Yosemite Community College District
Human Resources Operations
Benefits Office

FMLA CHECKLIST

Eligible District employees may take unpaid leave of up to 12 weeks for qualified health and family reasons. Purpose of FMLA is to provide employees reasonable leave to care for an eligible family member, or the employee himself or herself, in the event of a serious health condition, or to enable the employee to care for a child within one year of the child's adoption or receipt into foster care.

Employee shall notify immediate supervisor intent of applying for FMLA. Submit completed forms and documentation to Human Resources Operations/Benefits Office prior to requested medical leave.

- ☐ **FMLA GUIDELINES.** Read and review
- ☐ **SERIOUS HEALTH CONDITION.** Read and review
- ☐ **FMLA APPLICATION.** Original signed by employee and immediate supervisor *(must include duration of leave)*
- ☐ **HEALTH CARE PROVIDER CERTIFICATION STATEMENT.** Original completed by treating physician.
- ☐ **DOCTOR'S NOTE ON LETTERHEAD FOR PERIOD OF ABSENCE.** Dates of absence with expected return date. *May be accepted in lieu of Heath Care Provider Certification Statement in some cases.*
- ☐ **YCCD ABSENCE FORMS FOR PERIOD OF ABSENCE.** *(Submit with application packet)*
- ☐ **EXTENDED SICK LEAVE APPLICATION.** *(If sick balance is below hours needed for duration of leave)*

I have read and reviewed the FMLA guidelines. I acknowledge I must provide my supervisor and Human Resources Operations/Benefits Office with updated doctor's notes for the duration of my Family Medical Leave absence.

Employee Name (Print) _____

Employee Signature: _____

Date: _____

Yosemite Community College District
Human Resources Operations
Benefits Office

FAMILY MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT GUIDELINES

PURPOSE:

In compliance with the Family Medical Leave Act (FMLA) and the California Family Rights Act, eligible District employees may take unpaid leave of up to 12 weeks for qualified health and family reasons. The purpose of the FMLA and CFRA is to provide employees reasonable leave to care for an eligible family member, or the employee himself or herself, in the event of a serious health condition, or to enable the employee to care for a child within one year of the child's adoption or receipt into foster care. While on leave, eligible employees are entitled to District paid benefits.

NOTE:

FMLA and CFRA leave runs concurrently with other applicable leaves. This means that Family Medical Leave is granted only to ensure a total of 12 weeks of leave with benefits for certain qualifying events (see below). For example, if an eligible employee has paid personal necessity leave of one week available, the unpaid Family Medical Leave will be for an additional 11 weeks, making a total of 12 weeks of leave in any 12-month period. The 12-month period is measured backward from the date upon which the employee uses any leave.

ELIGIBILITY:

Full-time or part-time employees are eligible for this leave who have been employed for more than 12 months with the District (even if there has been a break in service) and have worked at least 1,250 hours in the 12-month period prior to the date the leave begins.

QUALIFYING EVENTS FOR PURPOSE OF FAMILY MEDICAL LEAVE:

The conditions for which FMLA /CFRA leave may be taken are:

1. birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement, or

2. the employee's own serious health condition or

3. a serious health condition of an employee's child, parent, spouse/domestic partner, or member of the immediate household which requires the employee to care for the family member or during which the employee's presence would be beneficial.

ELIGIBLE CHILD:

An eligible child is defined as:

1. a biological, adopted or foster child, a stepchild, or a legal ward under the age of 18, or

2. an adult dependent child over the age of 18 who is incapable of self-help due to a mental or physical disability, or

3. a child under 18 who is treated as the employee's child or for whom the employee has been "in loco parentis."

PREGNANCY AND BABY BONDING

In California, a pregnant employee is entitled to pregnancy disability leave (PDL) of up to four months. An eligible CFRA employee can then take 12 weeks of CFRA baby bonding leave. The first 12 weeks of PDL can run concurrently with FMLA leave for eligible employees, and for that period, the employer must maintain health benefits.

The basic minimum leave duration is two weeks for CFRA-only baby bonding leave. However a request for leave of less than two weeks duration on two separate occasions will be granted. If both a husband and wife work for the District, both married employees have 12 weeks of CFRA leave each in the event of a birth, adoption, or foster care placement.

ESTABLISHING A SERIOUS HEALTH CONDITION

The definition of a serious health condition (SHC) is an illness, injury, impairment, or physical or mental condition which involves either inpatient care or continuing treatment by or under the supervision of a health care provider (see Serious Health Condition definition attached).

An employee establishes that he/she has a SHC by:

1. A period of incapacity of more than 3 consecutive calendar days, plus subsequent treatment on at least 2 occasions by a health care provider (HCP).
    - The first visit establishing a SHC must occur in person within 7 days of the incapacity along with the treatment (e.g., prescription medication).
    - The two visits must occur within a 30-day period from the onset of the initial incapacity; and
    - The HCP, not the employee, must determine if a second visit is needed during the 30 day period; or
2. Incapacity due to a chronic condition or treatment for such a condition, involving "periodic" visits to an HCP twice or more times per year for the condition; or
3. Absences to receive multiple treatments by a HCP, such as chemotherapy.

Generally excluded are common colds, the flu, minor infections, ear aches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems and periodontal disease and routine physical examinations, unless they involve complications.

ESTABLISHING NEED TO CARE FOR A FAMILY MEMBER WITH A SHC

Need to care for a family member is determined at the time the leave commences. An employee may take leave for a covered family member when the family member's SHC "warrants the participation of the employee."

APPLICATION FOR LEAVE:

An employee must provide at least 30 days advance notice before FMLA/CFRA leave is to begin if the need for the leave is foreseeable**.** A request for Leave is made in writing by completing the FMLA/CFRA Leave application form. The application must be submitted to the employee's administrator and then forwarded to the Office of Human Resources at least thirty days before the requested start of the leave unless the reason for the leave is due to an emergency, in which case the request must be made immediately.

CONDITIONS OF LEAVE:

1. An employee who requests medical leave for his or her own serious health condition (SHC) is required to use all accrued paid leave, including vacation time, sick leave and extended sick leave if applicable concurrently with the FMLA/CFRA leave. Because FMLA/CFRA leave is limited to twelve work weeks, it is unlikely that an employee will run out of extended sick leave within the duration of this leave.

2. An employee who requests FMLA/CFRA leave to care for his or her spouse/domestic partner child, parent or member of the immediate household with a serious medical condition must use all available paid leave, including vacation time and personal necessity and then sick leave for care of family members concurrently with FMLA/CFRA leave. At the exhaustion of all paid leaves, the remainder of the leave - up to a maximum of twelve weeks - will be unpaid.

3. With administrative approval, leave taken because of the serious health condition of an employee, spouse/domestic partner, child, parent or member of the immediate household may be taken intermittently or on a reduced time schedule. Such leave may be counted in full or partial days or full or partial weeks. Such intermittent or reduced time schedule leave may require the employee to transfer temporarily to another position.

4. While in unpaid status under FMLA/CFRA Leave, an employee will not accrue additional benefits such as sick leave, vacation, or seniority. However, FMLA/CFRA Leave is counted as active work status for purposes of pension vesting or eligibility in pension plans.

HEALTH CARE PROVIDER CERTIFICATION STATEMENT:

An application for leave based on the serious health condition of the employee or the employee's spouse/domestic partner, child, parent or member of the immediate household must be accompanied by a Health Care Provider Certification Statement completed by a health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the general type of condition. If leave is for the care of a family member, it should also estimate the amount of time the employee will be needed to care for the patient. If leave is for intermittent leave or a reduced work, the certification should also state whether it is medically necessary and, if so, the estimated amount of time off required for doctor's visits and duration of treatment.

The District may require the employee to obtain a second medical opinion regarding the employee's own SHC at District expense. If the two medical opinions conflict, the opinion of a third medical provider, approved jointly by the employee and the District, may be required at District expense, and the third opinion will be final and binding. If additional leave is requested beyond the period stated in the certification, the District may require re-certification in accordance with these procedures.

RETURN FROM OR FAILURE TO RETURN FROM LEAVE:

The employee is expected to return to work on the date stated in the application for leave. If the employee wishes to return earlier, both the employee's administrator and the office of Human Resources should be notified at least 5 days before the employee's planned return. Failure to return from leave without notification may be construed as an abandonment of the employee's position. The District will require a certification that the employee is physically able to return to work upon return from leave due to the employee's own serious health condition.

REINSTATEMENT RIGHTS:

Unless an employee is a "key" employee, an employee on FMLA/CFRA Leave is entitled to be returned to the same position held prior to the leave, if still available, or to a comparable position with equivalent pay, benefits, if applicable, and other terms and conditions of employment, subject to provisions of the contract with the relevant bargaining unit. A "key" employee is one who is among the highest paid 10% of the District's employees and whose reinstatement would cause substantial harm to the District's operations. Notice will be provided to a key employee at the time of the leave request.

An employee on FMLA/CFRA Leave will not suffer the loss of any other employment benefit that the employee earned or was entitled to before using the leave.

HEALTH CARE BENEFITS (if applicable):

District paid health care benefits for covered employees will continue during the period of FMLA/CFRA Leave. If the employee does not return from leave for a reason other than continuation or recurrence of the serious health condition that entitled the employee to leave in the first place and employment is terminated, the District can recover the cost of the health care premiums from the employee.

Yosemite Community College District
Human Resources Operations
Benefits Office

Serious Health Condition

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Hospital Care**

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity*(7)* or subsequent treatment in connection with or consequent to such inpatient care.

2. **Absence Plus Treatment**

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

(1) Treatment[1] *two or more times 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 occasion which results in a regimen of continuing treatment[2] under the supervision of the health care provider.

3. **Pregnancy**

Any period of incapacity due to pregnancy, or for prenatal care. [NOTE: an employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.

4. **Chronic Conditions Requiring Treatment**

A chronic condition which:

(1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(3) May cause episodic rather than a continuing period of incapacity (e.g., Asthma, diabetes, epilepsy,etc.).

5. **Permanent/Long-term Conditions Requiring Supervision**

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, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. **Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition which that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment , such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), and kidney disease (dialysis).

1 Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

2 A regimen of continuing treatment includes, for example, a source of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

YOSEMITE COMMUNITY COLLEGE DISTRICT
Human Resources Operations
Benefits Office

APPLICATION FOR FAMILY MEDICAL LEAVE ACT/ CALIFORNIA FAMILY RIGHTS ACT LEAVE

NAME : _____ DIVISION:_____

COLLEAGUE #: _____CAMPUS:_____

Beginning Date of Leave: _____ Ending Date of Leave:_____

Reason for Leave (check one):

☐ (a) birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement, or

☐ (b) the employee's own serious health condition, or

☐ (c) a serious health condition of an employee's eligible child, spouse/domestic partner, parent or member of the immediate household, which requires the employee to care for the family member or during which the employee's presence would be beneficial.

A serious health condition means an illness, injury, impairment or physical or mental condition which involves either inpatient care of continuing treatment or supervision by a health care provider and does not include a cold or flu, as more fully described in the attached separate statement.
Explanation (if necessary): _____

A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse/domestic partner, child, parent or member of the immediate household must be accompanied by a verifying medical certification from a physician.

I hereby authorize the Yosemite Community College District Office of Human Resources to contact my physician to verify that the reason for my requested leave is my own serious health condition, or that of my qualifying person. I understand the diagnosis will not be discussed.

I concur with the terms and conditions of the leave and understand that it will be my obligation to return to District employment on the working day following the ending date of the leave. I am aware that failure to return from leave may be construed as abandonment of my position.

_____ _____
Signature of Employee Date

REVIEWED BY:

_____ _____
Immediate Supervisor Date

_____ _____
Senior Director of Human Resources Date

Yosemite Community College District
Human Resources Operations
Benefits Office

HEALTH CARE PROVIDER CERTIFICATION STATEMENT

1. Name of Employee: _____

2. Patient's Name (if other than employee): _____

   Date health condition or need for treatment began **(Note: The health care provider is not to disclose the underlying diagnosis without the consent of the patient)**:

   _____

3. Expected duration of condition or need for treatment: _____

4. The attached sheet describes what is meant by a "serious health condition**" (SHC)** under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify under any of the categories described? If so, please check the appropriate category:

   (1)☐ (2)☐ (3)☐ (4)☐ (5)☐ (6)☐

5. If the certification is for the **SHC** of the employee, please answer the following:

YES	NO	
☐	☐	Is the employee able to perform work of any kind? (If no, skip next question)
☐	☐	Is the employee unable to perform one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.)

6. If the certification is for the care of the employee's qualifying person, please answer the following:

YES	NO	
☐	☐	Does (or will) the patient require assistance for basic medical, hygiene, nutritional, safety or transportation needs?
☐	☐	After review of the employee's signed statement (See **Item 9 below**) does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the qualifying person.)

7. Estimate the period of time care needed or during which the employee's presence would be beneficial: _____

8. Answer the following question only if the employee is asking for intermittent leave or a reduced work schedule:

YES	NO	
☐	☐	Is it necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule in order to deal with the serious health condition of the employee or qualifying person?

If the answer to #8 is yes, please indicate the estimated number of visits, and/or estimated duration of the medical treatment, either by the health care practitioner or another provider of health services, upon referral from the health care provider.

ITEM 9 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

9. When family care leave is needed to care for a seriously ill family member, the employee shall state the care that he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule:

Please submit a doctor's note for period of medical leave on physician's letterhead

10. Health Care Provider Signature: _____

11. Print Name: _____

Date: _____Office Phone Number: _____

Medical Health Information Release:

12. I authorize the release of any health information necessary to process the above request.

Patient's Signature: _____ Date:_____

13. Print Name: _____

14. Please return this form to Yosemite Community College District, Office of Human Resources P.O. Box 4065, Modesto, CA 95352.

Etrieve

Certificate of Absence Process and Procedure

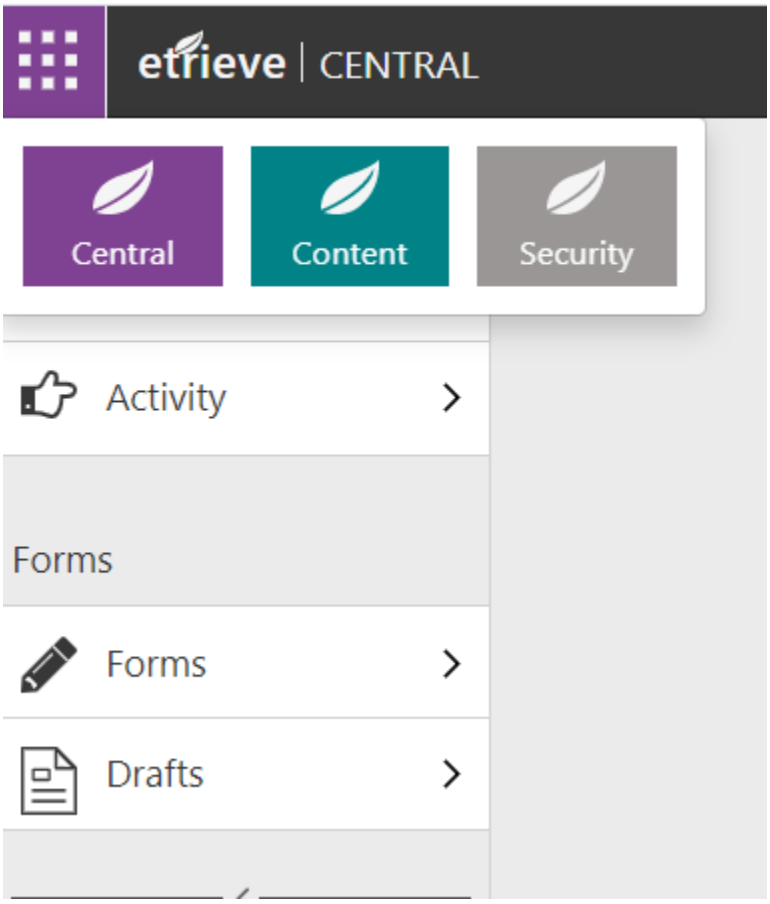
Human Resources has created a new Electronic form for absence reporting

The Etrieve forms eliminates the need for paper at its source, decreasing processing time and more. This will allow staff to complete forms online, and easily route them through a pre-determined, automated workflow via Etrieve Flow. Users can review, approve, deny, comment or re-route forms based on their need. With the added feature of electronic Management approvals.

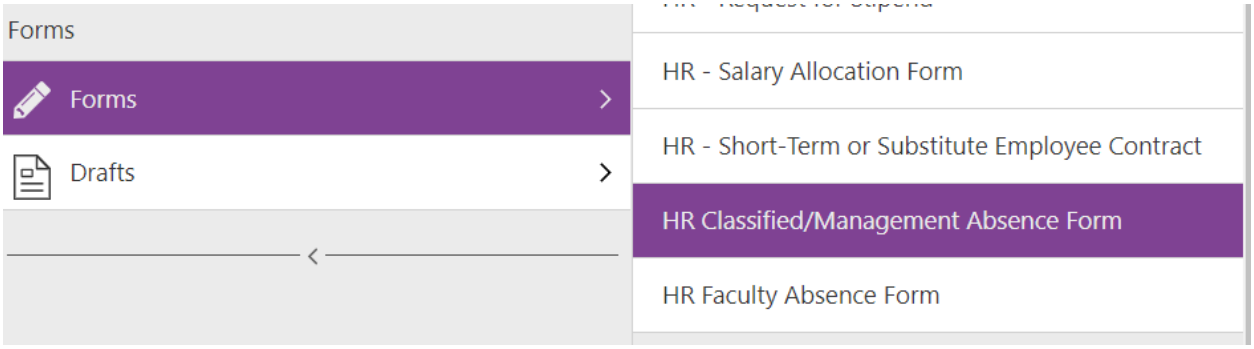
Authorized users can access the forms at https://etcentral.yosemite.edu/

You will begin by logging into your Etrieve user account on your computer, or mobile device with your YCCD email and password.

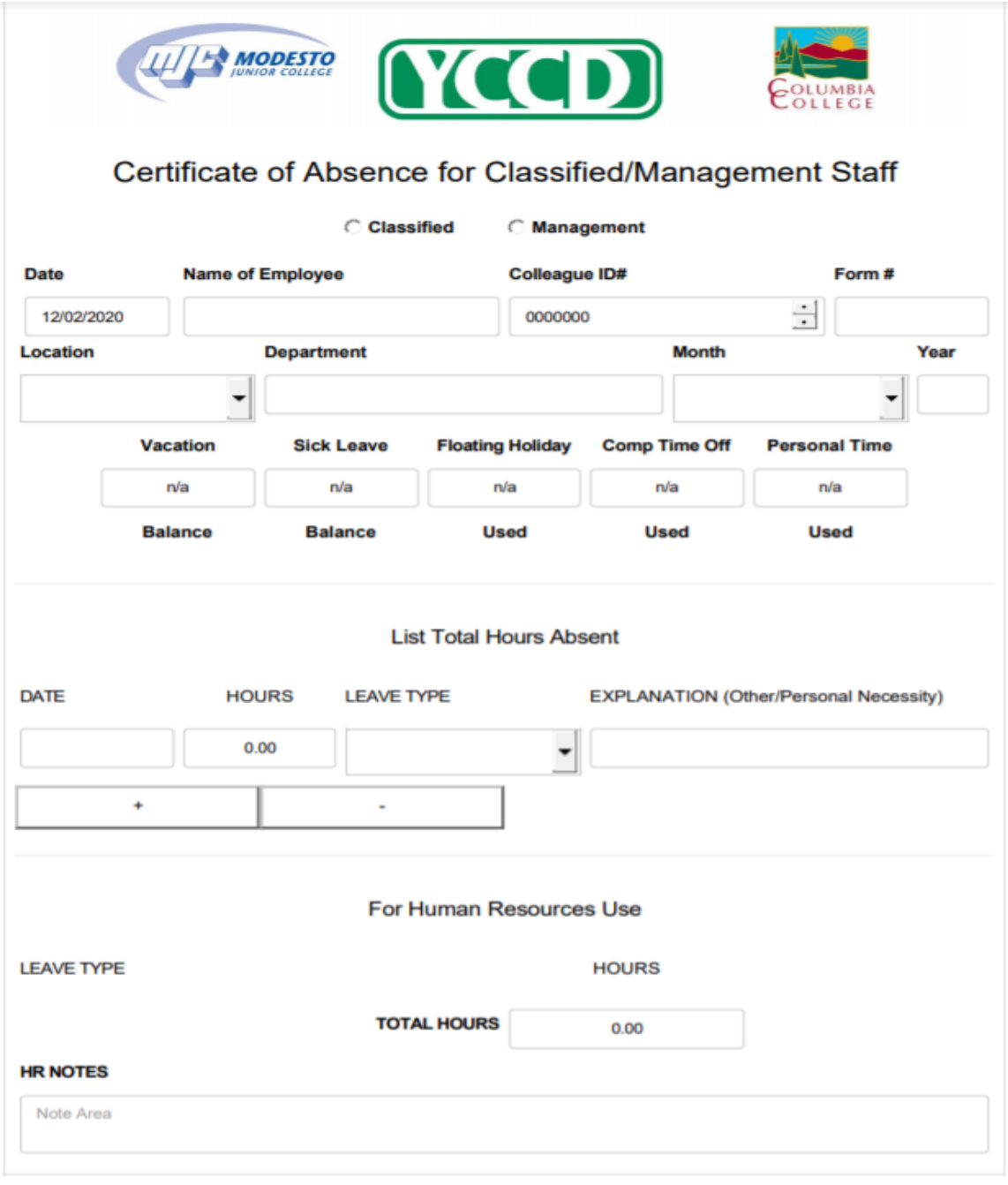
Once logged in you will select Central to access forms



Next step is to select the appropriate Absence form



You are now ready to begin completing the electronic Certificate of Absence form. Please review the process steps below



Select pertinent form and complete using the following steps

1. Select **Classified** or **Management**
2. **Date** will auto populate to the date the form is being completed
3. **Name** will auto populate to the user. ***Important note:*** *(if completing on behalf of another employee, you will need to remove the user name and enter the name manually.*
4. **Colleague ID** will auto populate to the user. ***Important note:*** *(if completing on behalf of someone you will need to fill manually and include all 7 digits of their Colleague ID include leading zeros)*
5. **Form #** will auto populate once form is complete and can be retained for referencing forms for follow up, correction or review at a future date if needed.
6. Select **Location**
    a. **Columbia**
    b. **MJC**
    c. **Central Services**
7. Select **Department**
8. **Balances** will appear for users and managers only. If submitting on behalf of another employee balances cannot be viewed.
9. **Date** – enter date(s) of absence
10. **Hours – enter total number of hours** of absence
11. **Leave type**
12. ***Important note:*** If entering a date range for a block of time enter the first date of leave in **Date** and in the **Explanation** include the dates as such: 11/23 – 11/25/20 – 3 days @ # of hours. See example below:

Date: 11/23/20	Hours: 24.00	Leave Type: Vacation	Explanation: 11/23 – 11/25/20 – 3 days @ 8 hours

13. If additional dates are needed continue to add by selecting the **+**
14. Once all dates and hours are complete and you have reviewed for accuracy you can proceed to finalizing your form.
15. Add any **attachments**, *i.e. Doctor's notes, Jury Service etc. Click the "Attachments" link and upload file.*
16. You are now ready to **submit**.
17. After you have submitted you can navigate to your **activity** to view / download or print your form.

Important note: Effective April 1, 2021, Certificate of Absence forms will only be processed through Etrieve and will no longer be accepted in printed format or via email. If you have questions regarding special processing please contact: Lori Smith – smithl@yosemite.edu

If you have any questions or need assistance with completing the forms please contact Benefits staff, we are eager to help:

- Rhonda Campbell – Human Resources Benefits Specialist – campbellr@yosemite.edu
- Lori Smith – Human Resources Benefits Analyst – smithl@yosemite.edu

YOSEMITE COMMUNITY COLLEGE DISTRICT

EXTENDED SICK LEAVE

PURPOSE

Regular full-time employees are entitled to full salary sick leave at the rate of eight hours per month of service and regular employees on part-time assignments are entitled to such leave on a pro-rata basis. Additional half-salary sick leave is available in an amount of 100 days per year for regular full-time employees and a pro-rata amount for part-time employees. This additional half-salary sick leave is known as "extended sick leave" (ESL).

ESL days are compensated at 50% of employee's regular salary and is exclusive of any other paid leave, holidays, vacation or compensating time to which the employee may be entitled.

ESL runs concurrently with other applicable leaves, i.e. Family Medical Leave.

ELIGIBILITY

Full-time or part-time permanent employees are eligible for this leave. Eligible employees will transition into ESL after accrued sick leave has been exhausted.

With administrative approval, and certified by a health care provider, leave may be also used for intermittent or reduced work schedule when medically necessary. ADA accommodations may apply.

REQUEST FOR LEAVE

To qualify for ESL, an employee must complete an ESL application, submit an absence form and provide a medical certification from the employee's health care provider beginning with the first day of ESL.

The certification must include: (1) a statement that the employee is temporarily unable to work; (2) the extent of the inability, i. e., total or partial; and (3) the start date and estimated period of the illness or condition causing the inability to work.

This certification and the employee's request shall be made in writing to BOTH the employee's administrator and Human Resources at least thirty days before the anticipated start of leave, when possible. In the event of an emergency, the request shall be made immediately.

Failure of the employee to submit a statement of absence form or the required certification shall result in the absence being considered unauthorized leave.

MEDICAL CERTIFICATION STATEMENT

An application for leave must be accompanied by a Medical Certification Statement completed by a health care provider.

The certification must include: (1) a statement that the employee is temporarily unable to work; (2) the extent of the inability, i. e., total or partial; and (3) the start date and estimated period of the illness or condition causing the inability to work.

If leave is for intermittent or a reduced work schedule, the certification should also state whether it is medically necessary and, if so, the estimated amount of time off required for doctor's visits and duration of treatment. If reduced or modified work is medically necessary, ADA accommodations may apply.

If additional leave is necessary beyond the period stated in the original medical certification, recertification is required.

RELEASE TO FULL DUTY/RETURN TO WORK/ FAILURE TO RETURN

The District requires a return to work certification from a health provider confirming that the employee is physically able to return to work without restrictions. The employee is expected to return to work on the date stated in the medical certification. Failure to return from leave may be construed as an abandonment of the employee's position.

If the employee is able to return earlier, both the employee's administrator and Human Resources shall be notified at least five (5) days prior, and a written medical release without restriction is required.

REINSTATEMENT RIGHTS

An employee on ESL is entitled to be returned to the same position held prior to the leave, if still available, or to a comparable position with equivalent pay, benefits, if applicable, and other terms and conditions of employment, subject to provisions of the contract with the relevant bargaining unit. Under Extended Sick Leave the employee will continue to accrue benefits such as sick leave, vacation, and seniority. Extended Sick Leave is counted as active work status for purposes of pension vesting or eligibility in pension plans.

TRACKING EXTENDED SICK LEAVE

ESL is counted in full days and is tracked on a 12-month period, measured from the first date leave is used. Each time an employee uses extended sick leave days the remaining leave entitlement would be any balance of the 100 days which has not been used within the 12-month period.

Example of use of ESL: An employee uses 60 days of extended sick leave beginning February 1, 2012 then used an additional 20 days in June 2012 and used another 20 days in October 2012, using a total of 100 days. The employee would not be entitled to any additional extended sick leave until February 1, 2013.

Yosemite Community College District
Human Resources Operations

Request for Extended Sick Leave
Employee Application Form

Upon exhaustion of an employee's full salary sick leave, additional half-salary sick leave is available in an amount of up to 100 days per year for regular full-time employees and a pro-rata amount for part-time employees. This half-salary sick leave is known as "extended sick leave" (ESL).

To be completed by the employee:

Name: _____ Colleague ID: _____

Division/Dept.: _____ Campus: ☐ **MJC** ☐ **Columbia** ☐ **Central Services**

I, _____, acknowledge all of my accrued sick leave has been exhausted. I am requesting Extended Sick Leave (ESL). I understand I must provide a medical certification with an extended sick leave absence. I also understand ESL is paid at 50% of my regular salary.

ESL may be supplemented with available Vacation and/or Comp Time. I request to supplement any ESL as stated below:

☐ 50% Paydock
☐ Available Vacation and/or Compensatory Time Off (CTO)

_____ _____
Signature of Employee Date

APPROVED BY:

_____ _____
Immediate Supervisor Date

To be completed by the YCCD HR Ops/Benefits Office:

1st Date of ESL: _____

_____ _____
Date Signature

Comments:

_____

_____

_____