

## ***Returning from Family and Medical Leave***

**All employees returning from Family and Medical Leave due to their own serious health condition are required to submit a *RELEASE TO RETURN TO WORK* Form** or similar statement from their attending health care provider. This statement must certify that the employee is capable of performing the essential functions of the position, with or without reasonable accommodation. Employees that have restrictions that cannot be reasonably accommodated should not be allowed to return to work. This statement must be submitted to Human Resources prior to returning to work. Employees who do not provide completed documentation will not be allowed to return to work.

**In the event that the employee is unable to return to work at the expiration of their Family and Medical Leave the available options are as listed:**

### **Employees that have Family and Medical Leave**

- a) If the employee has not absorbed their allotted 12 weeks of Family and Medical Leave they may submit a letter from their health care provider requesting that the Family and Medical Leave be extended. This letter must be submitted at least 3 business days prior to the employee's scheduled return to work date. Failure to provide this documentation to support the employee's extended absence from work could result in termination of employment.

### **Employees that have exhausted Family and Medical Leave:**

To be considered for further employment, the employee needs to provide a written request for either of the two options listed:

#### **Option 1 – Authorized Leave without Pay**

An employee may submit a written request to the agency to take a continuous leave without pay for a period not exceeding 12 months. Supporting documentation (e.g., reason for request, duration of leave request) must be included in the request. If approved, a written notice specifying the terms and conditions of the approval will be provided to the employee, including a statement indicating that the employee will be reinstated to the former position or to a position of equal grade and pay without loss of any rights provided the employee returns within the terms of the leave granted.

#### **Option 2 – Contingent Leave without Pay**

To request contingent leave without pay, an employee must follow the same procedure required to request authorized leave without pay. A contingent leave of absence may not exceed 12 months. The notice of approval of a request for a contingent leave of absence will include the terms and conditions of the approval including a statement that the employee's right to return at the expiration of the leave is not guaranteed and will be contingent on a suitable vacancy being available.

1. An employee who is authorized to take leave (including contingent leave) but does not have sufficient accrued paid leave or elects to forego the use of available paid leave will be placed in non-pay status. In these situations, an employee must submit a written request and the procedure described in the preceding paragraph must be followed.

2. The CBOH may extend an approved leave without pay for additional time not exceeding 12 months. An employee must submit a written request for an extension and, if approved, a written notice specifying the terms and conditions of the extension, including any rights to reinstatement, must be provided.
3. A continuous unpaid leave of absence may not exceed 24 months, unless otherwise required by state or federal law. An unpaid leave of absence is not included as service for purposes of computing any retirement or pension benefits.
4. Employees on a contingent leave of absence without pay are not eligible to solicit or use leave donations.

If approved, the effective date of the leave request will be the first business day following the expiration of the employee's Family and Medical Leave. The request must be received no later than 10 business days from the employee's effective date to return to work. Please send all information related to employee leave requests to the correspondence address included in this document. Failure to notify Human Resources in writing within the requested time frame could result in termination of employment. The employee will receive a written reply within 10 business days of receipt of their request.

### **Option 3 – Employment Separation**

1. If the employee fails to return to work at the expiration of their Family and Medical Leave and does not provide a letter from their health care provider requesting an extension of their Family and Medical Leave may result in termination of employment.
2. If the employee fails to return to work and has exhausted their Family and Medical Leave and does not provide a written request to be considered for contingent leave or authorized leave without pay within the required time frame may result in termination of employment.
3. If the employee does not adhere to the terms and conditions of their leave it is grounds for disciplinary action up to and including termination of employment.
4. Employees have the option of resigning from employment at anytime.

If you have any questions please contact Human Resources/District Personnel Department.

**Please send all correspondence to:**

**Human Resources/District Personnel Department Address (insert address here)**

**COUNTY BOARD OF HEALTH  
RELEASE TO RETURN TO WORK  
for Family and Medical Leave (FML)**

<b>SECTION 1 – To be completed by EMPLOYEE</b>		
EMPLOYEE'S NAME (LAST)	FIRST	MI.
EMPLOYEE'S WORK LOCATION		
HUMAN RESOURCES/DISTRICT PERSONNEL DEPARTMENT CONTACT		
HUMAN RESOURCES/DISTRICT PERSONNEL DEPARTMENT MAILING ADDRESS		
PHONE	FAX	E-MAIL

<b>SECTION 2 – To be completed by HEALTH CARE PROVIDER</b>		
PLEASE COMPLETE THE FOLLOWING AND RETURN THE FORM TO THE EMPLOYEE OR TO THE DEPARTMENT CONTACT LISTED ABOVE PRIOR TO THE RETURN TO WORK DATE		
<u>Important:</u> Please limit your answers below to the serious health condition for which the employee has been on leave.		
NAME OF HEALTH CARE PROVIDER <i>[Print]</i>	PLACE ADDRESS STAMP HERE:	
ADDRESS		
1. Is the employee now able to perform those essential functions of his or her job that he or she could not previously perform because of the serious health condition for which the employee has been on leave? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, with restrictions		
2. The employee released to return to work effective	DATE:	
3. If the Employee is released to return to work but is restricted in his or her ability to perform the essential functions of his or her job as a result of the serious health condition for which the employee has been on leave, please describe those restrictions:		
4. The foregoing restrictions are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary, until _____		
SIGNATURE OF HEALTH CARE PROVIDER	DATE	Phone Number