POLICY INFORMATION
Policy Section: Human Resources
Policy Title: Family and Medical Leave Policy
Responsible Executive (RE): Human Resources Director
Sponsoring Organization (SO): Office of Human Resources
Dates: Effective Date: November 26, 2012
Revised: June 27, 2018 (prev.: 3-31-17)

I. POLICY STATEMENT

Idaho State University (ISU) complies with the provisions of the Family and Medical Leave Act (FMLA) of 1993 by providing up to twelve (12) weeks of unpaid, job-protected leave to eligible employees for certain qualifying family and medical reasons. During a period of FMLA leave an employee may elect to use accrued paid leave in accordance with ISUPP #3070, Leave of Absence Policy for Faculty and Staff.

Amendments to the FMLA by the National Defense Authorization Act for FY 2008, Public Law 110-181, expanded the FMLA to allow eligible employees to take up to twelve (12) weeks of job-protected leave in the applicable twelve (12) month period for certain “qualifying exigencies” arising out of active military duty or call to active duty status. Eligible employees are also entitled to a maximum of twenty-six (26) weeks of unpaid, job protected leave to care for qualifying family members who incur a serious injury or illness in the line of duty while on active duty in the Armed Forces.

This policy is not intended to be all-inclusive. The provisions and unique situations regarding FMLA rights are too numerous and complex to address in a single policy. Consultation with Human Resources is highly recommended.

II. AUTHORITY AND RESPONSIBILITIES

A. ISU’s Responsibilities

The ISU Office of Human Resources is responsible for informing employees requesting leave whether they are eligible under FMLA. If they are eligible, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the notice must specify the reason for ineligibility.
1. FMLA makes it unlawful for ISU to:

   a. Interfere with, restrain or deny the exercise of any right provided under FMLA.

   b. Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

B. Employee Responsibilities

1. Employees must provide thirty (30) days advanced notice of the need to take FMLA leave when the need is foreseeable. When thirty (30) days’ notice is not possible, the employee must provide notice as soon as practicable.

2. Employees must provide sufficient information for ISU to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities; the need for hospitalization or continuing treatment by a health care provider; or circumstances supporting the need for military family leave. Employees also must inform their supervisor if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

C. Department Responsibilities

1. Departments are prohibited from interfering with an employee’s ability to exercise their rights under the FMLA. Managers who become aware of an employee’s need for time off due to a serious health condition are expected to inform the HR Office of the potential need for time off under the FMLA. Departments are responsible for completing any necessary payroll and HR forms related to an employee’s need for time off under the Act.

III. GENERAL PROVISIONS

A. Eligibility

   Full-time employees are allowed up to twelve (12) weeks (480 hours) of unpaid or paid, job protected leave. Use of accrued time as paid time off while on leave will be consistent with ISUPP #3070, Leave of Absence Policy for Faculty and Staff. An employee may take FMLA leave if both of the following criteria are met:

1. Has been employed with the State of Idaho for at least twelve (12) months.

   a. The twelve (12) months do not have to be continuous employment. In addition, the twelve (12) months do not have to be with just one State agency.
b. If an employee has a break in service for more than seven (7) years, time worked prior to rehire/reinstatement following the break in service does not count towards the twelve (12) month eligibility requirement (unless the break in service was due to the employee’s National Guard or Reserve military service obligations);

2. Has worked at least 1250 hours during the preceding twelve (12) month period.

   a. The 1250 hours must be actual time spent working in any position. It does not include paid vacation or sick time, or periods of unpaid leave during which other benefits continue to be provided by ISU (group health plan or workers compensation).

B. Purposes for FMLA Leave:

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

1. Birth of a child.

   a. FMLA leave to care for or assist in the care of a newborn is available to all employees (male and female) as long as they are the parents or legal guardians of the child. Use of accrued time as paid time off while on leave will be consistent with ISUPP #3070, Leave of Absence Policy for Faculty and Staff.

   b. An expectant mother may take FMLA leave if her pregnancy makes her unable to work before the birth of the baby. Under the FMLA, pregnancy and pre-natal care involve continuing treatment by a health care provider and therefore qualify as a serious health condition.

   c. Limitation: An employee’s right to take leave for birth and care of a newborn must conclude within twelve (12) months following the birth.

   d. Intermittent and reduced work schedule leave related to birth and care of a newborn is only available with management approval.

   e. In cases where intermittent or reduced work schedule FMLA leave is for birth and care of a newborn, use of such FMLA leave cannot exceed a period of six (6) months regardless of the number of FMLA hours used.

   f. When both parents are University employees, family medical leave taken for childbirth/parenting consists of a single benefit of up to a total of twelve (12) weeks for either parent (but not both parents) or the single benefit may be shared between parents.

2. Adoption of a child or placement of a child in foster care.

   a. FMLA leave may be taken for events related to the placement of a child with the employee for adoption or foster care. This includes, but is not limited to, pre-placement counseling sessions, court appearances, attorney consultations and care
for the adopted or foster child. Use of accrued time as paid time off while on leave will be consistent with ISUPP 3070, Leave of Absence Policy for Faculty and Staff.

b. Limitation: An employee’s right to take leave for placement of a child for adoption or foster care, must conclude within twelve (12) months of birth or placement.

c. Intermittent leave or reduced work schedule leave related to adoption or foster care is only available with management approval.

d. In cases where intermittent or reduced work schedule FMLA leave is for adoption or foster care, use of intermittent FMLA leave cannot exceed a period of six (6) months regardless of the number of FMLA hours used.

3. Employee’s own serious health condition.

4. To care for a qualifying family member with a serious health condition.

   a. Family members who qualify are limited to the employee’s spouse, the employee’s children under eighteen (18) years of age, the employee’s children incapable of self-care due to a mental or physical disability regardless of age, and the employee’s parents with a serious health condition. Care for siblings or in-laws with a serious health condition are ineligible for this provision of FMLA.

   b. If an employee requests FMLA leave to care for a qualifying family member, the Office of Human Resources may require a letter from a qualified professional stating the need for support or care for the family member’s illness as well as its expected duration.

5. Eligible family members are entitled to twelve (12) weeks of FMLA leave for qualifying exigency leave arising out of the active duty or call to active duty status in the National Guard or Reserves in the support of a contingency operation of a spouse, son, daughter or parent of an eligible employee.

   a. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions and attending post deployment reintegration briefings.

   b. Employees may be required to provide eligibility verification regarding the qualifying exigency such as the Department of Labor (DOL) form WH-384, the service members orders, or confirmation from third parties.

6. Eligible employees are entitled to take up to twenty-six (26) weeks of job protected leave in a twelve (12) month period to care for a covered service member with a serious illness or injury incurred in the line of duty.

   a. In order to be eligible for military caregiver leave, an employee must be the spouse, son, daughter, parent or next of kin of a covered service member who is receiving treatment for a serious injury or illness. At the time of injury or illness, the service
member must have been in the line of duty on active duty and the service member must have an illness or injury that renders the member medically unfit to perform his or her duties. This type of leave is not available to care for former members of the Armed Forces, former members of the National Guard and Reserves and members on the permanent disability retired list.

b. Leave shall only be available during a single twelve (12) month period. An employee may not, in the same twelve (12) month period, take twenty-six (26) weeks of military FMLA leave and also take twelve (12) weeks of FMLA leave.

C. Types of Leave

1. Continuous FMLA Leave. An employee, who is off work entirely for a single qualifying reason, is on continuous FMLA leave.

2. Intermittent or a Reduced Work Schedule. Intermittent or reduced work schedule leave is leave taken in separate blocks of time, interspersed with periods of work due to a single qualifying reason.

   a. Employees on intermittent leave may be temporarily transferred to another similar position, if the transfer helps to accommodate the employee’s intermittent leave, until the need for intermittent leave no longer exists.

D. Leave Calculation

1. For the purposes of calculating the twelve (12) month period, ISU uses a rolling twelve (12) month period measured backward from the date an employee uses any leave under this policy.

E. Use of Paid Leave

An employee may elect to use accrued vacation or sick leave concurrently with FMLA leave in accordance with ISUPP #3070, Leave of Absence Policy for Faculty and Staff. The employee may also elect to use compensatory time while off work. Compensatory time taken while on approved leave will be counted against the employee’s FMLA entitlement. If the employee elects to use accrued paid leave concurrently with FMLA leave, the employee is required to comply with all procedural requirements, such as notice requirements, of the ISU’s paid leave policies. A failure to do so may result in the loss of entitlement to paid leave for the time period for which the employee failed to comply with the University’s leave policies, although the employee remains entitled to take unpaid FMLA leave.

F. Job Benefits and Protection

1. For the duration of FMLA leave, the employee’s group insurance benefits will remain unchanged. ISU must maintain the employee’s insurance coverage under any group
insurance plan. The employee will still be responsible for his/her share of the monthly premiums.

2. If an employee does not return to work following leave for a reason other than: continuation, recurrence or onset of a serious health condition which would entitle the employee to other forms of leave in accordance with applicable leave of absence policies or other circumstances beyond the employee’s control, the employee may be required to reimburse ISU for the complete cost of health insurance premiums paid on the employee’s behalf during his/her leave.

3. Upon return from FMLA leave, employees are entitled to be restored to the position they held prior to the FMLA leave, or to be restored in a substantially equivalent position with substantially equivalent benefits, pay, and other terms and conditions of employment.

4. The use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to prior to the start of using FMLA leave.

G. Enforcement

1. The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

2. FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law which provides greater family or medical leave rights.

IV. DEFINITIONS

A. 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 or subsequent treatment related to or resulting from such inpatient care.

2. Incapacity Plus Treatment. A period of incapacity of more than three (3) consecutive calendar days that also involves in-person treatment by a health care provider:
   a. On at least two (2) occasions that occur within thirty (30) days of the first day of incapacity (unless extenuating circumstances exist) with the initial visit occurring within seven (7) days of the first day of incapacity; or
   b. Within seven (7) days of the first day of incapacity and resulting in a regimen of continuing treatment under the supervision of the health care provider.

3. Pregnancy (includes prenatal care and any period of incapacity due to pregnancy or recovery from childbirth).
4. Chronic Conditions Requiring Treatments. A chronic condition is a condition that: (1) requires periodic visits (minimum two (2) visits per year) for treatment by a health care provider, or by a nurse or physician’s assistant under a health care provider’s direct supervision; (2) continues over an extended period of time (including recurring episodes of a single underlying condition); and (3) may cause episodic rather than a continued period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision. This is defined as 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 (e.g., Alzheimer’s disease, a severe stroke, or the terminal stages of a disease, etc.).

6. Multiple Treatments (Non-Chronic Conditions). This section encompasses absences to receive multiple treatments by a health care provider, or by a provider of health care services under orders of, or on referral by a health care provider, for restorative surgery or for a condition which would likely result in a period of incapacity if not treated, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

7. Incapacity. “Incapacity,” for purposes of FMLA, is defined to mean inability to perform one or more of the functions of one’s job, attend school, or perform other regular daily activities due to the serious health condition, treatment for that condition, or recovery from that condition.

8. Next of Kin. “Next of Kin” refers to the nearest blood relative of the individual, other than the service member’s spouse, parent, or child, in the following order of priority: (1) individuals designated in writing by the service member as next of kin for purposes of this provision of the FMLA; (2) blood relatives who have been granted legal custody of the service member by statute or court authority; (3) siblings of the service member; (4) grandparents of the service member; (5) aunts and uncles of the service member; (6) first cousins of the service member.

V. PROCEDURES TO IMPLEMENT

A. Notification and Request. In some, but not all, instances, the need for FMLA leave is foreseeable.

1. Advance Notification Required. When the employee knows in advance of the need to take FMLA leave, the employee must give ISU thirty (30) days’ notice prior to taking such leave. Notice shall include the anticipated start date of the FMLA leave, and the expected duration of the leave. Employees are asked to use the “FMLA Leave Request” form for this purpose.

2. Impromptu Leave. In situations where advance notification is not practicable, the employee shall notify ISU as soon as feasible. “As soon as feasible” would ordinarily mean the employee provides verbal notification to the supervisor within one (1) business day of the employee knowing of the need for FMLA leave.
3. If the employee is unable to complete the “FMLA Leave Request” form to request unforeseen FMLA leave, the supervisor shall complete the form on the employee’s behalf.

4. If an employee is unable to provide notice, an employee’s representative, acting on the employee’s behalf, may notify the supervisor of the employee’s need to take FMLA leave. Such notice may be communicated via phone call, fax, mail, or e-mail. In such situations, the supervisor shall complete the “FMLA Leave Request” form on the employee’s behalf.

B. Medical Certification. When an employee requests FMLA leave for their own medical condition or to care for family members, the Office of Human Resources may require the employee to furnish a doctor’s statement certifying the medical information necessary to determine the employee’s eligibility for FMLA leave at the time such leave is requested.

1. To expedite the processing of the leave request, employees are encouraged to furnish the physician’s statement with their completed “FMLA Leave Request” form. Ultimately, the employee must return the completed medical documentation within fifteen (15) days from the date of the leave request, unless a request for extension was submitted, received, and approved. If an employee fails to provide medical documentation, FMLA leave may be denied.

2. In situations where FMLA leave was unforeseen, the Office of Human Resources may request medical certification after the leave commences. The employee must then provide the medical certification within fifteen (15) days of receipt of the request.

3. In cases where medical certification is required, the certification must be complete and sufficient. If the Office of Human Resources finds that the medical certification provided by the employee is incomplete (one or more of the applicable entries have not been completed) or insufficient (the information provided is vague, ambiguous, or inconclusive), the Office of Human Resources shall notify the employee in writing of the additional information needed to make the certification complete and sufficient. The employee shall have seven (7) days (unless not practicable despite the employee’s diligent efforts) to cure the deficiencies. Failure by the employee to do so may result in denial of FMLA leave.

4. To determine the extent of an employee’s serious health condition, if the first medical certification appears to lack validity, the Office of Human Resources may request a second opinion. If the second opinion is different from the first opinion, ISU may request a third medical opinion. The third opinion will be binding. If second and third requests are necessary, ISU will pay the expense.

C. Eligibility Determination and Response. The Office of Human Resources is required to provide the employee with an Eligibility Notice and with a Designation Notice once FMLA leave is requested. These Notices may be combined into one Notice.
1. Eligibility Notice. Within five (5) days of the employee requesting leave or the supervisor learning an employee’s leave may be FMLA eligible, the Office of Human Resources shall notify the employee in writing whether the employee is eligible or not eligible in accordance with Section II.A. In conjunction with the Eligibility Notice, the Office of Human Resources shall also provide the employee with written notification of the employee’s rights and responsibilities under the FMLA, including the information contained in the “Notice of Eligibility and Rights & Responsibilities” form. This notification can be accessed at [http://isu.edu/hr/forms/](http://isu.edu/hr/forms/) and shall include:

   a. Whether medical certification is required, and the consequences for failure to provide such medical certification;

   b. Whether certification to verify a qualifying exigency as described in Section III.B.5.a. is required, and the consequences for failure to provide such certification; and

   c. Whether a “fitness for duty” certification is required for the employee to return to work, and the consequences for failure to provide such a certification.

2. Designation Notice. Within five (5) days of receiving enough information to determine that an employee’s leave is FMLA eligible, the Office of Human Resources shall provide written, official confirmation of the designation of the employee’s leave as FMLA leave and the parameters (i.e., expectations, obligations, and consequences for failure to meet the same) of the FMLA leave, using the “Response to FMLA Request” memorandum. If a “fitness for duty” certification specifically addressing the issue of whether the employee can meet the essential functions of his or her job will be required for the employee to return to work, the Office of Human Resources must provide a list of the essential job functions no later than the date of the Designation Notice. In such a case, the Designation Notice must specifically inform the employee what the certification must address.

3. Completion of Leave. An employee who is returning from FMLA leave may be required to provide a “fitness for duty” certification from his or her medical practitioner, if, due to the nature of the health condition and the job:

   a. Light duty work or other accommodation is requested; or

   b. ISU, having a reasonable basis in fact to do so, requires assurance that returning to work would not create a significant risk of substantial harm to the employee or others.

4. Benefits and Employee Rights. While on FMLA leave, the employee’s group insurance benefits will remain unchanged. Thus, the employee will remain responsible for his or her share of the monthly insurance premiums. If the employee is using sick or vacation leave balances to receive a full or partial paycheck while on FMLA leave, the employee’s portion of group insurance premiums will be deducted as usual. However, if the employee is not receiving a sufficient paycheck, he or she
must arrange to pay the employee’s portion of group insurance premiums. If the employee does not return to work after FMLA leave for reasons beyond his or her medical condition, ISU may require the employee to reimburse ISU’s share of the insurance premiums paid during the employee’s FMLA absence.

a. An employee’s use of FMLA leave cannot result in the loss of any employment benefits that the employee earned or to which he or she was entitled before using FMLA leave.

b. Use of FMLA leave cannot be counted against the employee for any disciplinary action regarding attendance.

VI. RELATED LAWS, RULES, and POLICIES

A. The Family and Medical Leave Act of 1993, Public Law 103-3, Enacted February 5, 1993,
   https://www.dol.gov/whd/regs/statutes/fmla.htm

B. Idaho Division of Human Resources Executive Branch Agency Policies, Section 4: Family and Medical Leave Act (FMLA) Leave,


VII. RELATED FORMS

A. Family and Medical Leave Act (FMLA) Request Form
   https://www.isu.edu/media/human-resources/documents/health-benefits/FMLA-Request-Form.pdf


D. WH-381 Notice of Eligibility and Rights and Responsibilities,
   https://www.dol.gov/whd/forms/WH-381.pdf


F. WH-384 Certification of Qualifying Exigency for Military Family Leave,

H. WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave, [https://www.dol.gov/whd/forms/wh385V.pdf](https://www.dol.gov/whd/forms/wh385V.pdf)

PRESIDENTIAL CERTIFICATION

______________________________________  Date:____________________

Approved by Kevin Satterlee
President, Idaho State University