

FAMILY & MEDICAL

LEAVE POLICY

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FMLA-APPROVED LEAVES OF ABSENCE POLICY

This Human Resources policy is intended to implement the provisions of the FMLA [29 U.S.C. 2601 (et. Seq.)], and the regulations published under the FMLA (29 C.F.R. Part 825). Any amendments or judicial interpretations which directly conflict with the provisions of this policy shall be deemed to supersede the provisions of this policy.

I. PURPOSE

The purpose of this Family and Medical Leave Policy is:

- A. To clarify the circumstances under which an employee must request and use a leave of absence under the provisions of the Family and Medical Leave Act (FMLA); and
- B. To identify the policy for all County employees and Department Directors or Elected Officials pursuant to the approval and documentation of qualifying events under the FMLA.

***PLEASE NOTE:** The Cochise County Human Resources policy requires all eligible employees to use all **available** paid leave concurrently with FMLA.

II. TYPES OF PERMISSIBLE FMLA LEAVE AS DEFINED BY THE U.S. DEPARTMENT OF LABOR FAMILY MEDICAL LEAVE ACT

The Family and Medical Leave Act, as amended, requires that all employers provide:

- A. Basic Leave Entitlement – All eligible employees are entitled up to twelve (12) weeks or 480 hours of unpaid, job protected leave within a twelve (12) month period based upon the following:
 - 1. Incapacity due to pregnancy, prenatal medical care or child birth.
 - 2. To care for the employee's child after birth, or placement for adoption or foster care. The entitlement to leave for a birth or placement of a child for adoption or foster care expires twelve (12) months from the date of the child's birth or placement. Any such FMLA leave must be concluded within this one (1) year period. Unless medically necessary, such leave may not be taken in segments or intermittently without the written approval of the Department Director or Elected Official.
 - 3. To care for the employee's spouse, son or daughter, or parent, who has a serious health condition.

The term “son or daughter” (for leave taken for birth or adoption or to care for a family member with a serious health condition) means a biological, adopted, or foster child, a stepchild, a legal guardian, or a child of a person standing in loco parentis, who is either under age eighteen (18), or age eighteen (18) or older and “incapable of self-care because of a mental or physical disability” at the time that FMLA leave begins. The term “in loco parentis” is an individual with day-to-day responsibilities to care for or financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary. Cochise County will require documentation which supports the status of this relationship.

4. For a serious health condition, including incapacity due to pregnancy and prenatal medical care, which makes the employee unable to perform the employee's job. A period of incapacity refers to being absent more than three (3) consecutive full calendar days, and any subsequent treatment or period of incapacity relating to such condition.

B. Qualifying Serious Health Condition may include:

1. An illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.
2. Inpatient care which is defined as an overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity, or any subsequent treatment in connection with such inpatient care.
3. Continuing treatment by a health care provider which includes any one or more of the following:
 - a) A period of incapacity of more than three (3) consecutive, full calendar days and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - 1) Treatment two (2) or more times, within thirty (30) days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - 2) Treatment by a health care provider on at least one (1) occasion, which results in a regimen of continuing treatment under the supervision of the health care provider. The first (or only) in-person treatment visit must take place within seven (7) days of the first day of incapacity.

- b) Additional treatment visits or a regimen of continuing treatment is necessary within the 30-day period shall be determined by the health care provider.
- c) Extenuating circumstances exist when a health care provider determines that a second in-person visit is needed within the 30-day period, but the health care provider does not have any available appointments during that time period. For example any period of incapacity:
 - 1) Due to pregnancy, or for prenatal care; or
 - 2) Treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which requires periodic visits (defined as at least twice a year) for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider; continues over an extended period of time (including recurring episodes of a single underlying condition); and may cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).
- 4. 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 a health care provider, but may not be receiving active treatment. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- 5. Any period of absence when receiving multiple treatments by or orders or referrals by or from a health care provider, for:
 - a) Restorative surgery after an accident or other injury; or
 - b) A condition that would likely result in a period of incapacity of more than three (3) consecutive full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

For example, an employee with asthma may be unable to report for work due to the onset of an asthma attack or because the employee's health care provider has advised the employee to stay home when the pollen count exceeds a certain level. Also, an employee who is pregnant may be unable to report to work because of severe morning sickness.

6. Substance abuse may be eligible for FMLA leave if the treatment for substance abuse meets the criteria for a serious health condition. FMLA leave may be used by the employee or a covered family member who is receiving treatment for substance abuse. Absence because of the employee's use of the substance, rather than for treatment, does not qualify for FMLA leave.

C. Military Family Leave Entitlements – All eligible employees with a spouse, son or daughter (biological, adopted, or foster child, a stepchild, a legal guardian, or a child of a person standing in loco parentis regardless of age), or parent who is a military member on covered active duty in the Armed Forces (including a member of the National Guard or Reserves). Military family leave entitlement allows up to twenty six (26) workweeks of leave to care for a covered service member during a single twelve (12) month period.

A veteran is a covered service member who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) and was discharged or released under conditions other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran. Per federal regulation for an individual who was a member of the Armed Forces (including a member of National Guard or Reserves) and who was discharged or released under conditions other than dishonorable prior to March 8, 2013. The period between Oct 28, 2009 and March 8, 2013 shall not count towards the determination of the five (5) year period for covered veteran status.

D. Qualifying Exigency Entitlement – All eligible employees with a spouse, son or daughter (biological, adopted, or foster child, a stepchild, a legal guardian, or a child of a person standing in loco parentis regardless of age), parent, or next of kin (the nearest blood relative of the service member) to take up to **twelve (12) weeks** of leave to care for a covered service member during a single twelve (12) month period. A covered service member is a current member of the armed forces, including a member of the National Guard or Reserves. Covered active duty (or call to active duty status) in the case of regular Armed Forces means duty during a deployment to a foreign country; and in the case of a member of the Reserves (including National Guard) means a deployment to a foreign country in support a contingency operation. A covered service member who has a serious injury or illness incurred in the line of duty on covered active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list, for a serious injury or illness.

1. Qualifying exigencies may include:

- a) Issues arising from a covered military member's short notice deployment (i.e., deployment on seven (7) or less days of notice) for a period of seven (7) days from the date of notification;
- b) Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the covered active duty or call to active duty status of a covered military member;
- c) Certain childcare and related activities arising from the covered active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances arising from the covered active duty or call to active duty of the covered military member;
- d) Providing parental care for a military member's parent who is incapable of self-care when the care is necessitated by the member's covered active duty. Such care may include arranging for alternative care, providing care on an immediate need basis, admitting or transferring the parent to a care facility, or attending meetings with staff at a care facility.
- e) Making or updating financial and legal arrangements to address a covered military member's absence;
- f) Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of a covered military member, the need for which arises from the covered active duty or call to active duty status of the covered military members;
- g) Taking up to a maximum of fifteen (15) calendar days to spend time with a covered military member who is on short-term temporary, rest and recuperation leave during deployment;

- h) Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefing and events, and other official ceremonies or programs sponsored by the military for a period of ninety (90) days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member;
- i) Any other event that the employee and employer agree is a qualifying exigency.

2. **A serious injury or illness may include:**

- a) In the case of a *member of the Armed Forces* (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating; and
- b) In the case of a *veteran who was a member of the Armed Forces* (including a member of the National Guard or Reserves), means a qualifying injury or illness that was incurred by the member in line of duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on covered active duty in the Armed Forces) and that manifested itself before or after the member became a veteran, and is:
 - 1) **A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or**
 - 2) **A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of fifty (50) percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or**
 - 3) **A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or**
 - 4) **An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers**

III. COCHISE COUNTY HUMAN RESOURCES POLICY

In accordance with the provisions of the FMLA, this policy shall apply to all Cochise County employees, including temporary employees if they meet the eligibility requirements. The Department of Labor FMLA provisions supersede any Human Resources policies.

The FMLA is not considered a replacement for existing leave categories permitted by Cochise County. FMLA leave may be paid or unpaid; however, an eligible employee will be required to use paid leave concurrently with their FMLA leave. When an employee has exhausted all paid leave the employee will be on a leave without pay status for the remainder of their FMLA entitlement. **An exempt employee who is on an approved FMLA leave of absence is required to use any paid leave available for partial day absences.**

Employees on approved FMLA shall be eligible to receive Holiday pay according to Cochise County policy. Holiday hours paid will not be counted against the employee's FMLA entitlement.

An employee that is on a approved workers compensation absence and meets the eligibility requirements for FMLA may qualify under the FMLA. The on-the-job injury or illness must meet the requirements for eligibility as defined as a *serious health condition* pursuant to the FMLA. The workers' compensation absence would run concurrent with the FMLA leave and count toward an employee's FMLA entitlement.

All types of paid and unpaid leaves authorized by Cochise County will run concurrently with FMLA leave. The Department Director or Elected Official may approve additional leaves (paid or unpaid), up to ninety (90) days, after the exhaustion of the 480 hours of FMLA with County Administrator or Deputy County Administrator approval. The eligible employee must request an extension for the additional leave prior to the exhaustion of their FMLA leave.

Employees on approved FMLA shall be eligible to receive awards and merit increases that the employee would otherwise be qualified and entitled to if not on leave.

V. EMPLOYEE ELIGIBILITY

- A. An employee is eligible for leave under the provisions of the FMLA if the employee has worked for Cochise County for one (1) year and 1,250 hours during the twelve (12) months preceding the date of the requested leave. For purposes of calculating the 1,250 hour requirement, the number of hours worked does NOT include vacation, sick leave, any unpaid leave hours, or periods of layoff. Overtime and compensatory hours are included. The determining factor is whether the time is considered hours of work under the Fair Labor Standards Act (FLSA).
- An employee with a period of absence from work due to USERRA covered service (i.e., all military service including National Guard or Reserves) in the twelve (12) months preceding the first day of leave would be credited with the hours of service) that would have been performed but for the USERRA covered service absence.
- B. The only exception to the above is that if both spouses are employed by Cochise County, the twelve (12) weeks of "Family" Leave (See "Types of Permissible FMLA Leave") is limited to a combined total (between the spouses) of twelve (12) weeks during the twelve (12) months following the birth or placement of a child.

VI. EMPLOYEE PROCESS FOR FMLA LEAVE

An eligible leave of absence shall be counted toward an employee's FMLA allotment even if the employee does not specifically request FMLA leave as long as the reason for the leave qualifies under the FMLA and the leave is properly documented by the employee's Department Director or Elected Official and Human Resources.

An eligible employee will be placed on provisional leave pending receipt of more complete documentation if the information is unavailable, incomplete or inadequate. Provisional leave may be counted against the employees qualifying hours of FMLA leave entitlement even if the [Certification of Health Care Provider form](#) or the [Certification of Qualifying Exigency for Military Family Leave Certification form](#) is not received.

The employee will be notified of approved FMLA by Human Resources when the completed medical certification has been received and approved.

- A. An employee requesting FMLA leave must provide verbal or written notice of the need for the leave to Human Resources or the Department Director or Elected Official or Designee.
- B. The preferred method of written notification for the employee to complete is the Request for FMLA Leave form. If the written notification from the employee or responsible party is not on the Request for FMLA Leave form, then the Human Resources Department will provide the form for completion.

- C. If the employee or responsible party provides verbal notification, then the Human Resources Department will send the Request for FMLA Leave form to be completed.
- D. If an employee is incapacitated, a family member or other responsible party may submit the Request for FMLA Leave on behalf of the employee.
- E. The employee must provide at least thirty (30) days advance notice before FMLA leave is to begin if the need for the leave is foreseeable.
- F. If the reason for the leave could not have been foreseen thirty (30) days in advance (i.e. due to a change in circumstances or medical emergency) the employee must submit the request for leave as soon as practicable after the need for leave is discovered.

VII. CALCULATION OF LEAVE

An employee that is eligible under FMLA is entitled up to twelve (12) weeks or the equivalent of 480 hours of unpaid leave, for an FMLA-qualifying reason within a specified twelve-month period of time.

An employee that is eligible under military special leave entitlement FMLA is entitled up to twenty six (26) weeks or the equivalent of 1040 hours of unpaid leave to care for a covered service member during a single twelve (12) month period of time.

The specified twelve (12) month period will be determined on a "rolling" basis. To calculate the specified twelve-month period, the Human Resources Department must determine:

- A. Whether the employee has utilized any documented FMLA leave during the twelve (12) months proceeding the date that the new leave is to begin. This includes any provisional FMLA leave for the employee.
- B. If the employee has not previously used any FMLA leave during the preceding twelve (12) month period, the employee is eligible to use up to the full twelve (12) week or the equivalent of 480 hours allotment or full twenty six (26) weeks or the equivalent of 1040 hours allotment for military special leave.

- C. If the employee has previously used some, but not all, of the twelve (12) weeks or the equivalent of 480 hours allotment of FMLA leave or **used some, but not all, of the twenty six (26) weeks or the equivalent of 1040 hours allotment for military special leave**, the employee may be permitted to use the remainder of the allotment. However, the employee may only be permitted to use the allotment as long as an FMLA-qualifying reason exists. **During the single twelve (12) month period an eligible employee's FMLA leave entitlement (FMLA and/or military special leave) is limited to a combined total of twenty six (26) work weeks of FMLA leave for qualifying reasons.**

For example, a covered employee requests twelve (12) weeks of FMLA leave to begin May 1 of this year for a permissible Medical Leave reason. Employee had previously used six (6) weeks of approved FMLA leave from July 11 to August 19 of last year for a permissible Family Leave reason. Thus, the Employee only has six (6) weeks of his twelve (12) weeks of FMLA allotment remaining because the approved Family Leave used during the preceding twelve (12) months counted towards the employee's FMLA allotment. However, the employee may only utilize the remaining six (6) weeks allotment as long as the Medical Leave reason exists.

VIII. EMPLOYEE DOCUMENTATION REQUIRED

The types of documentation required from an employee will depend upon whether the request is for "Family Leave", "Medical Leave" and "Military Leave."

A. Basic Leave:

1. **Family Leave.** If the request for leave is due to the anticipated birth of a child (and if sufficient documentation has not been provided by the employee), Human Resources shall request a **Certification of Health Care Provider form** (or other similar documentation) substantiating the anticipated or actual date of birth. If the leave is due to the placement of a child through adoption or foster care, Human Resources shall request a copy of a letter from the adoption or foster care agency placing the child in the parents' care and/or custody or similar documentation substantiating the date of placement.

2. **Medical Leave.** If the leave is due to a "serious health condition" (and if sufficient documentation has not been provided by the employee), Human Resources shall request the completion of a [Certification of Health Care Provider form](#) within fifteen (15) calendar days of the date of the request. The [Certification of Health Care Provider form](#) is the ONLY acceptable form that may be used to obtain information from the employee's health care provider. In the event of a medical emergency or other unforeseeable event which prevents the completion of the [Certification of Health Care Provider form](#), the employee must contact Human Resources as soon as practicable to request an extension.

B. Military Leave:

1. Military Care Giver Leave

If the leave is to care for a covered service member with a serious injury or illness, the request must be supported by:

- a) A [Certification of Health Care Provider form](#) completed by an authorized health care provider; or
- b) A copy of an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued to any member of the covered service member's family; or
- c) Documentation of enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers as sufficient certification of the covered veteran's serious injury or illness; and additional documentation may be required as confirmation of the family relationship to the enrolled service member and veteran's discharge date and status.

2. Military Qualifying Exigency Leave

Leave for a qualifying exigency must be supported by a copy of the covered military member's:

- a) Active Duty orders and [Qualifying Exigency for Military Family Leave form](#) providing the appropriate facts related to the particular qualifying exigency for which leave is sought, including contact information if the leave involves meeting with a third party; or
- b) Rest and Recuperation leave orders, or other documentation issued by the military setting forth the dates of the military member's leave.

IX. USE OF INTERMITTENT OR REDUCED SCHEDULE LEAVE

Approval of an employee's use of intermittent or reduced schedule leave will depend on whether the request is for "Family Leave", "Medical Leave or Military Care Giver Leave", or "Qualifying Exigency". Intermittent leave is defined as leave taken in increments of time due to a qualifying event rather than a continuous period of time (e.g., leave for chronic health condition/episode or leave taken several days at a time for chemotherapy treatments over a period of months). A reduced schedule leave is a change in an employee's schedule for a period of time, normally from full-time to part-time (e.g. an employee works part-time because he/she is recovering from a serious health condition and is not capable of working full time).

A request for intermittent or reduced schedule leave is based on the following:

- A. For "Family Leave," a Department Director or Elected Official may, but is not required to, permit the employee to take FMLA on an intermittent or reduced schedule basis, including absences of less than a full day. A Department Directors or Elected Officials determination that FMLA will not be approved on an intermittent or reduced scheduled basis does not mean that the Department Director or Elected Official may deny an otherwise qualifying FMLA request altogether.
- B. For "Medical Leave or Military Care Giver Leave" the Department Director or Elected Official must approve FMLA on an intermittent or reduced schedule basis if the use of intermittent or reduced schedule FMLA is determined to be "medically necessary" by a Health Care Provider. When the use of intermittent or reduced schedule FMLA is determined to be "medically necessary" by a Health Care Provider, a Department Director or Elected Official may work with the employee to determine the best means of scheduling of the intermittent or reduced schedule FMLA based upon the operational needs of the organization.
- C. For a "Qualifying Exigency", the Department Director or Elected Official must approve FMLA on an intermittent or reduced schedule basis if the required documentation is provided. The Department Director or Elected Official may work with the employee to determine the best means of scheduling of the intermittent or reduced schedule FMLA based upon the operational needs of the organization
- D. If FMLA is approved on an intermittent or reduced schedule basis, an employee may not be required to take more FMLA leave than necessary. If an employee takes leave on an intermittent or reduced leave, only the amount of leave actually taken will count toward the leave entitlement. The FMLA leave time will be calculated using the smallest increment of time taken for leave subject to a one (1) hour minimum.

- E. If it is physically impossible for an employee requesting intermittent leave or a reduced leave schedule to begin or end work mid-way through a shift, the entire period that the employee is required to be absent may be designated as FMLA leave and counts against the employee's FMLA entitlement. Even in the most limited circumstances, the County shall restore the employee to the same or equivalent position as soon as possible.
- F. An employee's request for intermittent or reduced schedule FMLA must be made in the same manner and within the same time restrictions as a request for FMLA leave on a consecutive day basis.

X. USE OF ACCRUED SICK AND ANNUAL LEAVE AND PAID COMPENSATORY TIME DURING FMLA LEAVE

All appropriate paid leave must be used as part of the eligible hours of FMLA leave allotment. An employee may also use any available paid compensatory time during the FMLA, however, paid compensatory time is not deducted from an employee's FMLA leave allotment. If the Department Director or Elected Official approves the use of compensatory time during an approved FMLA period, the paid compensatory time is not deducted from the employee's eligible FMLA hours. The FMLA leave time would be extended by the amount of approved compensatory time. Any remaining FMLA leave, after all accrued and paid leave has been exhausted, will be an approved leave of absence without pay.

The Department is responsible for tracking all FMLA hours used by the employee and shall submit the total amount of FMLA leave used by an employee to Human Resources.

XI. APPROVAL OF FMLA LEAVE

- A. The required completed FMLA forms from the eligible employee must be submitted to the Human Resources Department to determine if the requested leave qualifies under the FMLA. The Human Resources Department shall notify the employee, in writing, if the leave is approved as FMLA leave. If the leave is unapproved, the employee shall receive notification from the Human Resources Department explaining the reason for non-approval.
- B. If the employee has not submitted the required documentation for Human Resources for FMLA eligibility determination, the employee shall be notified immediately in writing that the leave is being provisionally approved as FMLA leave subject to the receipt and review of the [Certification of Health Care Provider form](#) or the [Certification of Qualifying Exigency for Military Family Leave form](#) or other required documents.

- C. Upon receipt of the completed of [Certification of Health Care Provider or the Certification of Qualifying Exigency for Military Family Leave form](#) or other required documents, Human Resources shall review the documentation to determine if the reason for the leave qualifies for purposes of FMLA Leave. The Human Resources Department will notify the employee, in writing, that the leave is approved. The approval letter should state the start date of the FMLA leave and the amount of FMLA leave the employee is eligible to use.
- D. If the Human Resources Department determines that the documentation provided is not sufficient to conclude that the employee is eligible for FMLA leave, then the Human Resources Department may:
 - 1 Request that the employee obtain clarification from the Health Care Provider. The employee shall have the opportunity to resolve any deficiencies in the [Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form](#); or
 - 2 Directly contact the Health Care Provider for verification or clarification.
- E. If the FMLA is for the employee's own serious health condition, the Human Resources Department may request that the employee receive an additional examination by a Health Care Provider of the County's choice. The additional examination shall be at the expense of Cochise County. In the event that the additional examination concludes that the employee's condition is not a "serious health condition," Human Resources may request that the employee receive a third examination by a Health Care Provider designated by agreement of Human Resources and the employee. The third examination shall also be at the expense of Cochise County. The decision made by the third examination shall determine if the leave qualifies under FMLA.

XII. ADVERSE EMPLOYEE CONSEQUENCES FOR NON-COMPLIANCE

In the event an employee is absent without approved leave, the employee may be delayed or denied the use of paid leave if:

- A. An employee fails to complete the request for FMLA leave; or
- B. The [Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form](#) is incomplete; or
- C. The employee fails to submit the application or [Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form](#) or any other required documents within the fifteen (15) day time frame.

D. If an employee fails to obtain and return the required documentation to the Human Resources Department within fifteen (15) days, the Human Resources Department shall notify the employee of the omission and shall require submission of the documentation. Cochise County views an employee who fails to submit the required documentation within the required time frame or fails to contact the Human Resources Department as insubordinate, abandoning their job or neglecting their job duties and may be subject to discipline, up to and including termination. Additionally, if the County revokes the provisional approval of the employee's leave, the employee may be deemed absent without approved leave.

XIII. CONTINUATION OF BENEFITS

During the period of the FMLA leave, the employee's health insurance coverage will be maintained at the same level and under the same conditions that coverage would have been provided if the employee had remained at their job. Any dependent and other supplemental coverage will continue to be the employee's responsibility. In the case of unpaid leave, the employee should contact the Human Resources Department to make arrangements for payment of any benefits that would normally have been paid through a payroll deduction.

XIV. EMPLOYMENT UPON RETURN TO WORK

An employee returning from an approved FMLA leave will be restored to the same or like position with the same rate of pay and level of benefits which was held prior to the leave. An exception to this is those who are in grant funded or special revenue funded positions.

XV. TITLE VII OF THE CIVIL RIGHTS ACT OF 1964

Nothing in the FMLA modifies or affects any Federal or State law prohibiting discrimination under Title VII, GINA (Genetic Information Nondiscrimination Act) or disability.

XVI. GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA defines genetic information, in part, as including family medical history. Any genetic information obtained in the certification process shall be kept confidential.

XVII. RECORDS AND CONFIDENTIALITY

All FMLA documentation and certification shall be kept at the Human Resources Department. Medical documentation shall be kept confidential pursuant to Health Insurance Portability and Accountability Act (HIPAA).

XVIII. OTHER FORMS OF PAID LEAVE AND COMPENSATION

Employees may also qualify for other types of paid compensation that may run concurrent or separately from FMLA. Contact Human Resources for information on these benefits.

[A. Leave Donation and Usage Policy](#)

B. Short Term Disability