



# MANUAL OF PERSONNEL RULES, PRACTICES, AND PROCEDURES

SECTION: 3.00  
Employment Practices

SUBJECT: 3.30  
Leaves of Absence

SUPERSEDES:  
August 15, 1992

NEW EFFECTIVE DATE:  
June 1, 1994

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APPROVED BY CITY MANAGER:

## I. Unpaid Leave

When an employee has exhausted all paid leave benefits, the employee must request an unpaid leave of absence in writing, indicating the reason for the leave, and the anticipated date of return to work. Absent such a request from the employee, the employee will be considered to have voluntarily resigned.

Upon request an employee may be granted a leave of absence without pay by the department head to attend to his/her private affairs or otherwise. No such leave of absence shall exceed the major portion of any calendar month without the approval of the Director of Human Resources.

There shall be no accumulation of service time, or earning of supplemental benefits (such as vacation or sick leave), or payment of supplemental benefits made to the employee or any agency or person on behalf of the employee during a period of unpaid leave of absence from work except as otherwise provided by law. New allocations of sick leave and vacation credits will be available to the employee upon reinstatement from an unpaid leave of absence.

Employees who are authorized a reduction in hours on a temporary basis for a period of more than two weeks shall be classified as a part-time employee and shall receive the appropriate benefits based on the part-time status. The Reduced Work Week Program and the Voluntary Furlough Program are exceptions.

## II. Management Time Off

Employees who hold classifications in the Salary Resolution designated as Management Executive, Top, Middle, or Professional may be authorized management time off with department head approval. Such management time off is performance-based and may be authorized considering such factors as, successful completion of a major project or assignment, exceptional performance, quantity and quality of work, time worked, initiative, or other factors which, in the judgment of higher management, warrant paid time off.

## III. Vacation Leave Prior to Retirement/Termination

Employees shall not be allowed to accumulate further benefits when "running out"

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vacation prior to retirement or termination date. Upon request of the employee, vacation reimbursement may be paid upon retirement or at the first pay period in the next calendar year.

#### IV. Holidays

Employees who are on a leave of absence without pay on each regular work day before and after a holiday are not eligible for holiday pay.

#### V. Voting

Pursuant to the provisions of the Elections Code of the State of California, employees who are voters and who do not have sufficient time, outside working hours, to cast their ballots, may take time off from work to vote. Although the employee is entitled to take as much time off as is sufficient to cast a ballot, only two hours of actual working time will be compensated. If the employee on the third working day prior to the day of election knows or has reason to believe that time off will be necessary to be able to vote on election day, the employee shall give the employer at least two working days' notice that time off for voting is desired.

#### VI. Family and Medical Leave Policy

##### A. Statement of Policy

In accordance with the Federal Family and Medical Leave Act (FMLA) and the California Family Rights Act, (CFRA), the City will grant job protected family and medical leave to eligible male or female employees for up to 12 weeks per 12-month period for any one or more of the following reasons:

1. The birth of a child and in order to care for such child, or the placement of a child with the employee for adoption or foster care (leave for this reason must be taken within the 12-month period following the child's birth or placement with the employee); or
2. In order to care for an immediate family member (spouse, child, or parent) of the employee if such immediate family member has a serious health condition: or
3. The employee's own serious health condition that makes the employee unable to perform the essential functions of his/her position. (Note: Under the California Pregnancy Disability laws, an employee may be authorized up to four months of leave in addition to Federal and State Medical Leave.)

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The "12-Month Period" - means a rolling 12-month period measured backward from the date leave is first taken, including the use of authorized paid leave (such as vacation, sick leave, worker's compensation), and continuous with each additional leave day taken.

B. Coverage and Eligibility

To be eligible for family/medical leave an employee must:

1. Have worked for the City for at least 12 months; and
2. Have worked at least 1250 hours over the previous 12 month period.

C. Intermittent or Reduced Leave

In addition to taking a leave of absence for a continuous period of time, an employee may take leave intermittently (a few days or a few hours at a time) or on a reduced leave schedule (part-time leave) to care for an immediate family member with a serious health condition, or because of a serious health condition of the employee when medically necessary.

An employee may take leave intermittently or on a reduced leave schedule for birth or placement for adoption or foster care of a child only with the department's consent.

For part-time employees and those who work variable hours, the family and medical leave entitlement is calculated on a pro rata basis. A weekly average of the hours worked over the 12 weeks prior to the beginning of the leave should be used for calculating the employee's normal workweek.

D. Substitution of Paid Leave

Employees who apply for paid leave (e.g. sick leave, vacation, etc.) will have such time designated as Family and Medical Care Leave. This means that Family and Medical Care Leave shall run concurrent with other approved leaves.

When an employee has used applicable paid leave for a portion of family/medical leave, the employee may request an additional period of unpaid leave to be granted so that the total of paid and unpaid leave provided equals 12 weeks within a period of 12 months.

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**E. Notice Requirement**

A Notice of the right to Family and Medical Leave shall be posted and maintained in the various work location of employees (see attached notice "Your Rights Under the Family and Medical Leave Act of 1993"). An employee is required to give as much advance notice as possible, but no less than 30 days written notice in the event of a foreseeable leave. In unexpected or unforeseeable situations, an employee should provide as much notice as is practicable.

If an employee fails to give 30 days notice for a foreseeable leave with no reasonable excuse for the delay, the leave may be denied until 30 days after the employee provides notice.

The written notice must provide specific reasons for leave under the FMLA or the CFRA, the method of leave requested (consecutive, intermittent, reduced), and expected start date and ending date of leave. (See attached "Written Notice and Request for Family/Medical Leave" form).

**F. Medical Certification**

For leaves taken because of the employee's or a covered family member's serious health condition, the employee must submit a completed "Physician or Practitioner Certification" form (see attached) and return the certification to their supervisor. Medical certification must be provided by the employee within 15 days after requested, or as soon as is reasonably possible.

The City may require a second or third opinion (at City expense), periodic reports on the employee's status and intent to return to work, and a fitness-for-duty report to return to work.

All documentation related to the employee's or family member's medical condition will be held in strict confidence and maintained in the employee's medical file.

**G. Effect On Benefits**

An employee who is granted a leave under this policy will continue to be covered under the City's group health and dental insurance plan, under the same conditions and benefits for a maximum period of 12 weeks per 12 month period, as would have been provided if they had been continuously employed during the leave period. **NOTE:** Employees who elect not participate in the group health insurance program are not eligible for Employee Option Benefit Fund contributions to deferred compensation.

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If the employee fails to return from unpaid family/medical leave for reasons other than (1) the continuation of a serious health condition of the employee or a covered family member, or (2) circumstances beyond the employee's control (certification required within 30 days of failure to return for either reason), the City may seek reimbursement from the employee for the portion of the premiums paid or contributions made by the City on behalf of that employee during the period of leave.

An employee is not entitled to seniority or benefit accrual during periods of unpaid leave but will not lose seniority or benefits accrued prior to leave.

H. Job Protection

When the employee returns to work following an approved family/medical leave, he/she will be reinstated to his/her former or comparable classification with equivalent pay, benefits, status and authority.

If the employee fails to return to work after the approved leave has expired, the employee will be separated from employment unless additional leave is requested and approved by the City.

- I. The City's Family and Medical Leave Policy as described above is intended set forth the basic provisions of the Federal Family and Medical Leave Act and the California Family Rights Act. Provisions not specifically addressed in this policy are incorporated by reference in this policy.

**YOUR RIGHTS**  
under the  
**FAMILY AND MEDICAL LEAVE ACT OF 1993**

The federal Family and Medical Leave Act (FMLA) requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

**REASONS FOR TAKING LEAVE:** Unpaid leave must be granted for any of the following reasons. At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

**ADVANCE NOTICE AND MEDICAL CERTIFICATION:** The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

**JOB BENEFITS AND PROTECTION:**

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon the return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that occurred prior to the start of an employee's leave.

**UNLAWFUL ACTS BY EMPLOYERS:** FMLA makes it unlawful for any employer to:

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

**ENFORCEMENT:** FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

**FOR ADDITIONAL INFORMATION:** See the City of Pasadena Manual of Personnel Rules, Practices and Procedures, Policy 3.30, Leaves of Absence. Also contact the Benefits Division in the Human Resources Department at (818) 405-4079.

**CITY OF PASADENA**

**NOTICE AND REQUEST FOR FAMILY/MEDICAL LEAVE**

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

Date of Request: \_\_\_\_\_

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

Hire Date: \_\_\_\_\_

Classification Title: \_\_\_\_\_

Approx. Number  
of Hours Worked in Past  
12 Months \_\_\_\_\_

I request a Family/Medical Leave for the following reason (check one):

- \_\_\_ A. The birth of a child and in order to care for such child, or the placement of a child for adoption or foster care.
- \_\_\_ B. In order to care for an immediate family member because such family member has serious health condition. Circle one: CHILD - SPOUSE - PARENT (Attach - "Certification of Physician or Practitioner" form)
- \_\_\_ C. Employee's own serious health condition that makes the employee unable to perform the essential functions of his/her position. (Attach "Certification of Physician or Practitioner" form)

**Method of Leave Requested**

\_\_\_ A. Consecutive Leave from: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_ B. Intermittent or Reduced Leave Schedule (Specify Schedule Below)

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

I request the use of available paid leave benefits as follows:

SICK LEAVE: FROM \_\_\_\_\_ to \_\_\_\_\_  
VACATION: FROM \_\_\_\_\_ to \_\_\_\_\_  
WORKER'S COMPENSATION: FROM \_\_\_\_\_ to \_\_\_\_\_  
OTHER: FROM \_\_\_\_\_ to \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DEPARTMENT HEAD

cc: Human Resources Department

**CERTIFICATION OF PHYSICIAN OR PRACTITIONER**  
(Family and Medical Leave Act/California Family Rights Act)

1. Employee's Name: \_\_\_\_\_

2. Patient's Name (if other than employee) and relationship to Employee:

Name	Relationship
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3. Date condition commenced: \_\_\_\_\_

4. Probable duration of condition: \_\_\_\_\_

5. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):

a. By Physician or Practitioner:

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b. By another provider of health services, if referred by Physician or Practitioner:

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COMPLETE THIS SECTION (ITEMS 7 – 10) IF THIS CERTIFICATION RELATES TO THE EMPLOYEE OF THE CITY OF PASADENA WHO IS MEDICALLY ILL OR INJURED:

- |     | Yes                                    | No                       |  |
|-----|--|--------------------------|--|
| 7.  | <input type="checkbox"/>               | <input type="checkbox"/> | Is inpatient hospitalization of employee required?   |
| 8.  | <input type="checkbox"/>               | <input type="checkbox"/> | Is employee able to perform work of any kind? (If "No," skip Item 9)   |
| 9.  | <input type="checkbox"/>               | <input type="checkbox"/> | Is employee able to perform the functions of employee's position?<br>(Answer after reviewing the job description from the City of Pasadena of essential functions of employee's position). |
| 10. | Probable date of return to work: _____ |                          |  |

COMPLETE THIS SECTION (ITEMS 11 – 14) FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER AS IT APPLIES TO THE FAMILY MEMBER:

- |     | Yes   | No                       |  |
|-----|---|--------------------------|--|
| 11. | <input type="checkbox"/>  | <input type="checkbox"/> | Is inpatient hospitalization of the family member required?  |
| 12. | <input type="checkbox"/>  | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?   |
| 13. | <input type="checkbox"/>  | <input type="checkbox"/> | After review of the employee's signed statement (which should be attached to this questionnaire), is the employee's presence necessary or would it be beneficial for the care of the patient (this may include psychological comfort)? |
| 14. | Estimate the period of time care is needed and when the employee's presence would be necessary:<br>_____<br>_____ |                          |  |

Signature of Physician or Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Physician or Practitioner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Type of Practice (Field of Specialization, if any): \_\_\_\_\_