



# County of Lackawanna Pennsylvania

Department of Personnel  
570 963-6771

ANTHONY C. BERNARDI  
DIRECTOR

*Commissioners*

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TO: All County Employees

FROM: Anthony C. Bernardi, Personnel Director

Attached you will find information concerning the Family and Medical Leave. Please make sure that you read Lackawanna County's policy concerning the Family and Medical Leave and then supply all the necessary information on the forms provided.

If you have any questions regarding this matter, please do not hesitate to contact the Personnel Office.



# County of Lackawanna Pennsylvania

963-6800

Office of the Commissioners

## LACKAWANNA COUNTY FAMILY AND MEDICAL LEAVE POLICY

**PURPOSE** - To define Lackawanna County's policy and procedure with regard to family and medical leave.

**GENERAL** - Employees who have been employed for at least one (1) year, and for at least 1,250 hours during the preceding 12-month period are eligible for family and medical leave. For employees not eligible for family and medical leave, Lackawanna County will review business considerations and the individual circumstances involved. Except for those employees designated as "highly compensated employees", employees will be returned to the same or to an equivalent position upon their return from leave.

The County will grant up to 12 weeks unpaid leave in accordance with the Family and Medical Leave Act of 1993. Consistent with that law, employees must first use any and all available accrued paid vacation, personal, family, medical and sick leave except for leaves to care for a baby or adopted child when medical or sick leave need not be used and except for the employee's own serious health condition when paid family leave (e.g., maternity) need not be used. Employees must provide 30 days written notice or as much notice as possible under the circumstances. Employees must also provide medical certification of the need for, and duration of, the leave. Medical benefits will continue during an approved leave.

**REASON FOR LEAVE** - All employees who meet the applicable time-of-service requirements may be granted a total of twelve (12) weeks of unpaid family leave and paid sick, vacation, and personal leave combined (during any 12-month period) for the following reasons:

- (1) the birth of the employee's child and in order to care for the child;
- (2) the placement of a child with the employee for adoption or foster care;
- (3) to care for a spouse, child or parent who has a serious health condition; or
- (4) a serious health condition that renders the employee incapable of performing the functions of his or her job.

The entitlement to leave for the birth or replacement of a child for adoption or foster care will expire twelve (12) months from the date of the birth or placement.

**APPLICATION FOR LEAVE** - In all cases, an employee requesting leave must complete the attached "Application for Family and Medical Leave" and return it to their Department Head and the Personnel Director. The completed application must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave. Application form is attached to policy.

**NOTICE OF LEAVE** - An employee intending to take family or medical leave because of an expected birth or placement, or because of a planned medical treatment, must submit an application for leave at least thirty (30) days before the leave is to begin. If leave is unforeseeable and is to begin within thirty (30) days, an employee must give notice to his or her immediate supervisor *and* to the Personnel Director as soon as the necessity for the leave arises.



**MEDICAL CERTIFICATION OF LEAVE** - An application for leave based on the serious health condition of the employee or the employee's spouse, child or parent must also be accompanied by a "Medical Certification Form" completed by the applicable physician or health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition.

If the employee is needed to care for a spouse, child, or parent, the certification must so state along with an estimate of the amount of time the employee will be needed. If the employee has a serious health condition, the certification must state that the employee cannot perform the functions of her job. Medical form is attached to policy.

**BENEFITS COVERAGE DURING LEAVE** - During a period of family or medical leave, the employee will be retained on Lackawanna County's health care plan under the same conditions that applied before leave commenced. To continue health coverage, the employee must continue to make any contributions that he or she made to the plan before taking leave. Failure of the employee to pay his or her share of the health insurance premium may result in loss of coverage.

If the employee fails to return to work after the expiration of the leave, the employee will be required to reimburse Lackawanna County for payment of health insurance premiums during the family leave unless the reason the employee fails to return is the presence of a serious health condition which prevents the employee from performing his or her job or to circumstances beyond the employee's control.

An employee is not entitled to the accrual of any seniority or employment benefits that would have accrued if not for the taking of leave. An employee who takes family or medical leave will not lose any seniority or employment benefits that accrued before the date leave began.

**RESTORATION TO EMPLOYMENT** - An employee eligible for family and medical leave - with the exception of those employees designated as "highly compensated employees" - generally will be restored to this or her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. Lackawanna County cannot guarantee that an employee will be returned to his or her original job. A determination as to whether a position is an "equivalent position" will be made by Lackawanna County.

**RETURN FROM LEAVE** - An employee must complete a "Notice of Intention to Return From Family or Medical Leave" before he or she can be returned to active status. If an employee wishes to return to work prior to the expiration of a family or medical leave of absence, notification must be given to the employee's supervisor at least five (5) working days prior to the employee's planned return.

**FAILURE TO RETURN FROM LEAVE** - The failure of an employee to return to work upon the expiration of a family or medical leave of absence will be treated as a voluntary resignation unless an extension is granted. An employee who requests an extension of family leave or medical leave due to the continuation, recurrence or onset of his or her own serious health condition, or of the serious health condition of the employee's spouse, child or parent, must submit a request for an extension in writing, to the employee's immediate supervisor. This written request should be made as soon as the employee realizes that he or she will not be able to return at the expiration of the leave period.



**Lackawanna County**  
**Application for Family or Medical Leave**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Expected Date of Return to Work: \_\_\_\_\_

Reason for Leave (Explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A leave request based on the birth of an employee's child, an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

I hereby authorize Lackawanna County to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Lackawanna County

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

**APPROVED BY:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Director of Personnel



**Lackawanna County**  
**Notice of Intention to Return From Leave**

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date Leave Commenced: \_\_\_\_\_

Date of Planned Return: \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her physician or health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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I have examined [employee] and can certify that she/he is fully able to resume working.

\_\_\_\_\_  
Physician's or Health Care Provider's Signature

\_\_\_\_\_  
Date