



# GENERAL ORDER

## GENERAL ORDER 110.15

### Implementation of the Family And Medical Leave Act (FMLA)

#### ADMINISTRATIVE SERVICES

Issue Date: 5/21/2012

Revision Date: 4/17/2014

#### 1 APPLICABILITY

2 All Personnel

#### 3 POLICY

4 Benefits under the Family and Medical Leave Act (FMLA) shall be granted in accordance with the Howard  
5 County Employee Manual, the FMLA, and any other applicable state and federal laws. Compliance with  
6 this policy is the responsibility of all employees of the Howard County Department of Fire and Rescue  
7 Services with guidance from personnel in the Howard County Office of Human Resources (HR) and/or the  
8 Department's Administrative Services Bureau (ASB).

#### 9 DEFINITIONS

- 10 ➤ **Family and Medical Leave Act** –a federal act that entitles eligible employees to take unpaid, job  
11 protected leave for specified family and medical reasons with continuation of group health  
12 insurance coverage under the same terms and conditions as if the employee had not taken leave.

#### 13 PROCEDURES

##### 14 GENERAL GUIDELINES

15 Personnel requesting to be placed on FMLA leave status must adhere to eligibility requirements and  
16 responsibilities as delineated in the Howard County Employee Manual, as well as any FMLA documents or  
17 instructions provided to the employee.

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19 An employee who anticipates the need for FMLA leave should notify HR at least 30 days in advance of the  
20 leave, or, if not practicable, as soon as the need for leave becomes known.

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22 If an employee is absent for one work week because of a medical condition, that leave will be treated as  
23 FMLA leave, regardless of whether paid leave was used to cover the absence, and the employee will be  
24 required to complete FMLA paperwork provided. For purposes of determining eligibility for FMLA leave:

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26 • For shift personnel, the amount of disability leave usage for one work week shall be interpreted as  
27 equal to or greater than 48 hours.  
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- For day work personnel, the amount of disability leave usage for one work week shall be interpreted as equal to or greater than 40 hours.
  - For part-time/benefitted personnel, the amount of disability leave usage for one work week shall be interpreted as equal to or greater than the number of hours associated with their normal work week.

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## 36 EMPLOYEE RESPONSIBILITIES

37 For each FMLA qualified event (as defined in the Howard County Employee Manual), an employee must  
38 complete and submit: the “Request For Family Medical Leave Act Benefits” to their Battalion Chief or  
39 Supervisor for approval. The request will then be forwarded to the Department’s Human Resources  
40 Coordinator in the Administrative Services Bureau. In addition, the employee must have either the  
41 “Certification of Health Care Provider for Employee’s Serious Health Condition” or the “Certification of  
42 Health Care Provider for Family Member’s Serious Health Condition” (when the absence is for the  
43 employee to care for a family member) completed by the physician and submitted to the Office of  
44 Human Resources. Faxed and/or scanned copies will not be accepted, original forms are required. These  
45 forms are available from the Reference Library section of the Administrative Services Bureau Intranet  
46 webpage at  
47 [http://hcdfrssizeup.howardcountymd.gov/index.php?option=com\\_content&view=section&layout=blog&id=19&Itemid=211](http://hcdfrssizeup.howardcountymd.gov/index.php?option=com_content&view=section&layout=blog&id=19&Itemid=211). If the request is for intermittent FMLA leave, it must be noted on the “Request for  
48 FMLA” form and the need for intermittent leave verified by the certifying physician on the “Certification  
49 of Healthcare Provider” form.

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- Upon approval of the FMLA leave request, the Office of Human Resources will provide to the  
52 employee a letter outlining the restrictions associated with the FMLA leave status.

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54 Personnel on FMLA leave are responsible for correctly reporting their leave usage.

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- An approved leave form indicating the type of leave to be used is required for each normally  
57 scheduled work period within the FMLA approved timeframe.
  - When using intermittent leave under the FMLA, an employee must report to his/her supervisor  
58 that the absence is for the FMLA-certified condition so that appropriate entries can be made in  
59 the payroll system and provide enough information to confirm that the purpose for the leave is  
60 consistent with the qualifying medical certificate. Personnel must use established departmental  
61 procedures when making same-day notifications for intermittent FMLA leave usage. For necessary  
62 medical appointments, leave usage should be scheduled when possible so as not to interrupt the  
63 employee’s work schedule.
  - Employees who regularly input their own hours into the payroll system must follow the guidelines  
64 for payroll entries established under Supervisor Responsibilities of this order.

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71 While using FMLA leave; personnel are **not** eligible to work overtime hours, trades of shift, or secondary  
72 employment within the same work week. Employees who are absent on FMLA leave are understood to  
73 be unable or unavailable to work in any capacity.

- 74 • If a situation arises, for example, during a declared “state of emergency,” where personnel are  
75 needed, the department may request an exception be made on a case-by-case basis. These  
76 exceptions can be made when additional staff members are critical to the safe and efficient  
77 operation of the Department. The employee has the right to decline such request. Status changes  
78 must be coordinated between the Assistant Chief, Administrative Service Bureau (or designee),  
79 and County Human Resources. Straight time will be paid for normally scheduled shift days and  
80 overtime will be authorized on non-shift days.
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- 82 • For personnel approved for intermittent FMLA leave, the overtime restrictions are limited to the  
83 week (Monday – Sunday) that FMLA qualified leave was entered into the payroll system. If  
84 necessary, hours worked earlier in the week at an overtime rate will be adjusted to the straight  
85 time rate up to the maximum hours of the employee’s workweek.
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87 Personnel who have used the entire 12 weeks (or 26 weeks where applicable) of permitted FMLA leave in  
88 the applicable “rolling” 12-month FMLA period and remain unable to return to work in either a full-duty  
89 or modified duty capacity may submit a written request for additional leave, which may be approved at  
90 the Department’s discretion.

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- 92 • Requests must be addressed to the Assistant Chief, Bureau of Administrative Services. The  
93 request should include the general nature of the individual’s situation, medical documentation  
94 supporting the need for continued leave, as well as the projected duration of the absence.
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- 96 • If approved, personnel with leave balances (annual, personal, disability, compensatory) will  
97 continue to use their paid leave throughout the approved leave of absence.
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- 99 • Once all leave balances have been exhausted, the employee must request to be placed in an  
100 unpaid leave of absence status.
- 101

102 An employee returning to work following an FMLA qualified medical condition shall be required to  
103 provide documentation from the treating physician regarding the employee’s fitness for duty. Uniformed  
104 employees required to provide this documentation must use the “Fit for Duty” form available from the  
105 Reference Library section of the Administrative Services Bureau Intranet webpage at  
106 [http://hcHCDFRSsizeup.howardcountymd.gov/index.php?option=com\\_content&view=section&layout=bl](http://hcHCDFRSsizeup.howardcountymd.gov/index.php?option=com_content&view=section&layout=blog&id=19&Itemid=211)  
107 [og&id=19&Itemid=211](http://hcHCDFRSsizeup.howardcountymd.gov/index.php?option=com_content&view=section&layout=blog&id=19&Itemid=211). This multipage form lists essential firefighter tasks as outlined in NFPA 1582,  
108 Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition.

## 109 SUPERVISOR RESPONSIBILITIES

110 The “Request For Family Medical Leave Act Benefits” form, Section III must be completed/signed by the  
111 employee’s Battalion Chief or Supervisor.  
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114 For employees approved for FMLA leave the immediate supervisor is responsible for proper entries into  
115 the payroll system. Entries are to indicate the number of hours of leave used for each date, along with a  
116 notation in the comments field stating FMLA leave.

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118 Battalion Chiefs or Supervisors shall relay the status of an employee from the Administrative Services  
119 Bureau to the employee's direct report.

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## 121 BUREAU OF ADMINISTRATIVE SERVICES RESPONSIBILITIES

122 The "Request For Family Medical Leave Act Benefits" form, Section III must be reviewed/signed by the  
123 departmental payroll administrator. Section IV of this form will be signed by the Fire Chief (or designee)  
124 and then forwarded to HR.

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126 Copies of an employee's FMLA documentation shall be kept in accordance with department's records  
127 retention policy.

## 128 REFERENCES

- 129 • Employee Manual (<http://countyofhowardmd.us/displayprimary.aspx?id=4294969521>)
- 130 • US Department of Labor: FMLA (<http://www.dol.gov/compliance/laws/comp-fmla.htm>)

## 131 SUMMARY OF DOCUMENT CHANGES

### 132 FORMS/ATTACHMENTS

- 133 • "Request For Family Medical Leave Act Benefits" form
- 134 • "Certification of Health Care Provider for Employee's Serious Health Condition"

## 135 APPROVED

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138 Deputy Chief John S. Butler

139 Operations Command