



## **LEAVE PROCESS OVERVIEW**

*An employee is entitled to leave as the result of the birth or adoption of a child*

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 New Child leave and protect your job and benefits, the steps outlined in this section must be completed.

1. You must complete the Leave Action Form and select Paid Parental Leave or Maternity/Paternity Leave (see below).
2. Your health care provider must complete the Health Care Provider New Child Leave Certification.
  - a. It is your responsibility to confirm this documentation is completed by your healthcare provider and returned to CCHHS within 15 days of your receipt of this packet.
  - b. Copies of the completed paperwork must be submitted by you to:
    - i. Employee Health Services (EHS); and
    - ii. Human Resources (HR)
3. If there is something missing or confusing about any of your leave documentation, you may be asked to clarify.
  - a. It is your responsibility to provide this information to EHS and HR.

## **ABOUT YOUR LEAVE APPROVAL**

1. HR will inform you if you are eligible for New Child leave and its requirements.
2. Your decision letter will be sent to you via your preferred communication method as specified by you on CCT.
  - a. Your decision letter will also be available on CCT for you to view.
  - b. HR will forward the approval letter to your supervisor.
3. You must follow your department's time, attendance and call off policies until you receive an approval letter from HR for your leave.
4. You are only permitted to take time off for the specific reason for leave and must not use leave time for other reasons.

## **TYPES OF LEAVE**

CCHHS has two generous options available to choose from for your new child leave (pick one of two).

1. Paid Parental Leave – Paid Time Off To Be With Your New Child
  - a. If you have been employed at CCHHS for at least 12 months and have worked at least 1250 hours, you are eligible to take Paid Parental Leave as part of your maximum 12 work weeks of leave for the birth or adoption of a child.
2. Maternity/Paternity Leave – Extended Time Off To Be With Your New Child
  - a. If you do not qualify for the Paid Parental Leave, or, if you so choose, you may take up to six months of unpaid Maternity/Paternity leave related to pregnancy and the birth or adoption of a child.
  - b. For unpaid portions of leave:
    - i. Your accrued sick time will run concurrently with any absence under this leave.
    - ii. Once you have exhausted your accrued sick time, you may elect to have vacation run concurrently with your leave until it is exhausted.

- iii. If you are the birth parent, you should contact the [Cook County Pension Fund](#) to determine if eligible to receive disability benefits.
3. You may not take the Paid Parental leave AND the Maternity/Paternity leave for the same reason.

#### **CHILDBIRTH SPECIFIC INFORMATION**

1. You are the birth parent:
  - a. When creating a leave on CCT, you must provide estimated date of delivery.
  - b. After delivery, you must provide additional documentation that confirms date of delivery and whether you delivered naturally or via C-section (only for paid parental leave).
  - c. Time off for a routine pregnancy assumes routine prenatal appointments (12 weeks, 20 weeks, etc.) and post-birth appointments until the appropriate allotment is exhausted (12 weeks for FMLA or up to 6 months for Maternity/Paternity leave)
  - d. If you require more time off prior to or after the birth due to a pregnancy-related disability, you must request a leave for your own condition on CCT.
  - e. A medical certification form is available through HR and must be completed by your health care provider.
2. You are not the birth parent:
  - a. While creating a leave on CCT for parental bonding, you must provide an estimated date of delivery.
  - b. After delivery, you must provide documentation that confirms date of delivery to begin parental bonding leave.

#### **ADOPTION SPECIFIC INFORMATION**

1. If you or your spouse, domestic partner, or civil union partner are adoptive parents, you must:
  - a. Provide estimated date of delivery while requesting leave on CCT;
  - b. After delivery, provide additional documentation that confirms date of delivery; and
  - c. Provide certification from a court or adoption agency confirming that you, your spouse, domestic partner or civil union partner:
    - i. Has been matched with a child by the agency.
    - ii. Is named as the adoptive parent with an effective date for the adoption.

#### **FOSTER CARE SPECIFIC INFORMATION**

1. You may take up to 12 work weeks of time within one year from placement to bond with your foster child.

#### **RETURN TO WORK**

*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. At least 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.
  - a. To schedule the appointment with EHS, please call 312-864-1970.
  - b. 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.
2. 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](mailto:LOA@cookcountyhhs.org) in order to:
  - a. Finalize your leave.
  - b. Determine if you will be required to complete additional clearances.
  - c. 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 and do not cause undue hardship.
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](mailto:LOA@cookcountyhhs.org).
  - a. This request must be made at least one 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.

Referenced Documents:

Leave Action Form

Health Care Provider New Child Leave Certification Form