

OREGON DEPARTMENT OF TRANSPORTATION
FAMILY AND MEDICAL LEAVE INFORMATION PACKET
FOR SUPERVISORS AND EMPLOYEES
Federal and Oregon Family and Medical Leave Acts

The following packet of information is a tool for supervisors and employees to use for understanding and implementing the Federal and State Family and Medical Leave laws. The Family and Medical Leave Information Packet is intended to be an overview for the supervisor and employee and includes forms that will need to be filled out. Upon notification that an employee may be eligible or requesting leave that is covered by FMLA/OFLA, the Human Resources Manager will provide the supervisor with the following packet of information to be shared with the employee. Included in the packet is:

1. Overview of Family and Medical Leave Laws (pages A2-4)
 - This document is a short description of the FMLA/OFLA laws and eligibility guidelines
2. Family and Medical Leave Form (page A5)
 - This form must be filled out and returned to the supervisor thirty (30) days prior to leave or as soon as employee or employer is aware of the need for leave
3. Health Care Provider Certification Form and Definitions (pages A6-7)
 - This two page form is for the employee's physician to fill out and return to the Human Resources Manager
4. Release to Return to Work Form (page A8)
 - This form is only necessary in some cases and the Human Resources Manager will let you know if it will be required
5. Calendar for Supervisor's File (page A9)
 - This form should be kept in the supervisor's locked working file and is a tool to aid the Supervisor in tracking FMLA/OFLA designated leaves by employee
6. Notes page for Supervisor's File (page A10)
 - This form should be kept in the supervisor's working file and is an aid in tracking leave

If you need additional information regarding FMLA/OFLA, please consult one of the listed resources:

- Your assigned Human Resources Manager
- Supervisor's Guide to FMLA/OFLA
- Human Resource Handbook
- FMLA/OFLA Online Training Module (ODOT HR Training)
- BOLI's Family Leave Laws
- BOLI's website (www.boli.org)

If you have any questions in regards to FMLA/OFLA leave, please do not hesitate to contact your assigned Human Resources Manager.

OREGON DEPARTMENT OF TRANSPORTATION

OVERVIEW OF FEDERAL AND OREGON FAMILY AND MEDICAL LEAVE LAWS

GENERAL INFORMATION

- ODOT recognizes the need to provide employees leave so they can meet their family, health, and parental obligations while maintaining their job.
- Family/medical leave will be granted in accordance with Federal Family Medical Leave Act of 1993 (FMLA); State of Oregon Family Medical Leave Law (OFLA); AEE Collective Bargaining Agreement (Article 42); OPEU Collective Bargaining Agreement (Articles 56, 66); and DAS Policy 60.000.15.
- Leave entitlements (FMLA, OFLA, and contractual agreements) will be combined and run concurrently, where allowed by law.
- The employee must submit bills for medical certifications to their insurance. The Employer is responsible for any out of pocket costs not covered by insurance incurred for required medical certification or recertification. To receive reimbursement the employee must submit an expense form and receipt showing out of pocket costs to their supervisor.

LEAVE TIME

- You must submit a request for all planned absences (paid or unpaid). You must provide 30 days notice for a planned family/medical leave. If you are unable to request leave due to an emergency, FMLA/OFLA information will be provided to you.
- The requested FMLA/OFLA leave (paid or unpaid) will be counted against your annual 12 weeks, or 480 hours in a 12-month period, entitlement as appropriate.
- Leave may be taken on a continuous basis, or if medically necessary, on an intermittent or reduced schedule basis. Based on business needs, your supervisor may approve or deny a request for a reduced work schedule. When leave is taken after the birth of a child, or placement of a child for adoption or foster care, the use of intermittent leave is subject to the approval of your supervisor.
- You will be required to exhaust your paid sick leave before leave without pay will be authorized. In addition:

SEIU Represented Employees: An employee is required to use accrued vacation leave and personal business. However, if the employee is on leave without pay in addition to Workers' Comp leave, the employee is not required to use sick leave, vacation leave or personal business. Employees are not required to use comp time or personal leave, but may choose to do so. The use of comp time will not count against an employee's FMLA/OFLA leave entitlement. *As long as the employee's compensatory time balance does not exceed forty (40) hours, an employee may retain up to forty (40) hours of vacation leave for use upon returning to work as long as the combined total of compensatory time and vacation hours do not exceed forty (40) hours. Designation to retain the leave shall be made in writing prior to the beginning of the qualifying leave. Once the designation has been made and approved and the employee is on leave without pay status, that status will continue for the duration of the leave. Such employees are not eligible to receive hardship donations.*

Management Service/Unrepresented employees: Leave without pay shall not be granted until all appropriate accrued leave is exhausted, except that an employee may, at their option, be placed on leave without pay and maintain a balance of no more than 40 hours of sick leave while receiving short term disability insurance benefits provided through the Public Employees' Benefit Board. Also, if the employee is on leave without pay in addition to Workers' Comp leave, the employee is not required to use sick leave, vacation leave or personal business. The use of comp time will not count against an employee's FMLA/OFLA leave entitlement.

AEE Employees: Not required to use vacation leave or comp time (employee's option). The use of comp time will not count against an employee's FMLA/OFLA leave entitlement. If the employee is on leave without pay in addition to Workers' Comp leave, the employee is not required to use sick leave.

OREGON DEPARTMENT OF TRANSPORTATION

OVERVIEW OF FEDERAL AND STATE FAMILY AND MEDICAL LEAVE LAWS (Continued)

INSURANCE

- Under FMLA, if you are on leave without pay status, your health and dental benefits will be maintained, and your premiums paid by the Department, under the same conditions as if you continued to work until your FMLA leave entitlement is exhausted.
- If you are approved for OFLA only, and are on leave without pay status, the Department will not pay to maintain your health and dental benefits. However, you may continue your coverage through COBRA, by self-paying the premiums. For information on COBRA options, contact ODOT Payroll.
- If you normally pay a portion of the premiums for your health insurance, you must continue these payments during the period of leave. You have a minimum of 30-days grace period in which to make premium payments. If payment is not made timely, your group health insurance may be canceled. You will need to contact ODOT Payroll directly to self-pay these premiums.
- You will be responsible for premium payments for other benefits you have elected (e.g., life insurance, disability insurance, etc), while you are on leave without pay. These premium payments are not covered under FMLA or OFLA and are not paid by the Department.
- If you were on approved FMLA leave, and return to work during the 12-week entitlement period or the workday immediately after, there will be no break in your insurance coverage. Under FMLA regulations, your benefits coverage ends at the end of the month in which your FMLA is exhausted. **In addition, if you do not return to work the day following your FMLA exhaustion, you immediately forfeit your reinstatement rights under FMLA, and will need to re-qualify* for benefits under PEBB eligibility rules.**

*Re-qualifying for insurance: If you have 80 paid hours (RG, SL, VA, etc.) in a month, your coverage is reinstated as of the first of the following month. For example: *An employee exhausts their FMLA/OFLA on July 25th. If they return to work on July 26th, their benefits will be restored with no gap in coverage. If they return July 27th, they lose their FMLA reinstatement rights, and must re-qualify for benefits. If they do not have 80 paid hours in the month of July, they will have to self-pay their benefits through COBRA for the month of August.*

•**Employees and Managers: It is extremely important to properly code timesheets and monitor FMLA/OFLA leave use, in order to avoid an employee unexpectedly losing their insurance coverage. If the FMLA/OFLA entitlement is close to exhaustion, contact Human Resources and Payroll to determine the employee's benefits status.**

•If you do not return to work following a family/medical leave, you may be required to reimburse the Department for the full premium cost of health care coverage paid on your behalf, unless there is a) a recurrence or continuation of the medical condition, or (b) the reason is beyond your control.

REINSTATEMENT RIGHTS

- Upon return from family/medical leave, you will be reinstated to your former job or to an equivalent position with equivalent compensation, benefits, shift, duties, responsibilities, and location. (Note: FMLA reinstatement rights are forfeited if you exceed your family/medical leave entitlement)
- Prior to returning from a family/medical leave, you must contact your supervisor and, when practical, provide one to two weeks notice of your intent to return to work.

OREGON DEPARTMENT OF TRANSPORTATION

OVERVIEW OF FEDERAL AND STATE FAMILY AND MEDICAL LEAVE LAWS (continued)

FEDERAL FAMILY MEDICAL LEAVE ACT (FMLA):

Employees have the right for 12 weeks family/medical leave during a “rolling” 12-month period for any one or more of the following reasons:

- Birth of a child (including maternity and parental leave)
- Adoption of a child under 18 (including foster care placement)
- To care for a spouse, child, or parent with a serious health condition
- Employee’s serious health condition that makes them unable to perform essential job functions.

ELIGIBILITY: Must have been employed for 12 months and have worked (not counting leave time) at least 1250 hours. 12 months employed does not need to be consecutive.

OREGON FAMILY MEDICAL LEAVE LAW (OFLA):

Employees have the right for 12 weeks* family medical leave during a “rolling” 12-month period for any one or more of the following reasons:

- Birth of a child (including maternity and parental leave).
- Adoption of a child under 18 (including foster care placement) Over 18 if child is incapable of self-care because of a disability.
- To care for a spouse, same sex domestic partner, child, stepchild, and parent or parent-in-law with a serious health condition.
- Employee’s serious health condition requiring inpatient care in hospital, hospice or residential medical care facility, imminent danger of death; pregnancy disability.
- Illness or injury of employee’s child (not serious health condition, but requires home care)

*Note: A woman who takes leave because of a pregnancy related disability may take up to an additional 12 weeks for any other purpose covered under OFLA. An employee who takes 12 weeks parental leave may also take up to an additional 12 weeks of sick child leave.

ELIGIBILITY: Must have been employed for 180 days (6 months) AND have worked (not counting leave time) an average of 25 or more hours per week. (Hours per week are not required for pregnancy/parental leave)

OREGON DEPT OF TRANSPORTATION – FAMILY AND MEDICAL LEAVE FORM

Federal and Oregon Family and Medical Leave Acts

This form is to be completed and given to your manager for review and approval prior to submitting to your Human Resources representative.

Name: _____ AEE SEIU Mgmt Svc/ Exec/ Unrep'd

Division/Section: _____ Crew # _____

I will need a **continuous block** of leave from: _____ to: _____

I will need **intermittent/irregular** leave from: _____ to: _____

The reasons for leave listed below are covered under federal and/or state Family and Medical Leave laws. Approval of medical leave is subject to certification by a health care provider. Check appropriate box or boxes.

Your own serious health condition that makes you unable to perform your job.

Care for a family member's serious health condition:

Check one only: spouse, parent, or biological, adopted, or foster daughter or son.

a. What type care will you provide? _____

b. At what times (on what schedule) will you provide this care? _____

c. Is(are) there any other family member(s) taking leave, or are otherwise available, during this same period to provide care? If yes, give your reason for requesting leave in addition to theirs: _____

Pregnancy disability (including prenatal care appointments). *Anticipated date of birth: _____

Parental leave (newborn*, newly adopted**, or newly placed foster** daughter or son), available to both male and female employees. (Length of leave is up to 12-weeks within first 12-months of birth or placement.)

**Give date of adoption or foster placement: _____ Is/are child/ren under 18 yrs old? Yes No

OFLA ONLY:

Care for parent-in-law or same-sex domestic partner with condition that poses imminent danger of death, is terminal or requires constant care:

a. What type of care will you provide? _____

b. At what times (on what schedule) will you provide this care? _____

At-home care for a minor child suffering from an illness or injury that is a non-serious health condition.

Is the child's other parent, or other family relative, available and able to care for the child? Yes No

Employees using FMLA/OFLA entitlements shall first exhaust sick leave in accordance with union contracts or established DAS policy. Please number below the order in which you choose to use paid leaves after exhausting sick leave:

AEE employees are not required to use other paid leaves before incurring leave without pay.

___VA – vacation ___CT – Comp-Time⁽¹⁾ ___LO – Leave Without Pay

SEIU represented, employees are required to exhaust all paid leaves⁽²⁾ before using leave without pay.

___VA – vacation ___PB – personal business ___CT – Comp-Time⁽¹⁾

⁽²⁾ I designate to retain up to 40 hours of vacation/comp-time. (I understand that if I retain vacation/comp-time hours, I will not be eligible for Hardship Leave Donations.)

Mgmt Service/ Exec/ Unrepresented employees are required to exhaust all paid leaves before using leave without pay.

___VA – vacation ___PB – personal business ___CT – Comp-Time⁽¹⁾

⁽¹⁾Compensatory time can be used but will not be charged against FMLA/OFLA entitlements.

I understand that I am required to provide medical certification and that failure to provide adequate certification may delay or disqualify my entitlement to the federal Family and Medical Leave Act and/or the Oregon Family Leave Act entitlements. I certify that all statements contained in this request are true and complete. Any oral or written statements that are false and/or misleading may be grounds for disciplinary action.

Employee Signature

Employee ID Number

Date Signed

Supervisor Signature

Please Print Name

Date Signed

OREGON DEPARTMENT OF TRANSPORTATION

HEALTH CARE PROVIDER CERTIFICATION

Federal and Oregon Family and Medical Leave Acts

This form is to be completed and returned to:

ODOT Human Resources 355 Capitol Street NE Room 104, Salem, OR 97301 Fax 503-986-3895

Should you have questions, you may contact 503-986-3700.

Information sought on this form relates only to the condition for which the employee is taking leave.

Employee's Name: _____

Patient's Name (if different from employee): _____

1. The attached sheet gives a description of various "serious health condition" categories that qualify under the Family and Medical Leave Acts. Please check appropriate category:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1-Hospital care | <input type="checkbox"/> 4-Chronic requiring treatment | <input type="checkbox"/> 7-Poses imminent danger of death, terminal in prognosis, or requires constant care |
| <input type="checkbox"/> 2-Absence+treatment | <input type="checkbox"/> 5-Perm/ long-term requiring treatment | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> 3-Pregnancy and/or prenatal care | <input type="checkbox"/> 6-Multiple treatments (non-chronic) | |

Please give supporting medical facts and explain how they meet the criteria of the category: _____

2. Approximate date condition began: ____/____/____ Duration of condition: from ____/____/____ to ____/____/____

2. Is inpatient hospitalization required? Yes – for how long? _____ No

3. Is the patient presently incapacitated from work and unable to perform his/her job ("incapacitated" for the purposes of FMLA is defined to mean inability to work or perform other regular daily activities due to the serious health condition, treatment therefor or recovery therefrom)?

Yes – please indicate estimated date of return: ____/____/____ No

4. Will it be necessary for the employee to work intermittently or on a less than a full-time schedule? If yes to either, please complete the following:

a. Intermittently – please indicate anticipated timeframe: from ____/____/____ to ____/____/____

b. Less than full-time – please specify number of hours per day: _____

5. Will employee require a regimen of treatments? Yes – please complete the following No

a. general nature of treatments: _____

b. estimated number of treatments: _____

c. schedule of visits: _____

6. Will the patient require referral to another physician? Yes – please specify name: _____ No

If this certification relates to the employee's seriously ill family member(s), complete the following:

7. Is the employee's presence necessary or beneficial for the care of the patient? Yes No

8. If yes, what type of care does the patient require from the employee? _____

*** **

Printed Name of Physician/ Practitioner

Date Signed

Signature of Physician/ Practitioner

Type of Practice/ Field of Specialization

Address

Phone Number

OREGON DEPARTMENT OF TRANSPORTATION
HEALTH CARE PROVIDER CERTIFICATION (cont)
Federal and Oregon Family and Medical Leave Acts

Definition of a "Serious Health Condition"

A "serious health condition" is defined as an illness, impairment, physical or mental condition that involves one of the following:

1. Hospital care –

Inpatient care (i.e., overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence plus treatment –

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (a) treatments⁽¹⁾ two or more times by a licensed healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider, or by a provider of healthcare services (e.g., physical therapist) under orders of, or on referral by, a healthcare provider **or**,

(1) Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment DOES NOT include routine physical, dental, or eye examinations.

- (b) treatment by a healthcare provider on at least one occasion which results in a regimen of continuing treatment⁽²⁾ under supervision of the healthcare provider.

(2) A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment DOES NOT include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, or any other similar activities that can be initiated without a visit to a healthcare provider.

3. Pregnancy –

Any period of incapacity due to pregnancy, pregnancy-related illness, or for prenatal care.

4. Chronic conditions requiring treatments –

A chronic condition which:

- (a) requires periodic visits for treatment by a healthcare provider, nurse, or physician's assistant under direct supervision of a healthcare provider;
- (b) continues over an extended period of time (including recurring episodes of a single underlying condition); and
- (c) may cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

5. Permanent/ long-term conditions requiring supervision –

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider. Examples include Alzheimer's, a severe stroke or the terminal states of a disease.

6. Multiple treatments (non-chronic conditions) –

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a healthcare provider or by a provider of healthcare services under orders of, or on referral by, a healthcare provider, either of restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

7. An illness, disease, or condition that poses an imminent danger of death, is terminal in prognosis, or requires constant care.

**Oregon Department of Transportation
Family and Medical Leave
RELEASE TO RETURN TO WORK**

A. PRIOR TO EMPLOYEE RETURNING TO WORK, this form is to be faxed to ODOT Human Resources (see bottom of page for fax information) and a COPY is to be SUBMITTED to the EMPLOYEE'S SUPERVISOR.

B. TO BE COMPLETED BY EMPLOYEE:

Name: _____ EIN: _____

C. TO BE COMPLETED BY ATTENDING PRIMARY HEALTH CARE PROVIDER:

1. The above named employee was examined on (date): _____

2. Is the employee able to return to work full-time without restrictions? * Yes No

*Effective Date: _____

1. If the answer to #2 is "No", indicate date employee **is able** to return to work full-time with **NO** limitations: _____

Additional Comments: _____

4. Period of absence: I certify that from _____ to _____ the above named employee was: (a) unable to perform the physical requirements of his/her work **and/or** (b) medically incapacitated: Totally **Partially

5. **If *partially medically incapacitated*, complete the following:

Number of hours per day employee is able to work _____

Number of days per week employee is able to work _____

6. Limitation(s): Bending Sitting Lifting Standing Walking Other

Please explain/describe limitations in detail: _____

PRINTED Name of Primary Health Care Provider

Type of Practice

Signature – Primary Health Care Provider

Date

Please fax completed form to your HR Analyst at:

Regions 1 and 2	503-986-3895	355 Capitol St. NE Rm. 104, Salem OR 97301
Region 3	541-957-3685	3500 NW Stewart Prkwy, Roseburg OR 97470
Region 4	541-388-6261	PO Box 5309, Bend OR 97708
Region 5	541-963-1377	3012 Island Ave, LaGrande OR 97850
DMV	503-945-0893	1905 Lana Ave NE, Salem OR 97314
Motor Carrier, Central Svs, T-Bldg	503-986-3895	355 Capitol St. NE Rm. 104, Salem OR 97301
TDD, IS, Rail, Pub.Transit, Civ. Rights	503-986-3984	555 NE 13th St Ste 2, Salem, OR 97301

ABSENCE/LEAVE CALENDAR FOR YEAR _____

Employee Name:		SS #				Crew #	
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	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
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Totals:												

CTL	Comp Time Leave	LU	Leave w/o Pay (Unauthorized).				
GL	Governor's Leave Day	PB	Personal Business				
LO	Leave w/o Pay (Authorized)	SL	Sick Leave (*Non-serious)				
		VA	Vacation				

OREGON FAMILY LEAVE ACT	FEDERAL FAMILY LEAVE ACT
<p>REASONS FOR LEAVE:</p> <ul style="list-style-type: none"> - Serious Health Condition of Employee - Pregnancy Related Disability - Serious Health Condition of Spouse, Parent or Child - Serious Health Condition of Parent-in-Law* , Same sex domestic partner* - Birth, Adoption, Foster Care - Non-serious Illness of a Child * [*OFLA only] 	<p>REASONS FOR LEAVE:</p> <ul style="list-style-type: none"> - Serious Health Condition of Employee - Serious Health Condition of Spouse, Parent or Child - Birth, Adoption, Foster Care
<p>ELIGIBILITY:</p> <ul style="list-style-type: none"> - Employed for 180 calendar days immediately preceding 1st day of leave. - Has worked an average of 25 hrs per week during 180 day period (unless leave for birth, adoption, foster care of child – then only needs to meet 180 calendar days of employment to be eligible for leave for those purposes). 	<p>ELIGIBILITY:</p> <ul style="list-style-type: none"> - Employed for at least 12 months prior to using leave (need not be consecutive months). - Has worked at least 1250 hours during 12 months immediately preceding 1st day of leave.

