

# Your Rights Under The Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons.

## Reasons For Taking Leave:

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

## Advance Notice and Medical Certification

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

## Job Benefit and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division  
Washington, D.C. 20210

Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Unlawful Acts By Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA

## Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations
- An eligible employee may bring a civil action against an employer for violations

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

## For Additional Information

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

WH Publication 1420  
June 1993



## REQUEST FOR FAMILY MEDICAL LEAVE

Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the leave requested is to begin.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DEPT: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ STATUS Full-time  Part-time A  Part-time B

DATE LEAVE TO START: \_\_\_\_\_ EXPECTED RETURN DATE: \_\_\_\_\_

CHECK IF INTERMITTENT LEAVE IS REQUESTED

Have you taken FMLA (Family Medical Leave) in the past 12 months?  yes  no

All requests for paid or unpaid FMLA Leave of Absence must be accompanied by Physician Certification Form.

I request family or medical leave for one of the following reasons:

- Birth of my child and to care for him or her  
**Do You Wish To Add Your Newborn To Your Medical/Dental/Vision Insurance?  YES  NO**  
**if yes, family status change and enrollment forms are required to completed with in30 days of the date of birth.**
- Placement of a child with me for adoption or foster care
- To care for:  spouse,  child,  parent with a serious health condition.
- For a serious health condition that makes me unable to perform my job. Describe:  
\_\_\_\_\_  
\_\_\_\_\_

*(for Medical Leaves, please note that Lourdes Medical Insurance will not pay for On the Job Injuries)*

- For a On the Job Injury, Describe  
\_\_\_\_\_  
\_\_\_\_\_

- For other reasons: Describe:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_  
**Department Director Signature** **Date**

\_\_\_\_\_  
**Human Resources Signature** **Date**

Certification of Health Care Provider for  
**Family Member's Serious Health Condition**  
(Family and Medical Leave Act)

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division



OMB Control Number: 1215-0181  
Expires: 12/31/2011

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertification's, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Lourdes Health Network/Chantal Martin- phone 509-546-2314/fax 509-546-2296

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: \_\_\_\_\_

Name of family member for whom you will provide care: \_\_\_\_\_

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimated leave needed to provide care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

GINA prohibits employers and other entities covered by GINA Title II from requesting genetic information or employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results or any individual's or family member's genetic tests, or the fact that an individual or an individual's family member sought or received genetic services.

Provider's name and business address: \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

\_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:**

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?  No  Yes.

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care?  No  Yes.

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery?  No  Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Explain the care needed by the patient, and why such care is medically necessary:

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6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  
 No  Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

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7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_ No \_\_\_ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)

Duration: \_\_\_ hours or \_\_\_ day(s) per episode

Does the patient need care during these flare-ups? \_\_\_ No \_\_\_ Yes.

Explain the care needed by the patient, and why such care is medically necessary:

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ADDDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

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\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**



# Lourdes Health Network

## POLICY/PROCEDURE

**FACILITY:** LHN  
**DEPT NO:** 01.8650  
**POLICY NO:** 5200.13  
**DEPARTMENT:** Human Resources  
**TITLE:** Leave of Absence

### POLICY:

It is the policy of Lourdes Health Network to provide Family and Medical leave benefits in accordance with the State of Washington Family Leave Act of 1989 and the Federal Family Leave Act of 1993. The greater of the two benefits under these regulations shall apply. All other leaves shall be requested and granted in accordance with the policies defined herein. Leave of Absences for represented associates shall be according to contractual agreement in coordination with Personnel Policy.

### PROCEDURE:

#### LEAVE OF ABSENCE

Lourdes Health Network reserves the right to initiate a leave of absence in cases where it concludes that an associate's attendance, quality, or quantity of work, or efficiency have been adversely affected by some medical condition or personal circumstance.

#### 1. Family and Medical Leave (FMLA) Definition

Leave of Absence is defined as any planned or unplanned work loss from regularly scheduled hours due to personal or family illness, injury (including on-the-job injury), emergency or bereavement, for reasons as defined under the Family Medical Leave Act (FMLA) and other reasons as defined under this section for eligible associates.

##### a. Eligibility for FMLA

Pursuant to the Federal Family and Medical Leave Act of 1993, an associate who has been scheduled at least forty (40) hours per two (2) weeks, for twelve (12) consecutive months prior to the leave, shall be entitled up to twelve (12) weeks of leave (paid/unpaid) per looking back rolling year for the following reasons:

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Original Effective Date:	06/01/72	Supersedes:	LMC Pol # 5200.15; 11/99 LCC Pol # 412.6; 11/99
Original Dept.	Human Resources Administration: 06/72		
Dates Revised:	1/74; 7/77; 2/82; 11/84; 1/92; 5/95; 11/99; 4/00 5/09	Dates Reviewed:	5/75; 3/77; 4/79; 4/80; 4/81; 9/82; 5/83; 12/85; 8/86; 8/87; 9/89; 3/96; 6/04; 6/05; 5/07; 4/08; 3/09



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- i. To care for the associate's child after birth or placement of a child for adoption or foster care; and
- ii. Due to an associate's serious health condition (including birth) that makes the associate unable to perform the associate's job; and
- iii. To care for the associate's lawful spouse; biological, step, adoptive or foster, parent or child; or parent-in-law, with a serious health condition.

b. Leave Period for Birth, Adoption, or Placement

If leave is for temporary pregnancy disability, it is for the period of actual disability. Period of physical disability leave and care for the newborn is permitted. The disability period is period which physician deems disabled plus twelve (12) weeks of FMLA. If leave is to care for a newborn child or a newly adopted or foster child, leave must be taken within twelve (12) months of the birth, adoption, or placement.

c. Definition of Serious Health Condition

A serious health condition is an impairment or condition that involves inpatient care in a hospital, hospice or residential care facility, or that requires absence from work or other regular daily activities of more than four (4) or more calendar days that also involves continuing treatment by a health care provider.

d. Utilization of Benefits/Health Insurance while on FMLA

Utilization of FMLA shall not result in the loss of any employment benefit accrued prior to the start of the leave. Benefits shall be used in accordance with Policy 5200-14 Paid Leave Program. Health insurance may be continued during the FMLA leave in accordance with 9.(g) Continuing Health Insurance Coverage.

e. Automatic FMLA

Any absence of four (4) or more days that qualifies for FMLA may automatically be applied toward FMLA. Before returning to work, the associate must be released by his or her attending physician and associate Health Provider.

f. Utilization of FMLA on Intermittent Basis

When medically necessary, FMLA may be taken on an intermittent basis. Lourdes Health Network may transfer an associate on intermittent leave to an alternative position with equivalent pay and benefits.



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g. Reinstatement to Work from FMLA

If the associate's absence from work does not exceed twelve (12) weeks, the associate may return to work to the same or equivalent position with equivalent pay, benefits and other employment terms.

h. Exceptions for Key associates

If the associate is a designated key associate, the associate may not be entitled to return to the associate's job following family and medical leave. Should the employer determine that substantial and grievous economic injury would result from reinstatement at the scheduled end of the leave, the associate shall be notified of that fact in writing and the associate shall be given an opportunity to end the leave and return to work. If the associate remains on leave after receiving notice and the opportunity to return to work, the associate will not have a right to be restored to employment at the end of the leave.

2. Personal Leave

Following one (1) year of continuous employment, full-time and part-time regular status associates may request one (1) unpaid personal leave of absence per looking back rolling twenty-four (24) month period. Personal leaves of absence may be granted for justifiable reasons (i.e., to care for a sick family member or disability of an associate not eligible for FMLA) at the sole discretion of the Department Director/Manager/Supervisor and Management.

a. Exception

Each twelve (12) month rolling year, up to three (3) days of unpaid leave may be requested for a valid reason through the Department Director/Manager/Supervisor.

b. Utilization of Benefits/Health Insurance

Benefits shall be utilized in accordance with Policy 5200-14 Paid Leave Program. Health Insurance may be continued during the leave in accordance with Continuing Health Insurance Coverage.

c. Personal Leave with Pay - Anniversary Date



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Leave with pay shall not alter an associate's anniversary date of employment or otherwise affect the associate's hourly rate of pay or status with the Employer.

d. Personal Leave Without Pay - Anniversary Date

A leave without pay of thirty (30) days or less will not alter an associate's anniversary date of employment. A personal leave exceeding thirty (30) days will result in an adjustment to the associate's anniversary date to reflect the length of the leave.

e. Reinstatement to Work from Personal Leave

Associates who return to work within thirty (30) days may be reinstated to the same or equivalent position, subject to the restrictions set forth in Release-to-Work Medical Statement for Reinstatement. Thereafter, for the duration of the leave, upon requesting return to work, the associate may be offered the first available opening for which the associate is qualified.

3. Emergency/Bereavement/Funeral Leave

Emergency/Bereavement/Funeral leave of three (3) to five (5) days is not considered a leave of absence. Reference Policy 5200-04 Emergency/Bereavement/Funeral Leave.

4. Jury Duty/Witness Leave

a. Eligibility and Pay

Full-time and part-time regular status associates who are required to serve on Jury Duty on a regularly scheduled work day shall be compensated at the associate's regular rate of pay for up to eight (8) hours in any one (1) day.

Associates are encouraged to donate their Jury Duty pay to the Helping Hands Fund or Auxiliary Scholarship Program.

b. Verification and Documentation

The associate must provide Payroll with a copy of the summons advising the associate of Jury/Witness Duty.



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Lourdes Health Network reserves the right to request that an associate be excused from Jury Duty, if in the opinion of Administration, the associate's absence would create a hardship for the department.

The associate must report to work on day shift if dismissed from Jury Duty in time to work at least one-half (1/2) of his or her normal shift.

c. Subpoenas for Non-Lourdes Health Network's Business

If for personal reasons the associate is required to appear in court in a state or federal administrative proceeding to testify under some form of subpoena or court order, the associate may obtain an unpaid leave of absence for the period of time necessary to do so, provided the Department Director/Manager/Supervisor is notified according to the guidelines outlined above.

d. Subpoenas for Lourdes Health Network's Business

If the associate is required to be a witness on behalf of Lourdes Health Network, on a regularly scheduled work day the associate shall be compensated their regular rate of pay for up to eight (8) hours in any one (1) day.

5. Military Leave

Military leave will be granted in accordance with state and federal regulations including The "Your Rights under USERRA" – The Uniformed Services Employment Act" of July 2008. Publicized by the Department of Labor which list the following protections:

- a. Reemployment Rights
- b. Rights to be free from Discrimination and Retaliation
- c. Health Insurance Protection

Associates will also have the utilization of Accrued Benefits

- a. The associate may utilize accrued benefits according to Policy 5200-14 Paid Leave Program.

6. Pregnancy Disability/Maternity Leave not FMLA Qualified

Following completion of the probationary period, a leave of absence may be granted for the period of physical disability for pregnancy/maternity leave (if the absence does not exceed thirty (30) days.) An associate returning from a pregnancy disability or maternity



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leave may return to the same or equivalent position, at the discretion of management to approve request for reinstatement, subject to requirements set forth in Leave of Absence Rules/Procedures.

### 7. On-the-Job Injury Leave

#### a. FMLA for Time Away from Work/Reinstatement

Associates, who are FMLA eligible, will have their time loss counted toward FMLA, up to twelve (12) weeks, during which time their original position or its equivalent shall be held open for reinstatement. All provisions as specified under Family and Medical Leave (FMLA) Definition and Leave of Absence Rules/Procedures relative to FMLA will apply.

#### b. On-the-Job Injuries not eligible for FMLA

Reference Policy 5200-21 Workers' Compensation.

#### c. Return-to-Work to another position under a Modified Work Program

Associates returning to another position on a modified work program shall have time loss away from his or her original position counted toward FMLA. Associates who return to work to their original positions on a reduced work schedule will be subject to Utilization of FMLA on Intermittent Basis.

### 8. Education Leave of Absence

An educational leave of absence may be granted for up to a maximum of six (6) months following one (1) year of continuous employment when an associate is furthering his or her education in a program which is job-related and is for the mutual benefits of Lourdes Health Network and the associate.

An education leave of absence must be approved by the Department's Director/Manager/Supervisor and the Assistant Administrator. Approval of the leave shall be dependent upon the particular needs of the department at that time. Educational leaves must be reported to Human Resources upon final approval.

When an education leave of absence is granted, the associate shall agree to inform the Human Resources Department of academic progress at the end of a grading term. Reference Documentation of Education and Requirements.



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9. Leave of Absence Rules/Procedures

a. Request Period Requirements

Written requests for leave must be submitted thirty (30) days in advance or as soon as is practical in unusual or emergency situations (fourteen (14) days in advance for terminal illness of a child). Leave may be denied for failure to submit a timely request. In compelling or emergency situations, the associate who has no alternative but to make an oral request for leave, must do so through their immediate supervisor and HR. The request must then be confirmed in writing.

b. Forms, Verification and Documentation Requirements Requests for leave are to be made on the Leave of Absence Request Form available in HR Benefits Office. This form is to be pre-approved and signed by the Department Director/Supervisor and submitted to the Human Resources Benefits Office according to required time lines stated in Request Period Requirements. For FMLA and/or maternity leaves, the request must include the Certification of Physician or Practitioner Form also available in the Human Resources Benefits Office. Certification must be provided within fifteen (15) days or as soon as reasonably possible. FMLA leave may be denied until the certification is submitted. An associate on FMLA or personal leave due to the associates own serious health condition (including pregnancy and childbirth) must provide the associates Director/Manager/Supervisor (weekly) and HR Benefits Office (monthly) with documentation of status of continued disability and the associates intention to return to work, or as often as requested while on leave. Re-certification of the need for medical leave may be required. Failure to do so may result in termination of the leave, subject to Failure to Report to Work. Lourdes Health Network may require, at its own expense, a second medical opinion. Should the second opinion differ from the original certification provided by the associate, Lourdes Health Network, at its own expense, may require the associate to obtain a third opinion. The opinion of the third health care provider, designated or approved by both Lourdes Health Network and the associate, is final and binding on both Lourdes Health Network and the associate.

c. Failure to Report to Work

Associates who fail to report to work on the prescribed date may result in disciplinary action up to and including termination, or may be considered a voluntary termination, as referenced in Continuing Health Insurance Coverage.

d. Work Loss of Four or More Days



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Any illness or injury (including an on-the-job injury or illness, see Policy 5200-21 Workers' Compensation) resulting in four (4) or more consecutive missed work days may be considered a leave of absence subject to Leave of Absence Rules/Procedures.

e. Notification of Approval

The Department Director/Supervisor must approve all leaves. The associate shall be notified in writing when their request for leave (or extension) has been approved. If the associate should miss work prior to approval and the request is denied, the missed time may be counted against them for attendance purposes.

f. Utilization of Accrued Benefits

If eligible and applicable, EIB, PTO, or if applicable, sick and vacation balances, must be used before going into an unpaid status, Uses of EIB and Use of Paid Sick Leave and Policy. Uses of PTO and Use of Earned Vacation Time.

g. Continuing Health Insurance Coverage

Associates on FMLA for his or her own serious health condition may continue Health Insurance coverage with Lourdes Health Network contributions for up to twelve (12) weeks while on paid/unpaid FMLA. COBRA will be offered beyond the 12 weeks.

h. Completion of Absent Pay Request

An Absent Pay Record (APR) must be completed for any days scheduled but not worked, paid or unpaid. If an associate has not returned to work, an associate may request that the Department Director/Manager/Supervisor submit an APR. This request should be communicated no later than the last day of the pay period.

i. Documentation of Education and Requirements

A copy of grades and credits earned are to be submitted to the appropriate Department Director/Manager/Supervisor and HR Benefits Office each term while on an education leave. Failure to do so may result in termination of the leave of absence.

j. Applying for/Seeking Other Employment and Other Activities



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An associate on leave may not seek or accept any employment (including self-employment) while on leave without obtaining advance written permission from HR. An associate on FMLA or personal leave due to his/her own serious health condition (including pregnancy and childbirth) may not engage in any on or off-the-job activity that violates a physician's restriction or might otherwise result in delaying the associates return to work. An associate that violates these rules shall be considered to have voluntarily terminated from Lourdes Health Network.

k. Release-to-work Medical Statement for Reinstatement

Requests for return to work must be made to the Department Director /Manager/Supervisor and Human Resources. Associates on FMLA or personal leave due to his/her own serious health condition (including pregnancy and childbirth) must have his/her attending physician or practitioner and associate Health provider read the associate's job description and complete the Release-to-Work Medical Statement, stating that the associate can perform the essential functions of the job, with or without accommodation. On or before the day the associate returns to work, the Release-to-work Medical Statement must be signed by the Department's Director/Manager/Supervisor and the original form submitted to HR Benefits Office. In the event the immediate supervisor is unavailable, the associate shall contact the Patient Care Supervisor on duty and obtain a signature and permission to return to work.

l. Loss of Reinstatement to Work Privileges

An associate will lose reinstatement privileges to the former job and/or will be terminated when any of the following occurs:

- i. The associate violates any of the disability policies or rules;
- ii. The associate fails to make a timely request for reinstatement;
- iii. The associate is disabled and cannot perform the essential functions or the associate 's former job with or without accommodations, and cannot, or is not qualified to accept any other job;
- iv. The associate is discharged for reasons not connected with the leave and for which others are or would be discharged under similar circumstances;
- v. The associate is subject to such action under federal or state law;
- vi. Fraudulent FMLA leave;
- vii. The associate would not have been employed if the associate had not taken the leave; or
- viii. The associate was a highly compensated associate under certain conditions.



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An offer of reinstatement may be made orally or in writing. An associate who unequivocally refuses an offer or does not report to work in the specified date will be considered a voluntary termination and will lose all employment privileges.