per week (60 hours per pay period) may be granted an FMLA entitlement of up to 360 hours (30 hours X 12 weeks) or up to 780 hours for Military Caregiving (30 hours X 26 weeks).
  - b. The employee will only be permitted to use the FMLA entitlement as long as the FMLA-qualifying reason exists and the specified 12-month FML period has not ended.
  - c. If an employee does not use all of the FMLA entitlement during the 12-month period, the unused hours of the entitlement expire on the last day of the 12-month period.
2. The specified 12-month FML period (II.D.1) will be determined by measuring forward from the date an employee's FML begins.

For an employee who has not used FML in the past twelve (12) months or whose previous 12-month FML period has ended, the start date will be the first day of the pay period in which the request is received or the date indicated by the healthcare provider; whichever is later.

- a. If an employee currently has a specified 12-month FML period and is still within that 12-month period, the balance of leave will be calculated based on previous usage and available hours. If the employee used some, but not all of the FMLA entitlement, the employee may be permitted to use some or all of the remainder of the FMLA entitlement hours.
  - b. Hours not used in one 12-month period are not carried over into a subsequent 12-month period.
  - c. A separate 12-month period will be designated for military caregiving leave as per the FMLA regulation (29 CFR § 825).
3. **Spouses and Domestic Partners Employed with Pima County**
    - a. In circumstances where eligible employees are spouses or domestic partners, such employees are permitted to take up to a combined total of twenty-six (26) weeks of FML during a 12-month period if the leave is taken for military caregiving.
    - b. The limitations of paragraphs II.D.3.a do not apply to FML taken by either spouse or domestic partner for:
      - (1) His/her own serious health condition;

- (2) Caregiving of a specified family member with a serious health condition, to include a spouse, domestic partner, parent or child;
  - (3) Military qualifying exigency;
  - (4) Birth of a son or daughter and to care for and bond with the healthy newborn child;
  - (5) Placement with the employee of a son or daughter for adoption or foster care to include bonding.
- c. In circumstances where spouses or domestic partners also need leave for reasons listed in II.D.3.B, each spouse or domestic partner may be eligible for a separate entitlement of up to twelve (12) weeks less any leave taken as outlined in II.D.3..

E. Leave Schedules for Medical Reasons:

1. Medically necessary leave taken as the result of the serious health condition of the employee, to include pregnancy, the serious health condition of the employee's spouse, child, parent or domestic partner or military caregiving, may be taken in accordance with the following schedules, as defined in section X:
  - a. CONTINUOUS
  - b. INTERMITTENT to include a REDUCED SCHEDULE
2. When FML is utilized on an intermittent or reduced schedule basis for planned medical treatments, the employee must make reasonable efforts to arrange the treatments so as not to unduly disrupt County and department operations.
3. HR-FMLA may require an employee to provide confirmation of a family relationship (e.g., spouse, child, parent, domestic partner and next-of-kin).
4. Transfer to an Alternative Position: When an employee qualifies for intermittent or reduced schedule FML, the County may temporarily transfer the employee to an alternative position for which the employee is qualified and which will better accommodate the recurring periods of leave. This transfer shall not result in a reduction of the employee's pay rate, benefits, or status for the duration of the temporary transfer and/or leave. Additionally, the employee must be able to perform the essential functions of the alternative position.
5. Pregnancy
  - a. Should complications arise during pregnancy, the pregnant employee may qualify for FML for her own serious health condition. In this case, a completed Form MC-01 is required for any complications of pregnancy either before or after the birth of the child and/or for pre-natal care.
  - b. The pregnant employee may count routine pre-natal visits to a health care provider towards the FMLA entitlement.

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- c. The spouse or domestic partner who is an employee must provide a completed Form MC-02 to provide care for his or her pregnant spouse for the following reasons:
- (1) to care for his / her pregnant spouse who is incapacitated, or
  - (2) to assist with his / her pregnant spouse's pre-natal care, or
  - (3) to care for his or her spouse following the birth of the child if the spouse has a serious health condition.
- F. Leave Schedules for Bonding (birth of child, or placement of a child for adoption or foster care):
1. FML taken to care for a new child (birth of child, or placement of a child for adoption or foster care) shall not exceed a maximum of twelve (12) weeks, whether taken sequentially or not, and shall only be taken during the one year period following birth or placement of child for adoption or foster care.
  2. Employees may be entitled to bonding leave on the following schedules:
    - a. CONTINUOUS
    - b. INTERMITTENT to include a REDUCED SCHEDULE. Subject to prior approval of the Appointing Authority or designee.
  3. HR-FMLA requires a document showing proof of birth, which includes date of birth, and, if applicable, proof of placement within 48 hours after birth or placement of a child.
  4. FML for adoption or foster care of a child starts on the date of placement or date of FML request, unless leave is otherwise required prior to placement.
  5. FML for birth of a child starts on the date of birth.
- G. Leave Schedules for Military Qualifying Exigency:
1. An eligible employee may take FML for one or more of the following qualifying exigencies when a military member is on covered active duty or call to covered active duty status, as defined in section X.
    - a. Short-notice Deployment
      - (1) To address issues that arise when the military member is notified of an impending call or order to covered active duty seven (7) or fewer calendar days prior to the date of deployment.
      - (2) Leave taken for this purpose may be used for a period of seven (7) calendar days beginning on the date a covered military member is notified of an impending call or order to covered active duty.
    - b. Military Events and Related Activities
      - (1) To attend any official ceremony, program or event sponsored by the military that is related to the covered active duty or call to covered active duty status of the military member.
      - (2) To attend family support or assistance programs and informational briefings sponsored or promoted by the military,

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military service organizations, or the American Red Cross that are related to the covered active duty or call to covered active duty status of the military member.

c. Childcare and School Activities

- (1) To arrange alternative childcare for a child of the military member (as defined in section X) when the covered active duty or call to covered active duty status of the military member necessitates a change in the existing childcare arrangements.
- (2) To provide childcare for a child of the military member on an urgent, immediate need basis (but not on a routine, regular or everyday basis) when the need to provide such care arises from the covered active duty of the military member.
- (3) To enroll in or transfer to a new school or day care facility a child of the military member when enrollment or transfer is necessitated by the covered active duty or call to covered active duty status of the military member
- (4) To attend meetings with staff at a school or daycare facility, such as meetings with school officials regarding disciplinary measures, parent-teacher conferences, meetings with school counselors for a child of the military member when such meetings are necessary due to circumstances arising from the covered active duty or call to covered active duty status of the military member, but not on a routine, regular, or everyday basis.

d. Financial and Legal Arrangements

- (1) To make or update financial and/or legal arrangements to address the military member's absence while on covered active duty or call to covered active duty status (such as preparing and executing financial and healthcare powers of attorney, transferring bank account signature authority, enrolling in the Defense Enrollment Eligibility Reporting System (DEERS), obtaining military identification cards, or preparing or updating a will or living trust).
- (2) To act as the military member's representative before a Federal, State, or local agency for purposes of obtaining, arranging, or appealing military service benefits while the military member is on covered active duty or call to covered active duty status, and for a period of 90 days following the termination of the military member's covered active duty status.

e. Counseling:

To attend counseling provided by someone other than a health care provider for oneself, the military member, or for a child of the military member provided that the need for counseling arises from the covered active duty or call to covered active duty status of the military member.

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- f. **Rest and Recuperation:**
    - (1) To spend time with a covered military member who is on short-term, temporary Rest and Recuperation (R&R) leave during the period of deployment.
    - (2) An eligible employee may take FML for the duration of the R&R leave provided to the military member up to the maximum days allowed per the FMLA regulation for each instance of R&R.
  - g. **Post-deployment Activities:**
    - (1) To attend arrival home ceremonies, reintegration briefings and events, and any other official ceremonies or programs sponsored by the military for a period of ninety (90) calendar days following the termination of the military member's covered active duty status.
    - (2) To address issues that arise from the death of the military member while on covered active duty status, such as meeting and recovering the body of the military member, making funeral arrangements, and attending funeral services.
  - h. **Additional Activities:**

To address other events which arise out of the military member's covered active duty or call to covered active duty status provided that the employer and employee agree that such leave shall qualify as an exigency, and agree to both the timing and duration of such leave.
2. Employees shall be entitled to military qualifying exigency leave on the following schedules:
    - a. CONTINUOUS
    - b. INTERMITTENT to include a REDUCED SCHEDULE
  3. HR-FMLA requires a completed Certification of Military Qualifying Exigency (Form QE) and a copy of the military member's covered active duty orders and/or other documentation issued by the military which indicates that the military member is on covered active duty or a call to covered active duty and the dates of the covered active duty service. If leave is related to R&R, HR-FMLA requires a copy of the military member's R&R leave orders, or other documentation issued by the military which indicates that the military member has been granted R&R leave and the dates of the military member's R&R leave.
  4. HR-FMLA may require an employee to provide confirmation of a covered family relationship to the military member (e.g., spouse, child, parent and domestic partner).

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**IV. USAGE AND RECORDING REQUIREMENTS**

- A. FML is a type of leave without pay (Pima County Personnel Policy 8-108), regardless of whether the employee is exempt or non-exempt. The County requires that all available sick leave, compensatory time, and annual leave banks be used concurrently with FML until exhausted, at which time the leave will be recorded as unpaid FML. The County shall count each day or partial day of FML against the employee's sick leave accrual, compensatory time, and/or annual leave accruals (in that order) except as outlined in III.B below.
- B. Exempt employees who have exhausted their leave banks and utilize FML on an intermittent basis may have their salary reduced according to the hours of leave used, without compromising their exempt status.
- C. The accrual of sick and annual leave hours shall **cease** during a period of unpaid FML pursuant to Personnel Policies 8-105 and 8-106.
- D. A CAT Bank member employee who has depleted his/her leave accruals may be eligible to receive CAT Bank Leave for FML absences.
- E. A time card documenting FML usage, whether paid (using leave banks) or unpaid, must be submitted each payroll period for each employee designated as being on approved FML, except as listed in F.5 below.
1. Time shall not be recorded as FML until leave is approved by HR-FMLA.
  2. The employee and supervisor are responsible for coding the time card correctly in accordance with sections III.A. & B.
  3. If a full day of FML has been taken, a full day must be accounted for on the time card. If a partial day of FML has been taken, a partial day must be accounted for on the time card. This includes recording time as unpaid FML.
  4. Time card amendments to correctly reflect FML usage if HR-FMLA approval was obtained after the original submission of the time card must be submitted to HR-FMLA within three (3) pay periods.
- F. An employee may not flex his/her work hours for FML related absences. In order for leave to be covered under FMLA, leave time must be coded as FML on the employee's time card.
- G. If a holiday occurs within a full week of FML usage (continuous or intermittent), the employee will be charged a full week against his/her FMLA entitlement. If an employee uses less than a full week of FML and a holiday falls within that week, the holiday hours will not be counted against the employee's FMLA entitlement if the employee would not have been scheduled to work that day.
- H. Holiday and other premium pay will be administered as per Personnel Policy 8-102.
- I. Special leaves of absence with pay and leaves of absence without pay will be recorded as per Personnel Policies 8-107 and 8-108.

**V. WORKERS' COMPENSATION AND ADA COORDINATION****A. ICA and/or Workers' Compensation:**

1. Form REQ must be submitted to HR-FMLA for employees on approved ICA and/or workers' compensation and for employees whose approval is pending.
2. If it is determined by HR-FMLA that the injury or illness is an FMLA-qualifying event and ICA and/or workers' compensation is approved, payment to the employee for time not worked shall be up to 66⅔% of the employee's salary from ICA/workers' compensation and the balance of time not worked as FML using the employee's leave banks. When sick leave, compensatory time, and annual leave banks are exhausted, FML hours will be recorded as unpaid FML.
3. FML may be used until the employee's full FMLA entitlement is exhausted, the FMLA-qualifying event has ended, or the 12-month period has ended.
4. It is the department's responsibility to notify HR-FMLA upon the employee's return to work and/or change in ICA and/or workers' compensation status.
5. Risk Management is responsible for coordination of ICA and/or workers' compensation as per Pima County Administrative Procedures.

**B. ADA:**

1. The FMLA covers the need for leave from the workplace. The FMLA neither requires nor covers what, if any, accommodations may or may not be desirable or needed when the employee is at work.
2. Qualified individuals with disabilities may be covered under the Americans with Disabilities Act (ADA). Some FMLA serious health conditions, such as most cancers, heart disease and serious strokes, would likely also be ADA disabilities.
3. Human Resources Employment Rights is responsible for coordination of the ADA accommodation process for Pima County (see Administrative Procedure 23-29).

**VI. CONTINUATION OF EMPLOYMENT BENEFITS****A. Continuation of Health and Dental Insurance**

1. Pima County shall continue to pay the employer portion of insurance premiums for the period of the employee's FMLA entitlement (maximum of 12 weeks as determined in II.D.1) unless coverage is discontinued as in V.A.2 below. This does not apply to continuation of benefits for extended periods of approved paid leave.
2. Employees taking FML shall be responsible for payment of the employee portion of insurance premiums. When leave banks are exhausted, this payment must be made as per Administrative Procedure 23-4 Leave of Absence – Insurance. Failure to make timely payments of insurance premiums may result in the discontinuation of health and/or dental insurance coverage for the duration of the unpaid FML.

**B. Continuation of Other Benefits**

1. Continuation of retirement contributions shall be in accordance with the rules established by the Arizona State Retirement System or other appropriate system.
2. Continuation of employee-financed benefits such as AFLAC, Deferred Compensation, etc. shall be pursuant to agreements between the employee and the respective benefit providers.

**C. Benefit Plan Revisions and Additions**

In circumstances where benefits are added, upgraded, or otherwise revised during the period of leave, such changes for employees on FML shall be effective on the same date as for employees in active work status.

**VII. PROVIDING NOTICE****A. Planned Leaves**

1. For leave that can be reasonably anticipated or adequately planned, employees must request leave at least thirty (30) calendar days prior to the date leave is to begin. This includes any necessary recertification of an existing condition for a new 12-month FML period.
2. Notice must be submitted, using Form REQ, by the employee to the employee's supervisor, DPR, or directly to HR-FMLA. HR-FMLA will notify the department of receipt.
3. Failure to provide notice thirty (30) calendar days in advance may result in a delayed start of FML.

**B. Unexpected Leaves**

1. If thirty (30) calendar days advance notice is not possible due to a lack of knowledge as to when leave will begin, a change in circumstances, or a medical emergency, notice must be given *as soon as practicable* under the facts and circumstances of the case. The term "as soon as practicable" means the time at which the employee becomes aware of the need for leave and is able to provide notification as outlined in VI.B.2 & 3. In most cases, notification should occur within two (2) business days.
2. If the employee is unable to do so personally, notice may be given by the employee's representative (e.g., a spouse, domestic partner, family member, or other responsible party), supervisor, or DPR.
3. Notice must be submitted to HR-FMLA using Form REQ.
4. When an employee is absent more than three (3) consecutive work days, the department must initiate the FML process.  
Examples of more than three (3) consecutive work days for a Monday through Friday work week:
  - Monday/Tuesday/Wednesday/Thursday
  - Thursday/Friday/Monday/Tuesday where Saturday and Sunday are the employee's regular days off (RDO)

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**VIII. MEDICAL CERTIFICATIONS AND RECERTIFICATIONS**

- A. Pima County requires a medical certification when the leave requested is for the serious health condition of the employee (Form MC-01), the serious health condition of a qualifying member of the employee's family (Form MC-02), or military caregiving (Form MC-03).
1. Medical certification must be completed by a qualified health care provider.
  2. Fees incurred for the completion of medical certifications are the employee's responsibility.
  3. Medical certifications must be submitted to HR-FMLA within fifteen (15) calendar days as noted on ERR. (See VIII.A.7.)
  4. Employees are required to use the Pima County FML certification forms as provided by HR-FMLA.
  5. It is the employee's responsibility to ensure a complete medical certification is received by HR-FMLA.
  6. Failure to provide the requested certification may result in delay or denial of FML.
- B. When an employee is on approved FML for his/her own serious health condition or for caregiving of a family member and the need for leave lasts beyond a single leave year, HR-FMLA may require the employee to provide new medical certifications for subsequent leave years.
- C. In circumstances where FML is for an extended period of time, the employee may be required to obtain recertification from the health care provider. Such requests for recertification are at the employee's expense and shall not be more frequent than every six (6) months unless:
1. The employee requests an extension of FML;
  2. Circumstances described by the original certification have changed significantly (e.g., the duration of the illness, the nature of the illness, complications of the condition);
  3. The supervisor, manager or DPR receives information and/or notices trends in FML usage that cast doubt upon the continuing validity of the most recent certification.
- D. Requests for recertification relating to paragraph VI.C.3. above must be made in writing and/or by secure email to HR-FMLA and must contain relevant information regarding attendance.
1. HR-FMLA will review the information and medical certification to determine if recertification of the condition is warranted and, if so, issue a Designation Notice of Recertification (DN-RC) to the employee.
  2. It is the responsibility of the employee to provide complete medical certification for the recertification.
  3. Medical certifications for recertification purposes are at the employee's expense.

4. Medical certifications for recertification must be submitted to HR-FMLA within fifteen (15) calendar days of notice of recertification as noted on DN-RC.
  5. Failure to provide the requested recertification may result in the conclusion of approved FML for that event.
- E. Second and Third Medical Opinions:
1. HR-FMLA may require an employee requesting leave for the employee's own serious health condition to obtain a second medical opinion. Such evaluation shall be conducted by a qualified health care provider selected and paid for by the employee's department.
  2. Should the second opinion differ from the opinion of the employee's health care provider, Pima County may order and will pay for a third medical opinion. The health care provider selected shall be mutually agreed upon by both Pima County and the employee. The third opinion shall be final and binding.
  3. Second and third opinions are not permitted for military caregiving.
- F. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, Pima County asks that health care providers do not provide any genetic information when responding to requests for medical information for the employee's own serious health condition or the serious health condition of the employee's family member.

## IX. PROCEDURES

- A. FML Request Processing
1. The employee, employee representative, supervisor or DPR completes Form REQ as per the requirements for providing notice in section VI.
  2. The completed Form REQ must be submitted by the employee to the employee's supervisor, DPR, or directly to HR-FMLA.
  3. Form REQ must be sent to HR-FMLA via secure fax at 520-791-6514, email ([FMLA.coordinator@pima.gov](mailto:FMLA.coordinator@pima.gov)) or interoffice mail.
  4. Upon receipt of Form REQ, HR-FMLA will notify the department.
  5. If the reason for FML is the employee's own serious health condition, HR-FMLA will supply the Essential Job Function Analysis (Form EFA) to the department for completion.
    - a. Form EFA must be completed by the supervisor, manager or DPR. Form EFA must not be completed by the employee.
    - b. The completed Form EFA must be returned to HR-FMLA within two (2) business days.
  6. Within five (5) business days following receipt of Form REQ, HR-FMLA will provide the employee with a Notice of Eligibility and Rights and Responsibilities (ERR).

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- a. If the employee is eligible for FML, HR-FMLA may also include one or more of the following as applicable to the leave request:
- (1) Information regarding the required documents needed to determine qualification of the event (to include certifications, proof of birth, information regarding placement of a child for adoption or foster care); or
  - (2) Medical Certification from Health Care Provider for Employee's Serious Health Condition (Form MC-01) with Form EFA attached, if provided by department; or
  - (3) Medical Certification from Health Care Provider for Family Member's Serious Health Condition (Form MC-02); or
  - (4) Medical Certification from Health Care Provider for Covered Servicemember's Serious Health Condition (Form MC-03); or
  - (5) Certification of Military Qualifying Exigency (Form QE).
- b. If the employee is eligible for FML and hospitalized at the time of request, upon verification of hospital admission by HR-FMLA, leave will immediately be designated as FML beginning the date of admission as per VIII.A.8.a. The employee must submit Form MC-01 as per VIII.A.7. or the FML approval may be rescinded.
- c. If the employee is not eligible for FML, HR-FMLA will deny FML and send a Designation Notice of Denial (DN-D) to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
7. The employee has fifteen (15) calendar days to complete and return the required documentation, as listed in ERR, directly to HR-FMLA unless it is not practicable under the circumstances to do so despite the employee's diligent, good faith efforts. In the instance when the employee is unable to meet the due date as specified on the ERR, the employee must contact HR-FMLA to request an extension of the due date. Extensions may be granted in increments not to exceed seven (7) calendar days each, absent extenuating circumstances.
8. Upon receipt of a medical certification and/or other required documents, HR-FMLA will review for completeness.
- a. If documentation is complete and the event qualifies for FML, HR-FMLA will approve the FML and send a Designation Notice of Approval (DN-A) to the employee, copying the Appointing Authority or designee, supervisor, and DPR. This notice may include, but is not limited to, the following information:
- confirmation that the event qualifies for FML,
  - the approved leave schedule (continuous or intermittent),
  - the approved time period of leave,
  - any details regarding usage of intermittent leave (e.g., reduced schedule, flare-ups, appointments), as applicable,
  - whether a Fitness for Duty Report (Form FFD) is required.

- b. If the event does not qualify for FML, HR-FMLA will deny FML and send a DN-D to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
  - c. If documentation is incomplete or if the required documents are not received by HR-FMLA within fifteen (15) calendar days, the employee will be notified by a Designation Notice of Cure (DN-C) that he/she has seven (7) calendar days to clarify and/or cure any deficiencies. DPR will receive a copy of the DN-C.
9. If the required documents have not been received or the noted deficiencies have not been corrected by the due date listed on the DN-C, HR-FMLA will deny FML and send a DN-D to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
  10. If an employee decides to rescind the FML request after Form REQ has been submitted and prior to start of leave, the request to rescind must be provided in writing (to include email) and forwarded to HR-FMLA. Upon receipt, HR-FMLA will close the FML request and, if applicable, may issue a DN-D to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
  11. An employee is not on approved FML until he/she has received the DN-A from HR-FMLA designating the leave as FML.
  12. If it is determined that additional FML is needed beyond the previously approved end date listed on the DN-A, the employee must provide a written request for extension directly to HR-FMLA. This request needs to be submitted prior to the original leave end date, absent extenuating circumstances. Additional information from the health care provider may be required for the extension. If the extension of FML is approved, HR-FMLA will send out a revised Designation Notice of Approval (DN-A) to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
  13. When an employee exhausts his/her FMLA entitlement, HR-FMLA will send out a Designation Notice – End Date (DN-END) to the employee, copying the Appointing Authority or designee, supervisor, and DPR. (See also VIII.B.7.)

**B. RETURN TO WORK AND REINSTATEMENT FOLLOWING FML**

1. A Fitness for Duty Report (Form FFD) or an equivalent return to work release is required when an employee returns from continuous FML for the employee's own serious health condition. Form FFD is not required when an employee returns from continuous FML for caregiving, birth of a child, placement of a child for adoption or foster care, or military qualifying exigency.
2. If a Form FFD is required to return to work and/or remove restrictions (as per the Designation Notice), the employee must not be permitted to work prior to providing Form FFD or an equivalent return to work release from his/her health care provider. Form FFD must be supplied to HR-FMLA no later than the first day of return to work and must document the employee's ability to perform all essential functions of the job.
3. If an employee is unable to perform one or more essential functions of the position because of a physical or mental condition, including the

continuation of a serious health condition, the employee has no right to restoration to another position. If the employee has not exhausted his/her FMLA entitlement, FML may be continued until the employee is able to perform all essential functions of the job. The employee may be referred to Human Resources Employment Rights for possible workplace accommodation under ADA as per Administrative Procedure 23-29.

4. If an employee on continuous FML is able to return to work earlier than the date previously indicated on the DN-A, the employee is required to notify the department and HR-FMLA as soon as possible but not later than two (2) work days prior to the previously indicated return to work date. - In the case of extenuating circumstances, notification must be made as soon as practicable but not later than the date of return.
5. When a return to work authorization is received and/or if the employee returns from leave prior to the anticipated return date, HR-FMLA will send out a Designation Notice – Return to Work (DN-RTW) to the employee, copying the Appointing Authority or designee, supervisor, and DPR.
6. An employee returning from a period of FML shall:
  - a. be restored to the same position held at the time leave commenced if it is available or to an equivalent position.
  - b. resume benefits at the same level as were provided prior to the beginning of leave and without any qualifications such as a waiting period or pre-existing condition clause. When benefits are changed during the period of leave, such changes will apply to the employee upon the employee's return to work.
7. If an employee will exhaust his/her FMLA entitlement prior to being able to return to work, the employee must contact the department prior to the exhaustion of FML regarding his/her leave options, as per Pima County Personnel Policy 8-108.

## **X. RESPONSIBILITY AND ACCOUNTABILITY**

### **A. HR-FMLA**

The following apply to all departments within Pima County with the exception of the judicial departments.

1. HR-FMLA is responsible for all medical certification interpretation, official leave tracking, official file maintenance, FMLA training and final FML designation approval.
2. HR-FMLA is the official, and only, point of contact with employees' military and health care providers.
3. HR-FMLA will advise leave administration of changes to an employee's FML.
4. HR-FMLA provides departments with necessary information regarding an employee's FML as outlined in this procedure and per the applicable regulation.
5. HR-FMLA will maintain Forms REQ and FFD and make them available on the Pima County Human Resources website. HR-FMLA will supply all

other forms to the employee upon receiving Form REQ. A table listing FML forms and documents is located in section XI on page 21. Samples of forms are on pages 22 through 34.

6. HR-FMLA will file and maintain all FML forms and documents, to include but not limited to certification forms, legal and/or military documents, in the employee's official FMLA file.
7. HR-FMLA will archive and purge documents contained in the FMLA file pursuant to Federal and State law and the Arizona State Library, Archives and Public Records retention schedule.

#### B. EMPLOYEE

1. An employee on FML must follow department call-in procedures. Failure to call in as outlined and directed may result in disciplinary action.
2. When an employee calls in to report an absence, he/she must state whether or not the leave is FML. If the employee is approved for FML for multiple qualifying events, he/she must also state the FML event (e.g., FML for caregiving or FML for self). The employee need not state the specific cause or illness. If an employee does not indicate that the leave is FML, the employee's time will not be recorded as FML.
3. When an employee is on approved continuous FML, the employee shall not participate in work and/or work-related activities to include checking County email and participating in teleconferences. (See IX.D.8.)
4. An employee on continuous FML must periodically call the supervisor or DPR regarding his/her status and intent to return to work, particularly during the last two (2) weeks of leave. The employee's department will determine the frequency of the status calls. (See IX.D.7.)
5. If an employee on continuous FML is able to return to work earlier than the date previously indicated on the DN-A, the employee is required to notify the department and HR-FMLA as soon as possible but not later than two (2) work days prior to the previously indicated return to work date. In extenuating circumstances, notification must be made as soon as practicable but not later than the date of return.
6. If it is determined that additional FML is needed beyond the previously approved end date listed on the DN-A, the employee must provide a written request for extension directly to HR-FMLA. This request needs to be submitted prior to the original leave end date, absent extenuating circumstances. (See VIII.A.12.)
7. An employee must not use or attempt to use FML for reasons or conditions other than those approved by HR-FMLA. Misuse may result in FML approval ending or being rescinded and, when appropriate, may also result in disciplinary action up to and including dismissal.
8. An employee may not flex his/her work hours for FML related absences. In order for leave to be covered under FMLA, leave time must be coded as FML on the employee's time card.

9. An employee using intermittent FML for appointments which do not require a full day of leave, such as physical therapy or lab work, is only entitled to the time necessary and not a full day of leave. For example, the employee may use FML only for the duration of the medical appointment and time required to travel to and from the appointment location.

10. An employee must make reasonable efforts to arrange medical appointments and treatments so as not to unduly disrupt County and department operations when FML is utilized on an intermittent or reduced schedule basis.

For scheduled appointments, the Appointing Authority or designee may require the employee to provide a list of all appointments, to include approximate duration, on a monthly basis. It is the employee's responsibility to keep the list current and notify his/her department of any changes. Failure to do so may result in the loss of FML coverage for those appointments. In such cases, departments shall consult with HR-FMLA for guidance.

### C. SUPERVISORS

1. When an employee is absent more than three (3) consecutive work days, the department must initiate the FML process.

Examples of more than three (3) consecutive work days for a Monday through Friday work week:

- Monday/Tuesday/Wednesday/Thursday
- Thursday/Friday/Monday/Tuesday where Saturday and Sunday are the employee's regular days off (RDO)

2. If recurring absences and/or tardiness occur, the supervisor should inform the employee about FML and suggest he/she contact HR-FMLA.

3. Supervisors must not directly contact a health care provider or inpatient facility to request information. If information is needed, the supervisor must contact HR-FMLA.

4. Supervisors are responsible for protecting the privacy and confidentiality of their employees' medical conditions, particularly as a result of the FML process.

5. Supervisors shall ensure that employees are aware of department call-in procedures.

6. Supervisors must not ask employees the nature of qualifying events or the specifics of illnesses.

7. When an employee on approved FML calls in "sick", the supervisor may ask whether the leave is to be recorded as "sick" or "FML" if the employee does not make that distinction. (See IX.B.2.)

If the employee indicates the absence is FML and is approved for multiple qualifying events (e.g., employee's own serious health condition, caregiving, birth of a child) but fails to identify the FML event, the supervisor must ask the employee to state the event (e.g., FML for caregiving or FML for self). (See IX.B.2.)

8. Supervisors are responsible for adding intermittent FML usage to the employee's time card using the eTIME leave editor.

9. Supervisors must not interfere with the exercise of employees' FMLA rights, including refusing to authorize FML or discouraging use of FML.
10. Supervisors shall not consider or include approved FML usage and/or absences as a factor in employment actions, including but not limited to performance appraisals and/or disciplinary processes.

If an absence is in question, the supervisor must contact HR-FMLA for guidance.

#### D. DEPARTMENT

1. DPRs are responsible for submitting completed forms on behalf of employees and as requested by HR-FMLA in order to facilitate the FMLA process. Forms may include but are not limited to REQ, EFA, FFD and return to work notices.
2. DPRs are responsible for protecting the privacy and confidentiality of their employees' medical conditions, particularly as a result of the FML process.
3. DPRs must not directly contact a health care provider or inpatient facility to request information. If information is needed, the DPR must contact HR-FMLA.
4. The department must provide the employee with a copy of the department's applicable call-in procedure and inform the employee of the frequency of status calls when on continuous FML. (See IX.B.4.)
5. When an employee is on approved ICA and/or workers' compensation, it is the department's responsibility to notify HR-FMLA upon the employee's return to work and/or change in work status.
6. A request for an exempt employee to work from home while on FML, to include checking County email and participating in teleconferences, must be approved by the County Administrator. A copy of the approval must be provided to HR-FMLA. The employee must be on approved intermittent FML. No approval may be made unless there is a current certification from the health care provider permitting such activity. The employee and his/her department are responsible for correctly tracking and reporting hours worked from home to ensure proper payment.

## XI. GRIEVANCE PROCEDURES

**AN EMPLOYEE WHO DISAGREES WITH A DECISION BY HIS OR HER DEPARTMENT MAY GRIEVE THE DECISION PURSUANT TO THE FMLA GRIEVANCE PROCEDURE. HR-FMLA WILL PROVIDE THE FORMS.**

**NOTHING HEREIN SHALL PRECLUDE ANY AGGRIEVED INDIVIDUAL FROM PURSUING ANY OTHER LEGAL REMEDY.**

## XII. DEFINITIONS

AMERICANS WITH DISABILITIES ACT (ADA) - the federal law that gives certain protections to individuals with disabilities.

CHILD, SON, and/or DAUGHTER - a biological, adopted, or foster child, a stepchild, a legal ward, or a child for whom an employee stands *in loco parentis*. The child must be either under age eighteen (18) or over age eighteen (18) and incapable of self-care because of a mental or physical disability.

CHILD, SON OR DAUGHTER WHO IS A MILITARY MEMBER - the employee's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood or stands *in loco parentis* who is on covered active duty or call to covered active duty status, and who is of any age.

CHILD, SON OR DAUGHTER OF A COVERED SERVICEMEMBER - the biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood or stands *in loco parentis*, and who is of any age.

CONTINGENCY OPERATION - an action designated by the Secretary of Defense in which members of the armed forces (including reserves) are called to active duty pursuant to the relevant provisions of Title 10 of the United States Code and in which members of the armed forces are, or may become, involved in military operations.

CONTINUOUS LEAVE – leave taken as a single block of time. For example, multiple consecutive days off work for a period lasting from several days up to the employee's maximum 12-week entitlement.

#### COVERED ACTIVE DUTY OR CALL TO COVERED ACTIVE DUTY STATUS

- In the case of a member of the regular Armed Forces - duty under a call or order to active duty (or notification of an impending call or order to covered active duty) during the deployment of the member with the Armed Forces to a foreign country.
- In the case of a member of the Reserve components of the Armed Forces - duty under a call or order to active duty (or notification of an impending call or order to covered active duty) during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation as detailed in the FMLA regulation.

#### COVERED SERVICEMEMBER

- A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, or is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness
- A covered veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness

COVERED VETERAN - an individual who served in the Armed Forces and was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date of the employee's military caregiver leave.

DEPARTMENT PERSONNEL REPRESENTATIVE (DPR) - an employee of Pima County designated by his/her department to handle personnel related tasks including, but not limited to, FML.

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**DEPLOYMENT TO A FOREIGN COUNTRY** - deployment to areas outside of the United States, the District of Columbia or any Territory or possession of the United States including international waters.

**DESIGNEE** – person(s) authorized by a Director or Elected Official (Appointing Authority) to approve and/or receive information in lieu or on behalf of the Appointing Authority. For FML purposes, this designation must be made in writing to the HR Director.

**DOMESTIC PARTNER** - An unmarried adult with whom the employee cohabits, is financially interdependent, and maintains a domestic partnership.

**DOMESTIC PARTNERSHIP** – a relationship that meets the criteria outlined in the Pima County Affidavit Of Domestic Partnership. An employee must have a current affidavit on file with Human Resources in order to receive benefits for his or her domestic partner and/or the domestic partner's children. Benefits include coverage in employee health and wellness benefits and the use of FML and/or CAT Bank Leave to provide care for a domestic partner.

**ELIGIBLE EMPLOYEE** - an employee of Pima County, who has worked for the County at least twelve (12) months (whether or not such time is continuous, and who has not had a continuous break in service of more than seven (7) years) and has worked a minimum of 1,250 hours during the 12-month period immediately preceding the commencement of leave.

**EQUIVALENT POSITION** – a position that is virtually identical to the employee's former position in terms of pay, benefits, status, and other terms and conditions of employment and also has the same or substantially similar duties and responsibilities.

**FAIR LABOR STANDARDS ACT (FLSA)** – the federal law that establishes minimum wage, overtime pay, and related recordkeeping standards affecting full-time and part-time workers.

**FAMILY AND MEDICAL LEAVE ACT (FMLA) OF 1993** - the federal law that requires employers to provide eligible employees with up to twelve (12) work weeks of unpaid, job-protected leave in a 12-month period for qualifying family and medical reasons.

**FAMILY AND MEDICAL LEAVE (FML)** - leave approved by HR-FMLA in accordance with the FMLA and Pima County policies and procedures for the employee's own serious health condition, caregiving of a qualifying family member, birth of a child, placement of a child for adoption or foster care, military qualifying exigency and/or military caregiving.

**GENETIC INFORMATION** - as defined by the Genetic Information Nondiscrimination Act of 2008 (GINA), includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**HR-FMLA** - the division of Pima County Human Resources responsible for administering FML.

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**INCAPACITY** – inability to work, attend school or perform other regular daily activities due to a serious health condition, including treatment and/or recovery.

**INCAPABLE OF SELF CARE** - active assistance or supervision is required to provide daily self-care in three or more of the “activities of daily living” (ADLs) or “instrumental activities of daily living” (IADLs). Activities of daily living include adaptive activities such as caring appropriately for one’s grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc .

**IN LOCO PARENTIS** - persons with day-to-day responsibilities to care for and/or financially support a child, or who had such responsibilities for an employee when the employee was a child. A biological or legal relationship is not necessary.

**INPATIENT CARE and/or HOSPITALIZATION** - admission for an overnight stay in a hospital, hospice or residential medical care facility. Visits to an emergency room (without hospital admission), urgent care or other similar clinics do not qualify.

**INTERMITTENT LEAVE** - leave taken in separate blocks of time for as short as a portion of an hour to more than several weeks. Examples include but are not limited to leave taken sporadically for medical appointments or leave taken several days at a time over a period of six months for chemotherapy or the flare-up of a medical condition.

**MILITARY QUALIFYING EXIGENCY** - a need for leave by the employee while the employee’s spouse, son, daughter, parent or domestic partner (the “military member”) is on covered active duty or has been notified of an impending call or order to covered active duty status.

**MILITARY CAREGIVING** – leave taken by an employee to care for a covered servicemember with a serious injury or illness under the FMLA.

**MILITARY MEMBER** - the employee’s spouse, son, daughter, parent or domestic partner who is on covered active duty or called to covered active duty status.

**NEXT OF KIN OF A COVERED SERVICEMEMBER** - the nearest blood relative other than the covered servicemember's spouse, domestic partner, parent, son, or daughter, in the following order of priority: a blood relative with legal custody of the servicemember, brothers and sisters, grandparents, aunts and uncles, and first cousins unless the servicemember has designated in writing a blood relative as next of kin for purposes of the military caregiving under FMLA. When there is no designation made by the covered servicemember and multiple family members exist within the same level of relationship (e.g., multiple brothers and sisters), all such family members are treated as the next of kin for purposes of FML. Those family members may take FML to care for the covered servicemember either simultaneously or consecutively.

**NORMAL WORK SCHEDULE** - the employee’s normal work schedule prior to the commencement of FML.

**OUTPATIENT STATUS OF A COVERED SERVICEMEMBER** - the status of a member of the Armed Forces assigned to either a military medical treatment facility as an

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outpatient or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

**PARENT** - a biological or legally adoptive parent or an individual who stands or stood *in loco parentis* to an employee when the employee was a child. This term does not include the parent of an employee's spouse (i.e., "in-law").

**QUALIFIED HEALTH CARE PROVIDER** - a doctor of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices. Other qualified health care providers may include but are not limited to dentists, podiatrists, nurses, and psychologists as listed in FMLA regulations.

**REDUCED SCHEDULE LEAVE** - a leave schedule, fixed or variable, that reduces the usual number of hours per work week or per work day of an employee. Time not worked is coded as FML.

**RESERVE COMPONENTS OF THE ARMED FORCES** – for the purposes of qualifying exigency leave, include the Army National Guard of the United States, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of the United States, Air Force Reserve, and Coast Guard Reserve, and retired members of the Regular Armed Forces or Reserves who are called up in support of a contingency operation as per the FMLA regulation.

**SPOUSE** – for the purposes of FML administration, spouse is the employee's legally married husband or wife of the same or opposite gender. Domestic partners and fiancés are not considered spouses.

**SERIOUS HEALTH CONDITION** - an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider as defined in FMLA regulations.

**SERIOUS INJURY OR ILLNESS OF A COVERED SERVICEMEMBER**

- In the case of a current member of the Armed Forces as defined in "Covered Servicemember" - an injury or illness that was incurred by the covered servicemember in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.
- In the case of a covered veteran as defined in "Covered Servicemember" - a qualifying injury or illness if it was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and meets the specifics of the FMLA regulation definition.

**UNABLE TO PERFORM THE FUNCTIONS OF THE POSITION** - when the health care provider finds that the employee is unable to work at all or is unable to perform any one of the essential functions of the employee's position.

**WORKERS' COMPENSATION / INDUSTRIAL COMMISSION OF ARIZONA (ICA)** – a system of insurance that provides an employee with medical coverage and/or income replacement for an injury which occurred in the course of employment. ICA - the agency

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that administers and enforces state laws relating to workers' compensation in the state of Arizona.

Reference: Pima County Merit System Rules, Personnel Policies and Administrative Procedures (as currently existing or as subsequently amended)

**XIII. SAMPLES OF PIMA COUNTY FML FORMS AND DOCUMENTS**

<b>Form ID</b>	<b>Form</b>	<b>Availability</b>	<b>Sample</b>
REQ	Employee Request for FML	Online	Exhibit 1
EFA	Essential Job Function Analysis	HR-FMLA	Exhibit 2
MC-01	Medical Certification from Health Care Provider for Employee's Serious Health Condition	HR-FMLA	Exhibit 3 (page 1 of 3 only)
MC-02	Medical Certification from Health Care Provider for Family Member's Serious Health Condition	HR-FMLA	Exhibit 4 (page 1 of 4 only)
MC-03	Medical Certification from Health Care Provider for Covered Servicemember's Serious Health Condition	HR-FMLA	Contact HR-FMLA
QE	Certification of Qualifying Exigency for Military Family Leave	HR-FMLA	Contact HR-FMLA
FFD	Fitness For Duty Report	Online	Exhibit 5

<b>Document ID</b>	<b>Document</b>	<b>Availability</b>	<b>Sample</b>
ERR	Notice of Eligibility and Rights & Responsibilities	HR-FMLA	Exhibit 6
DN-A	Designation Notice of Approval	HR-FMLA	Exhibit 7
DN-D	Designation Notice of Denial	HR-FMLA	Exhibit 8
DN-C	Designation Notice of Cure	HR-FMLA	Exhibit 9
DN-RTW	Designation Notice of Approval – Return to Work	HR-FMLA	Exhibit 10
DN-RC	Designation Notice – Recertification	HR-FMLA	Exhibit 11
DN-END	Designation Notice – End Date	HR-FMLA	Contact HR-FMLA

Exhibit 1: FORM REQ

**Pima County Family and Medical Leave (FML)  
Employee Request**



For best results, please complete this form electronically. Email to [FMLA.coordinator@pima.gov](mailto:FMLA.coordinator@pima.gov).

Employee Name:		EIN:	Date of Request:	
Current Mailing Address:		City:	State:	Zip:
Date of Birth (DOB):	Department Name:		Dept Code:	
Work Days and Hours:	Supervisor Full Name:		Supervisor Phone:	
Work Phone:	<input type="checkbox"/> I authorize Human Resources-FMLA to send non-confidential FMLA forms by email to:			
Home Phone:	<input type="checkbox"/> Work E-mail: _____			
Cell Phone:	<input type="checkbox"/> Home E-mail: _____			
Reason(s) for Leave. (Check all that apply.) <i>Refer to Administrative Procedure 23-37 for definitions</i>				
<input type="checkbox"/> Employee's own health condition		This injury is related to an ICA/Workers' Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No
		Hospital name/ date admitted:		
<input type="checkbox"/> To care for a family member with a serious health condition:				
<input type="checkbox"/> Spouse		Is spouse a Pima County employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list department & EIN: _____
Name:				DOB:
<input type="checkbox"/> Child(ren)		Name:		DOB:
Name:				DOB:
<input type="checkbox"/> Parent(s)		Name:		DOB:
Name:				DOB:
<input type="checkbox"/> Birth of my child and/or to care for the newborn child. <i>Estimated delivery date:</i> _____				
<input type="checkbox"/> Placement of a child with me for adoption or foster care. <i>Estimated placement date:</i> _____				
<input type="checkbox"/> Military Qualifying Exigency <i>Name of Military Member:</i> _____				
<input type="checkbox"/> Military Caregiving <i>Name of Covered Servicemember:</i> _____				
Anticipated Dates of Leave: <i>Actual leave dates will be based on medical certification, military orders, or proof of birth, adoption or placement.</i>				
<input type="checkbox"/> Continuous leave		from:	to:	New condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Intermittent leave		from:	to:	New leave year: <input type="checkbox"/> Yes <input type="checkbox"/> No
I understand and acknowledge that, by submitting this request for FML:				
<ul style="list-style-type: none"> <li>• I am not approved for FML until I receive a Designation Notice of Approval (DN-A) from HR-FMLA.</li> <li>• Pima County requires me to use available sick, compensatory time, and annual leave concurrently with FML until exhausted as per Admin Procedure 23-37.</li> <li>• I may be required to furnish medical certification and this certification must be submitted within 15 calendar days.</li> <li>• HR-FMLA may obtain clarifying information from the health care provider regarding my request for FML.</li> <li>• I may be required to provide military orders, proof of birth or placement of a child, or statement of relationship, as applicable.</li> </ul>				
Name of person completing the form:				Date:
Within 5 business days after HR-FMLA receives Form REQ, you will receive a Notice of Eligibility and Rights & Responsibilities (ERR) from HR-FMLA with information about your eligibility, rights under FMLA, and documents you must provide to determine qualification of your leave event. If your leave is approved, you will receive a Designation Notice of Approval (DN-A) with details of the FML. Should you have any questions, contact HR-FMLA at 520-724-8076 or by email at <a href="mailto:FMLA.coordinator@pima.gov">FMLA.coordinator@pima.gov</a> .				
<b>HR-FMLA Use Only</b>				
Employee has worked		Certification Rec'd:		
<input type="checkbox"/> at least 12 months _____ <input type="checkbox"/> at least 1,250 hrs _____		Condition <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify		
Employee is		FML is		
<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible EFA: <input type="checkbox"/> N/A <input type="checkbox"/> On File <input type="checkbox"/> Requested on: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied Effective Date of FML: _____		
RECEIVED:		REQ Entered:		HR-FMLA Signature/date:



FORM  
**EFA**  
04/2012

**Pima County Human Resources FMLA – ADA Essential Job Function Analysis**

This form is to be completed by the employee, immediate supervisor or other authorized department member based on an evaluation of the position as it is being done today. It is **NOT** to be completed by the employee. For best results, please complete the form electronically and email the form to [FMLA.coordinator@pima.gov](mailto:FMLA.coordinator@pima.gov) or [ADA.coordinator@pima.gov](mailto:ADA.coordinator@pima.gov) as applicable.

Employee Name:	Dept Code/Name:
Job Title / Classification:	Date form completed:
Supervisor Full Name:	Title:
Name of Person Completing Form (NOT Employee):	Title:

**PART A: DESCRIPTION OF ESSENTIAL JOB FUNCTIONS**

Essential job functions are those day-to-day tasks and responsibilities of the position that the individual who holds the job would have to perform with or without accommodations. List 3 to 6 essential job functions in the tables below and indicate the percent of time the employee performs that function or duty. They must be job related and consistent with business necessity. Percentage total for all functions should not exceed 100%.

Examples: Answers phone and assists callers. Prepares manual and automated records and reports. Eplains data to a computer. Patrols large areas by foot or vehicle. Works with hazardous materials. Drives forklift.

Essential Job Functions	Percentage
1	
2	
3	
4	
6	

Percentage total for all functions should not exceed 100%

**PART B: SUPERVISION REQUIRED OVER THE POSITION**

Check a box below.

Close and detailed	Comment:
Spot check basis only	
Little - Employee is responsible for devising own work methods	
Other (Please comment in box on right.)	

Exhibit 2 (cont)

Employee Name: \_\_\_\_\_

**Plina County Human Resources FMLA – ADA Essential Job Function Analysis**

**PART C: ESSENTIAL FUNCTION ANALYSIS**

Complete this form by selecting the boxes below as follows. You may add items or provide descriptions in the additional information box.  
 1. If the activity is an essential function of the position, mark the Essential column (shaded). (If completing electronically, a star will appear in the box.) Any activity may be essential, except those with a frequency of Never - Not Applicable.

2. Indicate the frequency of this activity. Below are frequency ratings.  
 Frequency Ratings: Never - Not Applicable = 0% Occasional = 1% to 33% of the time Frequent = 34% to 66% of the time Continuous = 67% to 100% of the time

Physical	Frequency					ESSENTIAL	Performance	Health and Safety
	Continuous	Frequent	Occasional	Never - NA	Never - NA			
Sitting								
Standing								
Walking								
Bending over								
Crawling								
Climbing stairs								
Climbing ladders								
Reaching overhead								
Crouching								
Squatting								
Repetitive hand or arm movement								
Grasping								
Lifting 5 to 25 lbs								
Lifting 25 to 60 lbs								
Lifting > 60 lbs								
Eye/hand coordination								
Fine manipulation								
Pushing								
Pulling								
Heaving								
Seating								
Smelling								
Talking								
Additional Information:								

  

Mental Effort	Frequency					ESSENTIAL	Performance	Health and Safety
	Continuous	Frequent	Occasional	Never - NA	Never - NA			
Agencies								
Using effective verbal communication								
Handling stress and emotions								
Concentrating on tasks								
Remembering names								
Examining and observing details								
Remembering details								
Making decisions								
Adjusting to changes								
Staying organized								
Distinguishing colors								
Using math calculations								
Problem-solving								
Multi-tasking								
Making connections between facts								
Calibrating precise measures								

  

Performance	Frequency					ESSENTIAL	Health and Safety
	Continuous	Frequent	Occasional	Never - NA	Never - NA		
Attendance: Working as scheduled							
Attendance: Arriving on time							
Maintaining stamina during workday							
Moving job files							
All other work-related assignments							
Working effectively with co-workers							
Working effectively with customers							
Working with others as a team							
Working alone							
Directing others							
Writing							
Keyboarding							
Answering phone							
Operating office equipment and/or copiers							
Operating heavy equipment/machinery							
Carrying/lifting a firearm							
Driving vehicles and/or machines							

Disclaimer: These essential job functions represent the job being done today and are subject to change as job assignments change at the discretion of the Appointing Authority.

Exhibit 3: FORM MC-01 (page 1 of 3 only)

**Pima County Family and Medical Leave (FML)  
Medical Certification from Health Care Provider for  
Employee's Serious Health Condition**

FORM  
MC-01

04/2012



**SECTION I: TO BE COMPLETED BY THE EMPLOYER**

Employer Name: Pima County Contact: Human Resources - FMLA 520-724-8076 Fax: 520-791-6514

**SECTION II: TO BE COMPLETED BY THE EMPLOYEE**

Please complete this section before giving this form to your health care provider.

The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML due to your own serious health condition. The completed form must be returned to HR-FMLA within 15 calendar days and may be faxed to HR-FMLA at 520-791-6514. Please do not send by email. Incomplete forms delay processing and will be returned to you for completion. Failure to provide a complete and sufficient medical certification may result in denial of your FML request.

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ EIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_

Employee's Essential Job Functions:  Not provided.  See attached list.  See attached Form EFA.

Medical Condition(s) for which you are seeking leave: \_\_\_\_\_

If this is related to a current Pima County ICA/Workers Compensation claim, please check here.

**HEALTH CARE PROVIDER CONTACT INFORMATION:**

Provider's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of practice / medical specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Incomplete or unsigned forms will be returned to the health care provider for completion and/or correction.



## Pima County Family and Medical Leave (FML) Fitness For Duty Report

FORM  
**FFD**

04/2012



Pima County HR-FMLA requires this completed form in order for the employee to return to his/her regular position after continuous FML or to remove existing work restrictions. Please contact HR-FMLA at 520-724-8076 with any questions.

EMPLOYEE INFORMATION		
Name :	EIN:	Dept:
Work phone:	Home phone:	Cell phone:
Supervisor Name:		Supervisor phone:
INSTRUCTIONS TO HEALTH CARE PROVIDER		
<p>This form is to be completed by the health care provider when the employee has been released to work. It must address the ability of the employee to perform the essential functions of the job. Please also read the statement below.</p> <p><input type="checkbox"/> If checked, Essential Job Function Analysis (Form EFA) is attached for reference.</p> <p>The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. 'Genetic Information' as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information that is carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information.</p> <p>Completed form may be faxed to HR-FMLA at 520-724-5514. Please do not send medical information by email.</p>		
STATEMENT OF HEALTH CARE PROVIDER		
<p>Employee is able to return to work on <u>                    </u> (m/d/y) with the following restrictions:</p>		
<p><input type="checkbox"/> None. Employee is able to perform <u>ALL</u> the essential functions of the job.</p>		
<p><input type="checkbox"/> Reduced work hours. Employee is able to work <u>only</u> # <u>          </u> hours per day, # <u>          </u> days per week until date (m/d/y) <u>                    </u>.</p>		
<p><input type="checkbox"/> Other restrictions. List essential functions employee is unable to perform. For FMLA purposes, "light duty" does not provide adequate information.</p>		
<p>These restrictions are in place until date (m/d/y) : <u>                    </u></p>		
<p>Comments: (e.g. follow-up appointments, flare-ups)</p>		
<p><b>Please note: Incomplete or unsigned forms will be returned to the health care provider for completion and/or clarification.</b></p>		
Provider Signature:		Date (m/d/y) :
Provider Name (please print clearly):		
Phone:	Fax:	Field of Specialty:

Form FFD

Revised 04/2012

**Pima County Family and Medical Leave (FML)  
Notice of Eligibility and Rights & Responsibilities**

DOCUMENT  
**ERR**  
04/2012



To: \_\_\_\_\_ (Employee) From: \_\_\_\_\_ Date: \_\_\_\_\_

**PART A: NOTICE OF ELIGIBILITY**

On \_\_\_\_\_, Human Resources-FMLA (HR-FMLA) was informed that you need(ed) leave beginning on \_\_\_\_\_ for the reason(s) checked below:

- Your own serious health condition;
- Caregiving of your  spouse;  child;  parent due to his/her serious health condition;
- The birth of your child, or placement of a child with you for adoption or foster care;
- A military qualifying exigency arising out of the fact that your  spouse;  son or daughter;  parent is on active duty or call to active duty status in a foreign country as a member of the Armed Forces;
- Military caregiving of a covered servicemember who is your  spouse;  child;  parent;  next of kin.

This Notice is to inform you that:

- You are eligible for Family and Medical Leave (FML). *However, your FML is not approved until you have received a Designation Notice of Approval (DN-A) from HR-FMLA. See Part B for more details.*
- You are not eligible for FML for the reason checked below. (Only one reason needs to be checked, although you may not be eligible for both reasons.)
- You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.
- You have not met the FMLA's 1,250-hour-worked requirement. As of pay period ending \_\_\_\_\_, your qualifying hours are \_\_\_\_\_.

**PART B: YOUR RIGHTS AND RESPONSIBILITIES FOR TAKING FML**

To determine if your event qualifies as FML, you must return the information checked below to HR-FMLA within 15 calendar days and not later than \_\_\_\_\_. Information may be returned by fax to 520-791-6514 or by mail to HR-FMLA, Administration West, 150 W Congress St., Tucson, AZ 85701. ***DO NOT EMAIL MEDICAL DOCUMENTS!***

- Medical certification(s) to be completed by the health care provider
  - was mailed on \_\_\_\_\_
  - was faxed on \_\_\_\_\_ to \_\_\_\_\_
  - was mailed on \_\_\_\_\_
  - other \_\_\_\_\_
- Sufficient documentation to establish the required relationship between you and your family member
- Proof of Birth (required within 48 hours after the birth of your child)
- Other information needed:

- No additional information requested
- If you would like to receive future FML forms by email, please contact HR-FMLA as below.

Once the specified information is received by HR-FMLA, you will be notified within 5 business days whether your leave will be designated as FML and counted toward your FMLA entitlement. If sufficient information is not received in a timely manner, your FML request may be denied.

Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLA.Coordinator@pima.gov](mailto:FMLA.Coordinator@pima.gov).

sent by:  email \_\_\_\_\_  mail \_\_\_\_\_  Other: \_\_\_\_\_

## Pima County Family and Medical Leave (FML) Notice of Eligibility and Rights & Responsibilities

### **PART B: YOUR RIGHTS AND RESPONSIBILITIES FOR TAKING FML (continued)**

Below is important information regarding FML. Additional information regarding the FML process is detailed in Pima County Administrative Procedure 23-37.

**YOUR RIGHTS:** If your leave qualifies as FML and depending on the reason for your leave, you will have the following rights while on FML. Specifics will be listed on the Designation Notice of Approval (DN-A).

- Up to 12 weeks of unpaid leave in a specified 12-month period. The 12-month period is calculated forward from the first day FML is needed. For information regarding your 12-month FML period, contact HR-FMLA.
- Up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. The 12-month period is calculated forward from the first day FML is needed. For information regarding your 12-month FML period, contact HR-FMLA.
- Your benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and pursuant to Administrative Procedure 23-37.
- Upon your return from FMLA-protected leave, you must be reinstated to the same or an equivalent job with the same pay, benefits, status, and terms and conditions of employment. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FML for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FML; (2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FML; or (3) other circumstances beyond your control (as per 29 CFR 825), you may be required to reimburse Pima County for the County share of health insurance premiums paid on your behalf during your FML.

### **YOUR RESPONSIBILITIES:**

- It is your responsibility to either furnish HR-FMLA with a complete and sufficient certification or to furnish the health care provider with any necessary authorization to release a complete and sufficient certification directly to HR-FMLA. If you fail to provide complete and sufficient certification, your FML request may be denied.

If your leave qualifies as FML and is approved on a DN-A, you will have the following responsibilities while on FML.

- You must use your available sick leave, compensatory time, and vacation leave during your FML absence. You will receive your paid leave until leave banks are exhausted. Once leave banks are exhausted, your leave will be designated as unpaid FML. The leave will be considered protected FML and counted against your FMLA entitlement. Please see Pima County Administrative Procedures 23-37 for details.
- You are responsible for completing your Time and Attendance Form (TAF) to reflect FML usage as required above.
- You must follow your department call-in procedures for all FML absences. When using FML, you must identify the time as such. If you are on continuous FML, you must communicate with your department regarding your FML status and intent to return to work.
- You should contact your Department Benefits Representative regarding your health insurance payments while you are on leave. If you should exhaust your leave banks, you will need to pay your share of the premium directly to Human Resources Benefits as per Pima County Administrative Procedure 23-4, Leave of Absence – Insurance Procedures.
- If you are able to return to work earlier than the date indicated in your DN-A, you must notify HR-FMLA at least two (2) workdays prior to the date you intend to report for work, if practicable.
- If your leave is for your own serious health condition, you must provide a Fitness for Duty Report (Form FFD) from your health care provider in order to return to work. If Form FFD is not received, your return to work will be delayed until it is provided.
- If you need to extend your leave, you must notify HR-FMLA as soon as possible to discuss any required documentation.

Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLA.Coordinator@pima.gov](mailto:FMLA.Coordinator@pima.gov).

Exhibit 7: Document DN-A

### Pima County Family and Medical Leave (FML) Designation Notice of Approval

DOCUMENT  
**DN-A**

04/2012



Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA entitlement.

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Reason(s) for Leave:

- Own Serious Health Condition
- Birth of your child
- Military Qualifying Exigency
- Caregiving of Family Member
- Adoption or Foster care
- Military Caregiving

HR-FMLA has reviewed your request for FML and any supporting documentation that you have provided. Your most recent information was received on \_\_\_\_\_

Your FML request is approved based on the information you have provided to date. All leave taken for the above reason must be designated as FML.

**CONTINUOUS LEAVE:** Provided there is no change from your anticipated leave schedule, \_\_\_\_\_ hours will be counted against your FMLA entitlement.

Dates of Continuous Leave: \_\_\_\_\_

**INTERMITTENT LEAVE:** Because your leave is unscheduled, it is not possible to provide the hours that will be counted against your FMLA entitlement at this time. You have the right to request this information once per month from HR-FMLA.

Dates of Intermittent Leave: \_\_\_\_\_

For this portion of leave, it is anticipated that you will use intermittent FML as follows:

**Please be advised of the following:**

- Pima County requires that all available sick leave, compensatory time and annual leave be used concurrently with FML, and in that order, until exhausted. If leave is for birth of your child, placement of a child for adoption or foster care, or military qualifying exigency, you may use your compensatory time and annual leave prior to your sick leave. Once all leave banks have been exhausted, remaining FML will be unpaid. Refer to Administrative Procedure 23-37 and Personnel Policies for details.
- You are responsible for coding your Time and Attendance Form (TAF) to reflect FML as required above.
- You must follow your department call-in procedures for all FML absences. When using FML, you must identify the time as such. If you are on continuous FML, you must communicate with your department regarding return to work.
- If you are able to return to work earlier than the date indicated above, you must notify HR-FMLA at least two (2) work days prior to the date you intend to report for work, or as soon as practicable.
- If you need to extend your leave, you must notify HR-FMLA prior to the leave end date indicated above.
- You are required to present a Fitness for Duty Report (Form FFD) to return to work and/or to remove restrictions. A blank Form FFD is attached. If the Form FFD is not received, your return to work will be delayed until it is provided.
- A list of the essential job functions (Form EFA) is attached to the Form FFD. The Form FFD must address your ability to perform these functions.
- FML extension granted until \_\_\_\_\_
- Your FML ended/will end on \_\_\_\_\_
- Requested documentation may be faxed to 520-791-8514.

Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLA.Coordinator@pima.gov](mailto:FMLA.Coordinator@pima.gov).

copy: | Supervisor | Department Personnel Representative | Other: \_\_\_\_\_  
sent by: | email \_\_\_\_\_ | mail \_\_\_\_\_ | Other: \_\_\_\_\_ DN-A, Rev 04/12

Exhibit 8: Document DN-D

### Pima County Family and Medical Leave (FML) Designation Notice of Denial

DOCUMENT  
DN-D

04/2012



Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**Reason(s) for Leave:**

- Own Serious Health Condition
- Birth of your child
- Military Qualifying Emergency
- Caregiving of Family Member
- Adoption or Foster care
- Military Caregiving

**Please be advised of the following:**

Your FMLA Leave request is not approved for the reason below.

- You have rescinded this FML request.
- You are not eligible for leave under FMLA.
- You failed to provide complete and sufficient certification.
- FMLA does not apply to your leave request.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.
- Your FMLA ended/will end on \_\_\_\_\_.
- If you are still in need of this leave, you may submit a new FML request.
- Additional information:

Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLACoordinator@pima.gov](mailto:FMLACoordinator@pima.gov).

copy: | Supervisor | Department Personnel Representative | Other: \_\_\_\_\_  
sent by: | email \_\_\_\_\_ | mail \_\_\_\_\_ | Other: \_\_\_\_\_

DN-D, Rev 04/12

Exhibit 9: Document DN-C

### Pima County Family and Medical Leave (FML) Designation Notice of Cure

DOCUMENT  
DN-C

04/2012



Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Reason(s) for Leave:

- Own Serious Health Condition
- Birth of your child
- Military Qualifying Emergency
- Caregiving of Family Member
- Adoption or Foster care
- Military Caregiving

HR-FMLA has reviewed your request for FML and any supporting documentation that you have provided. Your most recent information was received on \_\_\_\_\_

Please be advised of the following:

- HR-FMLA has not received the required certification to determine whether the FMLA applies to your leave request. *You must provide the information no later than \_\_\_\_\_, or your leave request may be denied.*
- The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. *You must provide the complete information no later than \_\_\_\_\_ or your leave request may be denied.*
- The following additional information is needed to determine if your leave request can be approved as FML. If you are unable to provide the documentation by the due date, please contact HR-FMLA at 520-724-8076 no later than \_\_\_\_\_ to request an extension.
  - Medical certification from the health care provider. This form was sent to you on \_\_\_\_\_ If you need a new copy, please contact HR-FMLA.
  - Other:

- Requested documentation may be faxed to 520-791-6514.

Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLACoordinator@pima.gov](mailto:FMLACoordinator@pima.gov).

copy: | Supervisor | Department Personnel Representative | Other: \_\_\_\_\_  
sent by: | email \_\_\_\_\_ | mail \_\_\_\_\_ | Other: \_\_\_\_\_

DN-C, Rev 04/12

## Pima County Family and Medical Leave (FML) Designation Notice of Return to Work

DOCUMENT  
**DN-RTW**

04/2012



**Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA entitlement.**

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**Reason(s) for Leave:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Own Serious Health Condition | <input type="checkbox"/> Birth of your child     | <input type="checkbox"/> Military Qualifying Exigency |
| <input type="checkbox"/> Caregiving of Family Member  | <input type="checkbox"/> Adoption or Foster care | <input type="checkbox"/> Military Caregiving          |

HR-FMLA has reviewed your request for FML and any supporting documentation that you have provided. Your most recent information was received on \_\_\_\_\_.

- A Fitness for Duty Report or the equivalent has been received with a return to work as of \_\_\_\_\_ with the following restrictions:

CONTINUOUS LEAVE DATES: \_\_\_\_\_

INTERMITTENT LEAVE DATES: \_\_\_\_\_

For this portion of leave, it is anticipated that you will use intermittent FML as follows:

**Please be advised of the following:**

- Pima County requires that all available sick leave, compensatory time and annual leave be used concurrently with FML, and in that order, until exhausted. If leave is for birth of your child, placement of a child for adoption or foster care, or military qualifying exigency, you may use your compensatory time and annual leave prior to your sick leave. Once all leave banks have been exhausted, remaining FML will be unpaid. Refer to Administrative Procedure 23-37 and Personnel Policies for details.
- You are responsible for coding your Time and Attendance Form (TAF) to reflect FML as required above.
- You must follow your department call-in procedures for all FML absences. When using FML, you must identify the time as such. If you are on continuous FML, you must communicate with your department regarding return to work.
- If you are able to return to work earlier than the date indicated above, you must notify HR-FMLA at least two (2) work days prior to the date you intend to report for work, or as soon as practicable.
- If you need to extend your leave, you must notify HR-FMLA prior to the leave end date indicated above.
- You are required to present a Fitness for Duty Report (Form FFD) to remove restrictions. A blank Form FFD is attached.
- A list of the essential job functions (Form EFA) is attached to the Form FFD. The Form FFD must address your ability to perform these functions.
- FML extension granted until \_\_\_\_\_
- Your FML ended/will end on \_\_\_\_\_
- Requested documentation may be faxed to 520-791-6514.

**Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLA.Coordinator@pima.gov](mailto:FMLA.Coordinator@pima.gov).**

copy: | Supervisor | Department Personnel Representative | Other: \_\_\_\_\_  
sent by: | email \_\_\_\_\_ | mail \_\_\_\_\_ | Other: \_\_\_\_\_ DN-RTW, Rev 04/12

Exhibit 11: Document DN-RC

**Pima County Family and Medical Leave (FML)  
Designation Notice – Recertification**

DOCUMENT  
**DN-RC**

04/2012



**Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA entitlement.**

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**Reason(s) for Leave:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Own Serious Health Condition | <input type="checkbox"/> Birth of your child     | <input type="checkbox"/> Military Qualifying Exigency |
| <input type="checkbox"/> Caregiving of Family Member  | <input type="checkbox"/> Adoption or Foster care | <input type="checkbox"/> Military Caregiving          |

Per Section 825.308 of the Family and Medical Leave Act (29 CFR 825), HR-FMLA is requesting that you provide a Recertification of the condition for which you are currently on FML.

In order to maintain your current FMLA approval, an updated Medical Certification must be received. Attached is a blank Medical Certification (FORM MC- ) to be completed in full by the health care provider. Please be sure the health care provider provides details regarding the current status of the condition. If this is for your own serious health condition, the health care provider should include any restrictions which may impact your ability to do your job functions (e.g. medication side effects, movement limitations, reduced work schedule).

The completed certification must be received by HR-FMLA by \_\_\_\_\_.

If you are unable to provide the documentation by the date listed above despite your due diligence, please contact HR-FMLA at 520-724-8076 prior to the due date to request an extension.

Requested documentation may be returned by fax to 520-791-6514 or by mail to HR-FMLA, Administration West, 150 W Congress St., Tucson, AZ 85701. **Please do not send by email.**

Failure to provide a Recertification may result in denial of continuation of FML and your FML will end.

**Should you have questions regarding this notice, contact HR-FMLA at 520-724-8076 or by email at [FMLA.Coordinator@pima.gov](mailto:FMLA.Coordinator@pima.gov).**

copy: | Supervisor | Department Personnel Representative | Other: \_\_\_\_\_  
sent by: | email \_\_\_\_\_ | mail \_\_\_\_\_ | Other: \_\_\_\_\_ DN-RC, Rev 04/12

**HR-FMLA Use Only**

Certification Rec'd:	HR-FMLA Signature/Date:
FML Recertification is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	