

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

In compliance with the Family and Medical Leave Act (FMLA), Catholic Diocese of Spokane will grant an unpaid leave of absence up to twelve weeks in a twelve-month period for eligible employees. The purpose of this leave is to provide job protection for employees who must take time off work to deal with birth, adoption or foster placement of a child, their own illness or care for family members with a serious health condition. Employee health benefits are maintained during any period of unpaid FMLA leave under the same conditions as if the employee continued to work. With the exception of certain designated individuals, employees also have the right to be restored to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on their return from leave.

### Qualifications for Family Medical Leave

- **Length of Service**

An employee must have completed at least one full year of service with Catholic Diocese of Spokane and have worked a minimum of 1,250 hours in the twelve-month period preceding the leave.

- **Reason for Leave**

The employee is needed to care for his or her own newborn child, or a newly adopted or newly placed foster child, as long as the leave is taken in the year following the child's birth or placement OR  
The employee is needed to care for his or her child, spouse or parent with a serious health condition OR  
The employee has a serious health condition and is unable to work.

- **Prior Notice**

Employees who know in advance that they will need FMLA leave, must give their supervisor at least 30 days' notice prior to the anticipated leave date, using the Catholic Diocese of Spokane FML Request Form. If the leave is unexpected, the employee must notify his or her supervisor as quickly as possible (normally within 2 days of the time when the employee realizes the need for leave).

- **Medical Certification**

Employees who request FMLA leave because of a serious health condition, whether their own or a family member's, must also submit a "Medical Certification Form" before the leave can be approved. The form is available from their supervisor. The completed "Medical Certification Form" should be directly returned to the Catholic Diocese of Spokane Support Services Coordinator by the health care practitioner. Catholic Diocese of Spokane may require second or third opinions (at CC expense).

The employee may also be required to submit medical certification reports on a periodic basis through the leave period and a fitness-for-duty report to return to work.

### Leave Stipulations

#### Pay and Benefits

FML is unpaid unless an employee has accrued paid leave. If the FML is for the birth, adoption, or foster placement of a child, the employee must use all accrued, unused vacation days before going on to the unpaid portion of the leave. If the leave is for care for a family member's serious health condition or one's own serious health condition, the employee must use all accrued, unused sick and vacation days prior to entering the unpaid portion of the leave period.

Employees on FML continue to be covered by Catholic Diocese of Spokane' group health benefit plans on the same terms that are applicable for active employees. Other benefits, such as pension, 401(k), life insurance, and long-term disability, will be governed in accordance with the terms of each benefit plan. Employees do not lose employment benefits that accrued prior to the start of the FML.

### **Husband and Wife Shared Leave**

If there is a situation where a husband and wife both work for Catholic Diocese of Spokane, the two employees are limited to a combined total of 12 weeks of family leave to cover the time off they need after the birth or placement of a child or to care for a seriously ill parent. However, each employee is eligible to take any unused portion of the 12 weeks for his or her own serious health condition, the care of a seriously ill child or the care of the other spouse.

### **Intermittent Leave**

Employees taking leave because of their own or a relative's serious health condition can take their allotment of FMLA leave intermittently or on a reduced work schedule, if this is medically necessary. Where employees have some control over the timing of their leave, they are expected to consult with their supervisors to try to arrange a mutually acceptable time. Employees taking leave to care for a newly born or newly placed child do not have a legal right to take intermittent leave and can do so only with their supervisor's consent.

### **Reinstatement**

On returning from an FMLA leave, employees normally are restored to their original or equivalent positions with equivalent employment benefits, pay, and other employment terms. Exceptions to this provision may apply if business circumstances have changed (e.g., if the employee's position is no longer available due to a job elimination). Exceptions may also apply for certain key employees who are notified of their status at the time they request FML. Key employees who take FML are reinstated to their former or equivalent positions only if their reinstatement does not cause Catholic Diocese of Spokane substantial and grievous economic injury.

If an employee has been on FML, due to his or her own serious illness and wants to return to work, Catholic Diocese of Spokane requires a fitness-for-duty note from the employee's physician. The note must indicate that the employee is capable of returning to work and performing the essential functions of his or her position, with or without reasonable accommodation. Where required, Catholic Diocese of Spokane will consider making reasonable accommodation for any disability the employee may have in accordance with applicable laws.

### **Privacy and Leave Requests**

Employees must inform their supervisors that they need family or medical leave and when they expect to be absent. To ensure the worker's privacy, the Secretary for Social Ministry in coordination with the Support Services Coordinator will make any necessary inquiries and evaluates whether there is a medical need for the leave. The Support Services Coordinator also is responsible for ensuring that all medical information provided by employees is maintained in the strictest confidence.

### **Communication**

Successful FML programs report that communication is very important. Catholic Diocese of Spokane encourages employees on FML to stay in regular communication with their supervisors and the Support Services Coordinator. As the date for return nears this is especially crucial. Sometimes situations change and the employee's plans change. Due to unexpected circumstances the employee may want to return early or may want to extend the leave further. Catholic Diocese of Spokane staff can respond more quickly to changes when they have advance notice. Employees help themselves by taking responsibility for communication.

**CATHOLIC DIOCESE OF SPOKANE  
REQUEST FOR FMLA LEAVE**

I am requesting a leave of absence under the provisions of the Family & Medical Leave Act for the following reason:

- The birth of a child, or the placement of a child for adoption or foster care.
- A serious health condition affecting my  spouse  
 child  
 parent
- My own serious health condition.

Date I will be unable to work (date the leave of absence will begin): \_\_\_\_\_

Date I anticipate returning to work: \_\_\_\_\_

Number of hours of paid time off I will be using:    sick leave    \_\_\_\_\_

(Employees must use paid leave before requesting unpaid leave. Sick leave may be used for your own illness or to care for a child who is ill. Vacation or personal time may be used for any other needed time off.)

vacation    \_\_\_\_\_

other    \_\_\_\_\_

Total hours of paid time will be: \_\_\_\_\_      Total hours unpaid leave will be: \_\_\_\_\_

If leave is for a medical reason, certification may be required. If required, I will furnish certification within 15 days of the request. I understand that failure to furnish certification may result in denial of continuation of the leave or a delay in the commencement of the leave.

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

\_\_\_\_\_  
Supervisor Signature

**SPOKANE CATHOLIC DIOCESE**

**RESPONSE TO REQUEST FOR FAMILY & MEDICAL LEAVE**

In accordance with the Family and Medical Leave Act (FMLA), Spokane Catholic Diocese will grant an unpaid leave of absence up to twelve weeks in a twelve-month period for eligible employees. The purpose of this leave is to provide job protection for employees who must take time off work to deal with birth, adoption or foster placement of a child, their own illness or care for family members with a serious health condition. Employee health benefits are maintained during any period of unpaid FMLA leave under the same conditions as if the employee continued to work. With the exception of certain designated individuals, employees also have the right to be restored to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on their return from leave.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department/Location: \_\_\_\_\_

On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:

- The birth, adoption, or foster placement of a child in your family;
- A serious health condition that makes you unable to perform the essential functions of your job;
- A serious health condition affecting your  spouse,  son or daughter,  parent for whom you provide care.

You notified us that you need this leave beginning on \_\_\_\_\_ and that you expect to continue on leave until \_\_\_\_\_, for a total of \_\_\_\_\_ weeks (\_\_\_\_\_ days or \_\_\_\_\_ hours.)

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This is to inform you that:

You are **eligible** for FMLA leave. Please read the following pages for requirements and details of your leave

You are **not eligible** for FMLA leave for the following reasons:

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\_\_\_\_\_

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**SPOKANE CATHOLIC DIOCESE  
RESPONSE TO REQUEST FOR FAMILY & MEDICAL LEAVE**

**If you are eligible for FMLA leave, following are the requirements for that leave. Read and comply with the items checked below. If you have questions, please talk to your supervisor or contact Human Resources as quickly as possible.**

**Leave Status**

Of the leave you requested: \_\_\_ weeks and \_\_\_\_\_ days will count against your annual FMLA leave entitlement.

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**Medical Certification**

You are required to furnish medical certification of a serious health condition by \_\_\_\_\_, which is 15 days or more after you receive this notice. Failure to provide this certification on time can cause us to delay the start of your FMLA leave until you provide this certification.

In addition, while on leave you are required to certify the continued existence of the serious health condition every \_\_\_\_\_ as follows:

\_\_\_\_\_ (See 29 C.F.R. § 825.308.)

Medical certification is not required at this time.

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**Drawing on Accrued Paid Leave** The leave period is unpaid once your accrued leave is used up.

You must use up your accrued paid sick and vacation leave at the beginning of your FMLA leave.

You must use up your accrued paid vacation leave at the beginning of your FMLA leave.

You can choose to draw on your accrued paid leave during your unpaid FMLA leave, but are not required to do so.

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**Group Health Insurance Benefits**

Your health care benefits continue automatically during your FMLA leave.

Your health care benefits continue during your FMLA leave only if you continue to pay the employee portion of the premium. You are to make premium payments as follows:

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You have a 30-day grace period in which to make payment. We will notify you 15 days before the grace period ends, if we have not received your payment. If you fail to pay the premium before the end of this grace period, we can either discontinue your group health insurance or pay your share of the premium ourselves and recover those payments from you when you return to work.

If you do not return to work at the Diocese following FMLA leave, you can be required to reimburse us for health insurance premiums paid to continue your health coverage during the leave, unless you are unable to return due to a continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or other circumstances beyond your control.

**SPOKANE CATHOLIC DIOCESE  
RESPONSE TO REQUEST FOR FAMILY & MEDICAL LEAVE**

**Other Benefits**

During your FMLA period, the other benefits such as paid holidays, salary reviews, and education benefits will not be in effect. Your return to work will trigger resumption of those benefits.

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**Fitness for Duty**

You are required to provide a medical certificate attesting to your fitness for duty before being restored to employment. Failure to provide this certificate may delay your return to work.

Based on the information we have, we do not expect to require you to provide a certificate of fitness for duty.

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**Key Employee Status**

You are NOT a key employee within the meaning of FMLA (see regulations at 29 C.F.R. § 825.219).

You ARE a key employee within the meaning of FMLA (see regulations at 29 C.F.R. § 825.219). This means that we can refuse to restore you to your job when your FMLA leave ends, if doing so would cause SPOKANE CATHOLIC DIOCESE substantial and grievous economic injury. Further we  have  have not determined that restoring you to employment at the end of your FMLA leave will cause SPOKANE CATHOLIC DIOCESE substantial and grievous economic injury. These findings are based on the following:

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**Keeping us informed during your leave**

If your circumstances change and you are able to return to work earlier than the date indicated on this form, we require that you give us at least TWO workdays' notice of your intent to return, if possible for you to do so. If circumstances change and it appears that you will not be returning to work or returning on a later date, you must notify your supervisor as soon as possible.

**We have reviewed this Response to Request for Family & Medical Leave.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_