

4613



City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2004-0151	Resolution	In Committee
Resolution Relative to Updating Family Medical Leave Act Policy for Inclusion in the City of West Allis Policies & Procedures Manual.		
Introduced: 5/4/2004		Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

adoption
Recommended for Approval

ACTION
DATE:

5/10/04

MOVER SECONDER

_____	_____	Barczak
_____	_____	Czaplewski
_____	_____	Dobrowski
_____	_____	Kopplin
_____	_____	Lajsic
_____	_____	Narlock
_____	_____	Reinke
_____	_____	Sengstock
_____	_____	Vitale
_____	_____	Weigel

AYE	NO	PRESENT	EXCUSED
✓			
✓			
✓			
✓			
✓			

TOTAL

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

ADOPT

ACTION
DATE:

MAY 18 2004

MOVER SECONDER

_____	_____	Barczak
_____	_____	Czaplewski
_____	_____	Dobrowski
_____	_____	Kopplin
_____	_____	Lajsic
_____	_____	Narlock
_____	_____	Reinke
_____	_____	Sengstock
_____	_____	Vitale
_____	_____	Weigel

AYE	NO	PRESENT	EXCUSED
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

TOTAL

10

1

Personnel
Admin

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL
2004**

ADMINISTRATION & FINANCE

Chair: Michael J. Czaplewski
Vice-Chair: Martin J. Weigel
Gary T. Barczak
Thomas G. Lajsic
Rosalie L. Reinke

PUBLIC WORKS

Chair: Richard F. Narlock
Vice-Chair: Linda A. Dobrowski
Kurt E. Kopplin
Vincent Vitale
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Vincent Vitale
Gary T. Barczak
Martin J. Weigel
Rosalie L. Reinke

LICENSE & HEALTH

Chair: Kurt E. Kopplin
Vice-Chair: James W. Sengstock
Linda A. Dobrowski
Richard F. Narlock
Michael J. Czaplewski

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Gary T. Barczak
Linda A. Dobrowski
Vincent Vitale
Martin J. Weigel



City of West Allis

Resolution

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number: R-2004-0151

Final Action:

MAY 18 2004

Resolution Relative to Updating Family Medical Leave Act Policy for Inclusion in the City of West Allis Policies & Procedures Manual.

WHEREAS, Policy No. 1448, Family and Medical Leave (Federal) Policy, was originally included in the City of West Allis Policies & Procedures Manual on September 21, 1993; and,

WHEREAS, it is necessary to revise and update said policy at this time, as approved by the City's Executive Safety Committee.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis that Policy No. 1448, Family Medical Leave Act Policy, be approved as presented in the attached restatement.

BE IT FURTHER RESOLVED that the City Administrative Officer is authorized and directed to include Policy No. 1448 in the City's Policies & Procedures Manual and distribute said policy to all departments, divisions, and offices.

ADM\ORDRES\ADMR252

ADOPTED

May 18 2004

Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED

May 24 2004

Mayor

Family Medical Leave Act Policy	Personnel	1400			
	1448	1-6	9/21/93	5/4/04	

1.0 PURPOSE:

This policy outlines the provisions of the federal and Wisconsin Family and Medical Leave Acts and the rights and obligations of employees and the City of West Allis under both laws.

2.0 ORGANIZATIONS AFFECTED:

This policy applies to all City of West Allis departments, boards, commissions, and City employees.

3.0 POLICY:

The Family and Medical Leave Acts provide eligible employees with up to 12 workweeks of unpaid protected leave each year for specified family and medical reasons. The eligibility and entitlements are defined differently under federal and state law.

4.0 REFERENCES:

Family and Medical Leave Act of 1993.
Wisconsin Family and Medical Leave Act.

5.0 PROCEDURES:

It is the policy of the City of West Allis to grant up to twelve (12) weeks of family and medical leave during any calendar year to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA). The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in this policy.

6.0 ELIGIBILITY:

Employees are entitled to FMLA benefits if they:

- 6.1 **Federal** – Have been employed by the City for at least 12-months (not necessarily consecutive) and have worked at least 1,250 hours during the 12-months prior to the start of the FMLA leave.
 - Time spent on paid or unpaid leave does not count in determining the 1,250-hour eligibility.
- 6.2 **State** – Have been employed by the City for at least 52 consecutive weeks and have worked for at least 1,000 hours during the 52 weeks prior to the start of the FMLA leave.

7.0 QUALIFYING EVENT & AMOUNT OF LEAVE:

Eligible employees may take up to a total of 12 work weeks of unpaid FMLA leave in a calendar year for the following qualifying events:

- 7.1 The birth or placement of a child for adoption or, under the federal FMLA, for foster care.
 - a. State law provides for up to six (6) workweeks of unpaid leave for any one child.
 - b. Federal law requires that leave conclude within 12 months after the birth.
- 7.2 To care for the employee's spouse, child, or parent (includes a parent-in-law under the Wisconsin FMLA) with a serious health condition.
 - a. State law provides eligible employees up to 2 workweeks of FMLA family leave.
- 7.3 For the employee's own serious health condition that renders the employee unable to perform his/her job.
 - a. State law provides eligible employees up to 2 workweeks of FMLA medical leave.

Leave qualifying for both Wisconsin and federal FMLA leave will count against the employee's entitlement under both laws and will run concurrently. Qualified leave taken under Worker's Compensation also will run concurrently with Wisconsin and federal FMLA leave.

Under the federal FMLA, spouses employed by the City are jointly entitled to a combined total of 12 work weeks of family leave for the birth or placement of a child for adoption or foster care, and to care for a parent (but not a parent-in-law) who has a serious health condition.

8.0 NON-CONTINUOUS OR INTERMITTENT LEAVE:

Employees are permitted to take leave on an intermittent (blocks of time) or reduced work schedule (1) when it is medically necessary to care for a family member with a serious health condition or because of the employee's serious health condition; (2) to care for a newborn, adopted or foster child. Federal FMLA leave for the birth or placement of a child for adoption or foster care may not be taken in non-continuous increments unless approved by the City. Under the Wisconsin FMLA, the last increment of leave for the birth or placement of a child for adoption must begin within 16 weeks of that birth or placement.

Medical or family caretaking leave should be mutually agreed upon between the City and employee so as not to unduly disrupt the City's operations. Employees requesting non-continuous federal FMLA leave that is foreseeable based on planned medical treatment for purposes of providing care to a child, spouse or parent with a serious health condition or for the employee's own serious health condition may be required to transfer temporarily to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than the regular employment position of the employee. An employee temporarily transferred will receive the same pay and benefits, but may be assigned different duties.

The employee may not take, or be required to take, more leave than medically necessary to address the circumstances that caused the need for the leave.

9.0 PAYMENTS ON FMLA LEAVE:

In general, both Wisconsin and federal FMLA leaves are unpaid. The City may require employees, or employees may choose, to substitute paid leave for which they are eligible (such as vacation days or personal leave) for unpaid leave available under the federal FMLA; or employees may choose to substitute available accrued leave for unpaid Wisconsin FMLA.

An employee who is taking leave because of the employee's own serious health condition (and has exhausted sick leave benefits) or the serious health condition of a family member must use all paid vacation, random or compensatory time as part of such leave and take the remainder of the entitlement as unpaid leave.

An employee who is taking leave for the birth, adoption or foster care of a child (and has exhausted sick leave benefits) must use all paid vacation, random or compensatory time as part of such leave and take the remainder of the entitlement as unpaid leave.

As with all leaves of absence, no employee may pursue or engage in employment when on FMLA leave.

10.0 HOW TO APPLY FOR FMLA LEAVE:

- 10.1 The employee must submit a Request for Family Leave form to the Personnel Manager at least 30 days, or as soon as practicable, in advance of taking a leave. If circumstances do not permit an employee to give notice in advance of taking leave, the employee must notify the Personnel Manager and submit the Request for Leave form as soon as possible. Failure to give timely notice may result in the delay or denial of FMLA leave and may subject you to discipline under City policies.
- 10.2 If the leave is for a family member's or the employee's serious health condition, the employee must submit a medical certification form from the employee's or the family member's health care provider within 15 days. If an employee does not provide the required certification by the designated deadline, or if the City determines that an employee's absence is not covered as FMLA leave, the leave may not be designated as Wisconsin and/or federal FMLA leave, and the employee may be subject to discipline under City attendance policies unless he or she uses accrued paid leave (like vacation) and/or is granted a non-FMLA leave of absence.
- 10.3 Second or third certifications at the City's expense and periodic re-certifications at the employee's expense may be required under certain circumstances. The City requires periodic reports during federal FMLA leave regarding the employee's status and intent to return to work.
- 10.4 Forms are available through the Personnel Division.

11.0 HEALTH INSURANCE BENEFITS:

Group health insurance coverage will be maintained for employees while they are on FMLA leave, on the same terms as if the employee continued to work. The employee will be required to pay their regular portion of health insurance premium payments on a schedule established by the City.

The City may recover its share of health insurance premiums paid during a period of unpaid FMLA leave from an employee if the employee fails to return to work (for a minimum of 30 calendar days) after the expiration of the leave. The City may not collect the premiums if the reason the employee does not return is due to continuation, recurrence or onset of a serious health condition that would entitle the employee to leave under FMLA, or other circumstances beyond the employee's control.

The City may discontinue health insurance benefits if the employee fails to make a premium payment within 30 days of the due date after providing written notice to the employee of the cancellation of coverage for non-payment.

12.0 OTHER BENEFITS:

Benefits that accumulate based upon hours worked shall not accumulate during the period of FMLA leave. Qualified FMLA leave will not be counted as an absence under the City's attendance policy. In addition, an employee will not be disqualified from an attendance reward program, nor will any reward be reduced for having taken unpaid FMLA leave.

Other City benefits (e.g. life insurance coverage) may be continued during periods of unpaid FMLA leave, and arrangements should be made for the employee's portion of the payments with the Finance Division.

13.0 WORKER'S COMPENSATION AND LIGHT DUTY:

Federal FMLA will run concurrent with Worker's Compensation provided that the injury meets the criteria for a "serious health condition," as defined by law. Substitution of accrued paid leave is not allowed for Worker's Compensation absences unless an applicable labor agreement provides otherwise.

If an employee accepts a light duty assignment while on Worker's Compensation, that time may not count against the employee's family or medical leave entitlement. If the light duty position is declined and the employee elects to stay on FMLA leave, the employee may give up their Worker's Compensation benefits.

14.0 RETURN TO WORK:

An employee returning from FMLA for his or her own serious health condition must provide a "Fitness for Duty" statement signed by their treating physician. Upon return from FMLA leave, an employee shall be restored to their original position or, if the position is not vacant, to an equivalent position with equivalent pay, benefits and other terms and conditions of employment. An employee may not be restored to their original or equivalent position if they are unable to perform the functions of their job because of a mental or physical condition.

15.0 DEFINITIONS:

- 15.1 Child – Biological, adopted, or foster child, stepchild, legal ward or, under the federal FMLA, the child of a person having day-to-day care of the child, or a child of a person standing "in loco parentis," who is under 18 years of age or, under the Wisconsin FLMA who is 18 years of age or older and cannot care for himself or herself because of a serious health condition, or under the Federal FMLA who is 18 years of age or older and incapable of self-care because of a mental or physical disability.
- 15.2 Health Care Provider – Under the federal FMLA, a doctor of medicine, doctor of osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, nurse midwife, and Christian Science Practitioner. Under the Wisconsin FMLA, a person described under section 146.81 (1) Wis. Stats., excluding a person described under s. 146.81 (1) (hp).
- 15.3 Incapable of Self-Care – The individual requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living (e.g. grooming, hygiene, bathing, dressing, eating) or instrumental activities of daily living (e.g. cooking, cleaning, shopping, utilizing public transportation, paying bills, maintaining a residence, using telephones and directories, and using a post office).
- 15.4 Parent – Biological parent, foster parent, adoptive parent, stepparent or legal guardian of an employee, or parent-in-law under the Wisconsin FMLA. Under the federal FMLA, "parent" includes an individual who provided day-to-day care to the employee when employee was a child.
- 15.5 Serious Health Condition – An illness, injury, impairment or physical or mental condition that involves:
 - a. inpatient care in a hospital, hospice or residential medical care facility; or
 - b. under Wisconsin FMLA, outpatient care that requires continuing treatment or supervision by a health care provider (generally defined as requiring two direct, continuous and first-hand contacts by a health care provider); or
 - c. under the federal FMLA:

1. a period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:
 - treatment two or more times by or under the orders of a health care provider; or
 - treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of a health care provider.
 2. any period of incapacity due to pregnancy or for prenatal care;
 3. chronic conditions requiring periodic treatment by or under the supervision of a health care provider that continue over an extended period of time and may cause an episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.);
 4. permanent/long term conditions requiring supervision for which treatment may not be effective (e.g. Alzheimer's, a severe stroke, or the terminal stages of a disease);
 5. multiple treatments by or under the supervision of a health care provider either for 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 calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy), severe arthritis (physical therapy), or kidney disease (dialysis).
- d. examples of a serious health condition include, but are not limited to, heart attacks or other serious heart conditions, most cancers, strokes, appendicitis, pneumonia, and ongoing pregnancy and prenatal care.

15.6 Workweek – The employee's usual or normal schedule (hours/days per week) prior to the start of FMLA leave.



City of West Allis
Family and Medical Leave Request

A.

Employee Name			
<u>REASON AND AMOUNT OF LEAVE REQUESTED:</u>			
1.	<input type="checkbox"/> Birth, adoption or as a pre-condition to adoption of employee's for:		
(or)	<u>Number of weeks</u> 1	Number of Days	Number of Hours
2.	<input type="checkbox"/> Serious health condition of employee's child, spouse or parent:		
(or)	<u>Number of weeks</u>	Number of Days	Number of Hours
3.	<input type="checkbox"/> For my own serious health condition:		
	<u>Number of weeks</u>	Number of Days	Number of Hours
Date leave will begin:			
Date employee will return:			
Notes: <div style="margin-left: 40px;">1. If you are unable to return on the date noted, you must notify the employer prior to that date.</div> <div style="margin-left: 40px;">2. If your leave schedule is not yet known or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed.</div> <div style="margin-left: 40px;">3. If you are requesting intermittent leave, please attach a schedule. Leave may be taken in the smallest increment allowed by the employer for any other type of leave.</div>			
Employee's Signature:			Date Signed:

B. Attach required signed medical document(s) as written by attending physician, verifying serious health condition.

~~Family and Medical Leave (Federal)~~

~~Personnel~~

~~1400~~

Family Medical Leave Act Policy

Personnel

1400

**DRAFT /
HISTORY**

~~1448~~

~~1-4~~

~~9/21/93~~

1.0 PURPOSE:

This policy outlines the provisions of the federal and Wisconsin Family and Medical Leave Acts and the rights and obligations of employees and the City of West Allis under both laws.

2.0 ORGANIZATIONS AFFECTED:

This policy applies to all City of West Allis departments, boards, commissions, and City employees.

3.0 POLICY:

The Family and Medical Leave Acts provide eligible employees with up to 12 workweeks of unpaid protected leave each year for specified family and medical reasons. The eligibility and entitlements are defined differently under federal and state law.

4.0 REFERENCES:

Family and Medical Leave Act of 1993.

Wisconsin Family and Medical Leave Act.

5.0 GENERAL PROVISIONS:

~~1.0 PURPOSE:~~

~~— To describe the policies followed by the Personnel Division and other City departments in regard to family and medical leave for City employees.~~

~~2.0 ORGANIZATIONS AFFECTED:~~

~~— To describe the policies followed by the Personnel Division and other City departments in regard to family and medical leave for City employees.~~

~~3.0 POLICY:~~

~~— It is the policy of the Personnel Division to follow a uniform~~

~~1202-1~~

~~1448-4~~

~~set of policies in regard to administrating Family and Medical Leave Act of 1993 for City employees.~~

~~4.0 REFERENCES:~~

~~Family and Medical Leave Act of 1993.~~

~~5.0 PROCEDURES:~~

~~It is the policy of the City to grant up to 12~~It is the policy of the City of West Allis to grant up to twelve (12) weeks of family and medical leave during any calendar year to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA). The leave may be paid, unpaid, or a combination of paid and unpaid, depending on the circumstances and as specified in this policy.

6.0 ELIGIBILITY:

Employees are entitled to FMLA benefits if they:

6.1 Federal – Have been employed by the City for at least 12-months (not necessarily consecutive) and have worked at least 1,250 hours during the 12-months prior to the start of the FMLA leave.

- Time spent on paid or unpaid leave does not count in determining the 1,250-hour eligibility.

6.2 State – Have been employed by the City for at least 52 consecutive weeks and have worked for at least 1,000 hours during the 52 weeks prior to the start of the FMLA leave.

7.0 QUALIFYING EVENT & AMOUNT OF LEAVE:

Eligible employees may take up to a total of 12 work weeks of unpaid FMLA leave in a calendar year for the following qualifying events:

7.1 The birth or placement of a child for adoption or, under the federal FMLA, for foster care:

a. State law provides for up to six (6) workweeks of unpaid leave for any one child.

b. Federal law requires that leave conclude within 12 months after the birth.

7.2 To care for the employee's spouse, child, or parent (includes a parent-in-law under the Wisconsin FMLA) with a serious health condition:

a. State law provides eligible employees up to 2 workweeks of FMLA family leave.

7.3 For the employee's own serious health condition that renders the employee unable to perform his/her job.

a. State law provides eligible employees up to 2 workweeks of FMLA medical leave.

Leave qualifying for both Wisconsin and federal FMLA leave will count against the employee's entitlement under both laws and will run concurrently. Qualified leave taken under Worker's Compensation also will run concurrently with Wisconsin and federal FMLA leave.

Under the federal FMLA, spouses employed by the City are jointly entitled to a combined total of 12 work

weeks of family leave for the birth or placement of a child for adoption or foster care, and to care for a parent (but not a parent-in-law) who has a serious health condition.

8.0 NON-CONTINUOUS OR INTERMITTENT LEAVE:

Employees are permitted to take leave on an intermittent (blocks of time) or reduced work schedule (1) when it is medically necessary to care for a family member with a serious health condition or because of the employee's serious health condition; (2) to care for a newborn, adopted or foster child. Federal FMLA leave for the birth or placement of a child for adoption or foster care may not be taken in non-continuous increments unless approved by the City. Under the Wisconsin FMLA, the last increment of leave for the birth or placement of a child for adoption must begin within 16 weeks of that birth or placement.

Medical or family caretaking leave should be mutually agreed upon between the City and employee so as not to unduly disrupt the City's operations. Employees requesting non-continuous federal FMLA leave that is foreseeable based on planned medical treatment for purposes of providing care to a child, spouse or parent with a serious health condition or for the employee's own serious health condition may be required to transfer temporarily to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than the regular employment position of the employee. An employee temporarily transferred will receive the same pay and benefits, but may be assigned different duties.

The employee may not take, or be required to take, more leave than medically necessary to address the circumstances that caused the need for the leave.

9.0 PAYMENTS ON FMLA LEAVE:

In general, both Wisconsin and federal FMLA leaves are unpaid. The City may require employees, or employees may choose, to substitute paid leave for which they are eligible (such as vacation days or personal leave) for unpaid leave available under the federal FMLA; or employees may choose to substitute available accrued leave for unpaid Wisconsin FMLA.

An employee who is taking leave because of the employee's own serious health condition (and has exhausted sick leave benefits) or the serious health condition of a family member must use all paid vacation, random or compensatory time as part of such leave and take the remainder of the entitlement as unpaid leave.

An employee who is taking leave for the birth, adoption or foster care of a child (and has exhausted sick leave benefits) must use all paid vacation, random or compensatory time as part of such leave and take the remainder of the entitlement as unpaid leave.

As with all leaves of absence, no employee may pursue or engage in employment when on FMLA leave.

10.0 HOW TO APPLY FOR FMLA LEAVE:

10.1 The employee must submit a Request for Family Leave form to the Personnel Manager at least 30 days, or as soon as practicable, in advance of taking a leave. If circumstances do not permit an employee to give notice in advance of taking leave, the employee must notify the Personnel Manager and submit the Request for Leave form as soon as possible. Failure to give timely notice may result in the delay or denial of FMLA leave and may subject you to discipline under City policies.

10.2 If the leave is for a family member's or the employee's serious health condition, the employee must submit a medical certification form from the employee's or the family member's health care provider within 15 days. If an employee does not provide the required certification by the designated deadline, or if the City determines that an employee's absence is not covered as FMLA leave, the leave may not be designated as Wisconsin and/or federal FMLA leave, and the employee may be subject to discipline under City attendance policies unless he or she uses accrued paid leave (like vacation) and/or is granted a non-FMLA leave of absence.

10.3 Second or third certifications at the City's expense and periodic re-certifications at the employee's expense may be required under certain circumstances. The City requires periodic reports during federal FMLA leave regarding the employee's status and intent to return to work.

10.4 Forms are available through the Personnel Division.

11.0 HEALTH INSURANCE BENEFITS:

Group health insurance coverage will be maintained for employees while they are on FMLA leave, on the same terms as if the employee continued to work. The employee will be required to pay their regular portion of health insurance premium payments on a schedule established by the City.

The City may recover its share of health insurance premiums paid during a period of unpaid FMLA leave from an employee if the employee fails to return to work (for a minimum of 30 calendar days) after the expiration of the leave. The City may not collect the premiums if the reason the employee does not return is due to continuation, recurrence or onset of a serious health condition that would entitle the employee to leave under FMLA, or other circumstances beyond the employee's control.

The City may discontinue health insurance benefits if the employee fails to make a premium payment within 30 days of the due date after providing written notice to the employee of the cancellation of coverage for non-payment.

12.0 OTHER BENEFITS:

Benefits that accumulate based upon hours worked shall not accumulate during the period of FMLA leave. Qualified FMLA leave will not be counted as an absence under the City's attendance policy. In addition, an employee will not be disqualified from an attendance reward program, nor will any reward be reduced for having taken unpaid FMLA leave.

Other City benefits (e.g. life insurance coverage) may be continued during periods of unpaid FMLA leave, and arrangements should be made for the employee's portion of the payments with the Finance Division.

13.0 WORKER'S COMPENSATION AND LIGHT DUTY:

Federal FMLA will run concurrent with Worker's Compensation provided that the injury meets the criteria for a "serious health condition", as defined by law. Substitution of accrued paid leave is not allowed for Worker's Compensation absences unless an applicable labor agreement provides otherwise.

If an employee accepts a light duty assignment while on Worker's Compensation, that time may not count against the employee's family or medical leave entitlement. IF the light duty position is declined and the employee elects to stay on FMLA leave, the employee may give up their Worker's Compensation benefits.

14.0 RETURN TO WORK:

An employee returning from FMLA for their own serious health condition must provide a "Fitness for Duty" statement signed by their treating physician. Upon return from FMLA leave, an employee shall be restored to their original position or, if the position is not vacant, to an equivalent position with equivalent pay, benefits and other terms and conditions of employment. An employee may not be restored to their original or equivalent position if they are unable to perform the functions of their job because of a mental or physical condition.

15.0 DEFINITIONS:

15.1 Child – Biological, adopted, or foster child, stepchild, legal ward or, under the federal FMLA, the child of a person having day-to-day care of the child, or a child of a person standing "in loco parentis," who is under 18 years of age or, under the Wisconsin FLMA who is 18 years of age or older and cannot care for himself or herself because of a serious health condition, or under the Federal FMLA who is 18 years of age or older and incapable of self-care because of a mental or physical disability.

15.2 Health Care Provider – Under the federal FMLA, a doctor of medicine, doctor of osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, nurse midwife, and Christian Science Practitioner. Under the Wisconsin FMLA, a person described under section 146.81 (1) Wis. Stats., excluding a person described under s. 146.81 (1) (hp).

15.3 Incapable of Self-Care – The individual requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living (e.g. grooming, hygiene, bathing, dressing, eating) or instrumental activities of daily living (e.g. cooking, cleaning, shopping, utilizing public transportation, paying bills, maintaining a residence, using telephones and directories, and using a post office).

15.4 Parent – Biological parent, foster parent, adoptive parent, stepparent or legal guardian of an employee, or parent-in-law under the Wisconsin FMLA. Under the federal FMLA, "parent" includes an individual who provided day-to-day care to the employee when employee was a child.

15.5 Serious Health Condition – An illness, injury, impairment or physical or mental condition that involves:

- a. inpatient care in a hospital, hospice or residential medical care facility; or
- b. under Wisconsin FMLA, outpatient care that requires continuing treatment or supervision by a health care provider (generally defined as requiring two direct, continuous and first-hand contacts by a health care provider); or
- c. under the federal FMLA:
 - 1. a period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:
 - treatment two or more times by or under the orders of a health care provider; or
 - treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of a health care provider.

2. any period of incapacity due to pregnancy or for prenatal care;
 3. chronic conditions requiring periodic treatment by or under the supervision of a health care provider that continue over an extended period of time and may cause an episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.);
 4. permanent/long term conditions requiring supervision for which treatment may not be effective (e.g. Alzheimer's, a severe stroke, or the terminal stages of a disease);
 5. multiple treatments by or under the supervision of a health care provider either for 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 calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy), severe arthritis (physical therapy), or kidney disease (dialysis).
- d. examples of a serious health condition include, but are not limited to: heart attacks or other serious heart conditions, most cancers, strokes, appendicitis, pneumonia, and ongoing pregnancy and prenatal care.

15.6 Workweek – The employee's usual or normal schedule (hours/days per week) prior to the start of FMLA leave.

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City of West Allis

Family and Medical Leave Request

A.

<u>Employee Name</u>			
<u>REASON AND AMOUNT OF LEAVE REQUESTED:</u>			
1.	<input type="checkbox"/> Birth, adoption or as a pre-condition to adoption of employee's for:		
(or)	<u>Number of weeks</u>	<u>Number of Days</u>	<u>Number of Hours</u>
	1		
2.	<input type="checkbox"/> Serious health condition of employee's child, spouse or parent:		
(or)	<u>Number of weeks</u>	<u>Number of Days</u>	<u>Number of Hours</u>
3.	<input type="checkbox"/> For my own serious health condition:		
	<u>Number of weeks</u>	<u>Number of Days</u>	<u>Number of Hours</u>
<u>Date leave will begin:</u>			
<u>Date employee will return:</u>			
<u>Notes:</u>			
1. If you are unable to return on the date noted, you must notify the employer prior to that date.			
2. If your leave schedule is not yet known or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed.			
3. If you are requesting intermittent leave, please attach a schedule. Leave may be taken in the smallest increment allowed by the employer for any other type of leave.			
<u>Employee's Signature:</u>			<u>Date Signed:</u>

B. **Attach required signed medical document(s) as written by attending physician,
verifying serious health condition.**