

# COOK COUNTY FAMILY MEDICAL LEAVE ACT (FMLA) LEAVE – FAMILY MEMBER'S SERIOUS HEALTH CONDITION

### LEAVE PROCESS OVERVIEW

An employee entitled to leave of absence under Family and Medical Leave is an employee who has been employed at least 12 months by the CCHHS and has worked at least 1,250 hours during the previous 12-month period.

- 1. You are required to:
  - a. Formally request your FMLA leave on Cook County Time (CCT).
  - b. Complete the process outlined in this document in order to take approved FMLA leave.
    - i. All additional documents referenced below will be provided to you via your preferred method of communication and are available through HR.
- 2. You must provide completed paperwork within the designated time frame (15 days).
- 3. Once a completed packet is received and reviewed, CCHHS Human Resources (HR) will issue a decision letter regarding your leave.

At this point in time, your leave is not approved.

## WHAT YOU NEED TO DO NEXT REGARDING YOUR LEAVE

In order to complete the process for FMLA leave and protect your job and benefits, the steps outlined in this section must be completed.

- 1. Your health care provider must complete the required documentation.
  - a. It is your responsibility to confirm the Health Care Provider FMLA Leave Certification documentation is completed and returned within 15 days your receipt of the FMLA packet.
  - b. Copies of the completed paperwork must be submitted by you to:
    - i. Employee Health Services (EHS)
    - ii. Human Resources (HR)
- 2. If there is something missing or confusing about your leave documentation, you may be asked to clarify.
  - a. It is your responsibility to provide this information to EHS and HR.
- 3. HR will inform you if you are eligible for FMLA leave and its requirements.
  - a. Please review the Notice of Eligibility that will be provided in the FMLA packet.
  - b. Your decision letter will be sent to you via your preferred communication method as specified by you on Cook County Time (CCT).
  - c. Your decision letter will also be available on CCT for you to view.

# ABOUT YOUR LEAVE APPROVAL

- 1. Once the leave is approved, HR will forward the Leave Approval Letter to your supervisor and timekeeper.
- 2. You are only permitted to take time off for the specific reason for leave and are not permitted to use FMLA time for other reasons.
- 3. FMLA leave is unpaid.
  - a. Your accrued sick time will run concurrently with any absence under this leave.
  - b. On the FMLA Leave Action Form, you may elect to have vacation run concurrently with your leave once you have exhausted your accrued sick time.

## **TYPES OF LEAVE**

You must to follow your department's time and attendance and, call-off policies until you receive an approval letter from HR for your FMLA leave.

There are three (3) types of FMLA leave

- 1. CONTINUOUS (SINGLE-PERIOD) LEAVE
  - a. Leave taken for a period of time during which the employee is off work all day, every day until they return to work.
- 2. INTERMITTENT LEAVE
  - a. Once you receive your FMLA intermittent leave approval letter, you must continue to follow your department's time and attendance policies for each intermittent absence.

- When reporting each intermittent absence, you need to include the case #, amount of time, and whether
  it is an episode or treatment.
- b. If your time off includes treatments or appointments, you must work with your supervisor to avoid unnecessary disruption to the department.
- c. If your time off is for episodes or flare-ups, please make an effort to stay within the approved parameters.
- 3. REDUCED SCHEDULE LEAVE
  - a. Leave taken on a predictable basis that reduces the employee's schedule.
  - b. For example, the employee takes 2 hours per day every Monday and Wednesday each week.

### RETURN TO WORK OR REQUEST A LEAVE EXTENSION

Employees have the right to return to the same or equivalent position at the end of their leave. In order to return to the same or equivalent job, employees must follow the process outlined below. While on leave, you must maintain all licensure and/or certification as required by your job.

- 1. EHS Clearance to Return to Work
  - a. At least ten (10) days prior to the end of your continuous (single period) leave, you must schedule an appointment with Employee Health Services (EHS) so that you may be cleared to return to work.
  - b. To schedule an appointment with EHS, please call 312-864-1970.
  - c. You must return to work on your first scheduled work day after your leave expires. Failure to return to work without requesting an extension may lead to discipline including possible termination.
- 2. HR Clearance to Return to Work
  - a. Within 24 hours of EHS clearance to return to work, you must contact HR at 312-864-1810 or by email at LOA@cookcountyhhs.org in order to:
    - i. Finalize your leave.
    - ii. Determine if you will be required to complete additional clearances.
    - iii. Provide documentation of current licensure and certifications as required by your job description.
- 3. If you are seeking to return to work with restrictions, EHS will initiate the return to work plan with EEO, HR and your specific department.
  - a. We will make every effort to accommodate your restrictions as long as they are reasonable, do not cause undue hardship, and permit you to perform all essential functions of your job.
- 4. If you require an extension of your approved leave, you must provide appropriate documentation from your health care provider to EHS and at LOA@cookcountyhhs.org.
  - a. This request must be made at least one (1) week prior to the end date of your approved leave.
  - b. Failure to return to work without requesting an extension may lead to discipline including possible termination.
- 5. If you are on an intermittent leave, you must make sure that you request a renewal at the end of your leave year.
  - a. Any absences listed for FMLA without an active and approved FMLA on file may not count as FMLA.

## Referenced Documents:

FMLA Leave Action Form - Employee's Own Serious Health Condition

Health Care Provider FMLA Leave Certification – Medical Certification – Employee's Own Serious Health Condition

- U.S. Department of Labor Notice of Eligibility (Family and Medical Leave Act)
- U.S. Department of Labor Employee Rights and Responsibilities Under the Family and Medical Leave Act