



Policy: **Leaves of Absence**
Approver: Director Human Resources
Initiated: 03/10
Version: 3
Last Approval Date: 07/14
Reference: N/A
Responsible Department(s): All Departments utilizing policies

1. DEFINITIONS:

FMLA – Employees have a right under the FMLA (Family Medical Leave Act) for up to twelve (12) weeks of leave in a twelve (12) month period for the following reasons: birth of their child, adoption or foster care situation; a serious health condition which does not allow you to perform your job responsibilities; a serious health condition which affects an immediate family member or parent for which you are needed to provide care; or military needs as defined below.

The following definitions apply only to FMLA leaves:

1. **CHILD** - Your biological, step, foster or adopted child, legal ward, or child if the employee acts as his/her parent including the children of unmarried same/opposite sex domestic partners regardless of biological or adoptive status, who is under the age of 18, or any such person who is age 18 or over and is incapable of self care because of a mental or physical disability.
2. **PARENT** - The employee's own biological, adoptive or foster parent, or another individual who acted as a parent to you during your childhood.
3. **SPOUSE** - The employee's legally married spouse.
4. **DOMESTIC PARTNER** - Partner must be 18 years of age or older, unmarried same and opposite sex partners not related by marriage or blood in any way that would bar marriage; reside in same household, and involved in a committed (lifetime) rather than casual relationship, and mutually interdependent financially. Must be involved in the domestic partnership on a continuous basis for a period of not less than one (1) year and must obtain and complete a Certificate of Domestic Partnership form. The form may be obtained from Employee Health/Human Resources.
5. **SERIOUS HEALTH CONDITION** - A "serious health condition" means an illness, injury, impairment or physical or mental condition which requires inpatient care in a hospital, hospice, or residential medical care facility; or a condition, which requires continuing treatment by a licensed health care provider. Employees with questions about what illnesses are covered under the FMLA or about the definition of a serious health condition or health care provider should contact Employee Health/Human Resources.

6. RECOVERING SERVICE MEMBER - A member of the Armed Forces who suffered an injury or illness while on active duty that may render the person unable to perform the member's office, grade, rank or rating.

7. **MILITARY CAREGIVER LEAVE** - "Next of kin" is defined as the nearest blood relative (other than a spouse, parent, son, or daughter) to include the following in order of priority: A relative who has been granted legal custody of the covered service member, brothers, sisters, grandparents, aunts, uncles, and first cousins, or a specific blood relative who has been designated as a service member's caregiver. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members are considered to be next of kin.

8. **QUALIFYING EMERGENCY LEAVE** - Examples include (but are not limited to):
 - a. Short notice deployment: A covered military member is notified of an impending call or order to active duty seven (7) or less days before deployment;
 - b. Military events and related activities: (a) to attend any official ceremony, program or event sponsored by the military that is related to active duty; or (b) to attend family support or assistance programs or informational briefings sponsored by the military;
 - c. Childcare and school activities: (a) to arrange for childcare when active duty necessitates a change in childcare arrangements; (b) to provide childcare on an urgent basis when the urgency arises from active duty status; (c) to enroll in a new school or daycare because of active duty; or (d) to attend meetings at a school or daycare for a child of a covered service member due to circumstances arising from active duty;
 - d. Financial and legal arrangements: (a) to make or update financial arrangements to address a covered military member's absence while on active duty; or (b) to act as a covered military member's representative before a federal, state or local agency to obtain or arrange military service benefits while a covered service member is on active duty;
 - e. Counseling: to attend counseling provided by someone other than a health care provider for oneself, the covered military member, or a child of a covered service member if the need for counseling arises from active duty or the call to active duty;
 - f. Rest and recuperation: to spend up to five (5) days of leave with a covered military member who is on short term, temporary, rest and recuperation leave;
 - g. Post-deployment activities: (a) to attend arrival ceremonies, reintegration briefings and events, and other official ceremonies sponsored by the military for a period of 90 days after the termination of active duty status; or (b) to address issues that arise from the death of a covered military member while on active duty status; or
 - h. Additional activities: a catch-all designed to address any other event that may arise out of active duty or a call to active duty status, provided that such leave is agreed upon by the employer and employee.

Non-FMLA – Post probationary employees who do not meet the qualifications for an FMLA leave, (i.e., personal/educational) may request a Non-FMLA Leave. Based on the business needs of the department, Non-FMLA Leaves may or may not be granted. Non-FMLA Leaves will not exceed twelve (12) weeks. Exceptions will be addressed on a case-by-case basis. Extensions of FMLA Leaves will be considered Non-FMLA, and will not exceed one (1) year from the original date of absence.

2. **POLICY:**

Woodland Pond has adopted this Leaves of Absence Policy in accordance with the Family and Medical Leave Act of 1993 (FMLA) and in order to effectively accommodate the needs of our employees.

FAMILY AND MEDICAL LEAVE (FMLA)

Qualifications:

Employees who have worked for the facility at least twelve (12) months and at least 1250 hours during the twelve (12) months immediately preceding the requested leave are eligible for:

1. A maximum of twelve (12) work weeks of FMLA leave during any twelve (12) month period for one or more of the following reasons:
 - a. The birth of the employee's child and in order to care for the child. Eligibility for this Leave will conclude twelve (12) months following the date of birth. The placement of a child with the employee for adoption or foster care. Eligibility for this Leave will conclude twelve (12) months following placement or adoption. Spouses who are both employed by the facility are entitled to a total of twelve (12) weeks of leave, rather than twelve (12) weeks each, for the birth, adoption or foster care placement of a child. Intermittent or reduced leave is not available for birth or placement of a child.
 - b. To care for the employee's spouse, child, parent or domestic partner who has a serious health condition.
 - c. Because of an employee's own health condition that causes the employee to be unable to perform the essential functions of his/her job (this includes employees receiving workers' compensation or disability insurance payments).
 - d. Due to a Call to Active Duty - An eligible employee who has a spouse, son, daughter, parent or domestic partner serving in the National Guard or the Reserves, has protected leave for "any qualifying emergency" that arises while the covered family member is on active duty or called to active duty status.
 - e. Employees are eligible for a one time, twenty-six week FMLA leave during a single twelve (12) month period to care for a recovering service member provided the service member is the spouse, son, daughter, parent, nearest blood relative or domestic partner.
 - f. Military Caregiver Leave – Eligible employees may take FMLA caregiver leave for up to five years after the veteran ends active duty. The expanded FMLA rights are effective immediately.
2. Employee eligibility for Leave of Absence and the special reinstatement provisions of the

FMLA is limited to twelve (12) weeks in a twelve (12) month period. The twelve (12) month period shall be a “rolling” period commencing on the 1st day that an employee uses any leave.

Procedure and Application for Leave – General

1. Employees who desire a leave of absence under this policy must submit a fully completed Employee Request for Leave form to Employee Health/Human Resources at least 30 days in advance of the requested leave date when the need for such leave is reasonably foreseeable. If the need for the leave is not reasonably foreseeable and is to begin in less than 30 days, the employee must submit the application as soon as possible. Application forms are available from Employee Health/ Human Resources.
2. After submission, the leave request will be considered by the department manager in consultation with Employee Health/Human Resources. All requests for Leaves of Absence will be given appropriate consideration to the nature and length of the leave. If the requested leave qualifies under the FMLA, the facility will designate the leave as such.
3. Upon approval of a leave application, an employee must consult with Employee Health/Human Resources regarding insurance coverage and other benefit issues prior to the beginning of the leave of absence.
4. Employees on a leave of absence must contact their Manager and Employee Health/Human Resources at least every thirty (30) days and advise Employee Health/Human Resources as to any change in the employee's status or anticipated return to work date. Failure to return in a timely fashion from an approved leave of absence may be considered a voluntary resignation.
5. In addition to the leave application, employees requesting FMLA leave shall be required to provide the following information:
 - a. When an employee's own illness is involved, a completed Certification of Health Care Provider form and NYS DBL 450 form that indicates the employee cannot perform the functions of his/her position, the date the serious health condition started, the probable duration of the condition, and the medical diagnosis.
 - b. If the Leave is due to a work-related injury, a completed Certification of HealthCare Provider Form is required as well as an Employee Incident Report and any applicable Worker's Compensation forms.
 - c. In the case of leave for the birth, placement or adoption of a child, information related to such birth, placement or adoption, the date the leave is to begin, and the expected duration of the leave.
 - d. In the case of leave to care for employee's spouse, child, parent or domestic partner, a completed Certification of Health Care Provider form indicating that the employee is needed to provide such care and estimate of the amount of time the employee will be needed for that purpose.

- e. Where intermittent leave or a reduced leave schedule is sought because of an employee's serious health condition, a statement (Certification of Health Care Provider) of the medical necessity for the intermittent leave or reduced leave schedule, and the expected

duration of such leave. Where intermittent leave or a reduced leave schedule is sought for an employee's planned medical treatment, the dates on which such treatment is expected to be given and the duration of such treatment.

- f. Where intermittent leave or a reduced leave schedule is sought to care for an employee's spouse, child, parent or domestic partner, a Certificate of Health Care Provider form stating that such leave is necessary to care for the family member or domestic partner or will assist in his/her recovery, and the expected duration of such leave.
6. All information must be certified by the employee's health care provider, or by the health care provider of the employee's child, spouse, parent or domestic partner, as appropriate. The Certification of Health Care Provider form is available from Employee Health/Human Resources. Only Employee Health/Human Resources, or their designee, may contact an employee's health care provider to obtain additional information, if needed (under no circumstances can the employee's direct supervisor contact the health care provider). The facility may require, at its expense that the employee obtain the opinion of a second health care provider approved by the facility.

Where the original and second opinions differ, the facility may require, at its expense, that the employee obtain the opinion of a third health care provider approved jointly by the facility and the employee, and whose opinion will be final. All medical information is kept confidential in a separate file and will only be shared with necessary individuals as required. Failure to provide the facility with requested information may result in delay or denial of leave.

7. Health/Dental/Vision - During an authorized FMLA leave, employees are required to continue their health/dental/vision insurance bi-weekly premium payments at their current bi-weekly contribution rate. If an employee is receiving a paycheck while on leave, his/her contributions will be deducted. If an employee's circumstances are such that he/she is not receiving a paycheck or paychecks stop because benefit time is exhausted, payment must be sent by the employee to Human Resources bi-weekly. Employees must make these payments within fifteen (15) days of the due date. Failure to make payment within 30 days of the due date may result in a retro-active cancellation of coverage.

In the event the leave extends beyond the twelve (12)-week period and the employee has exhausted all benefit time, their coverage will be terminated and they will be offered the opportunity to continue their coverage by paying the full cost of insurance in accordance with COBRA guidelines.

8. Benefit Accrual - During an authorized FMLA leave, the employee will continue to accrue benefit hours as long as he/she is receiving benefit time payments during the initial twelve (12) week leave period

Accrued paid benefit time may be applied toward any portion of the leave, which is not covered by short-term disability or workers' compensation benefits. After accrued benefit time, benefit donation, short term disability, or workers' compensation benefits are exhausted, the remaining balance of the twelve (12) weeks will be unpaid.

When a leave extends beyond the initial twelve (12) weeks, all accruals will be inactivated until the employee returns to a benefit eligible position.

9. Medical Treatment - In the case of a serious health condition of an employee or qualifying family member, reasonable effort to schedule medical treatment must be made to minimize disruptions to business operations.
10. Intermittent Leave - When medically necessary, leave may be taken on a reduced schedule or intermittent basis. Absences due to intermittent leaves will be tracked on an hour and/or work day basis and may not exceed twelve (12) work weeks.
11. Return from FMLA Leave - Upon return from FMLA leave, an employee will be returned to the same or equivalent position with equivalent benefits, pay and other terms and conditions of employment.
12. Extension of Leave – When an employee exceeds twelve (12) weeks of FMLA, the employee may request additional leave time which will then be considered Non-FMLA. In most instances however, departments cannot function for extended periods without a full staff. If an employee's prior job is not available, the employee, with the assistance of Employee Health/Human Resources, will attempt to find a similar position, at a similar rate of pay, if available. If an employee is offered a similar position, he/she will receive a pay rate corresponding to his/her experience. If no alternative positions are available, employee may be eligible for unemployment benefits. Leaves may be extended to a maximum of one (1) year from the original date.
13. Fitness for Duty Certification - Employees are required to submit a Fitness for Duty Certification upon return to work. If a physician releases an employee to return to work with restrictions, a review will be done to determine if reasonable accommodations can be made based on the essential functions of the job and will be classified as Light Duty. The ability to offer a light duty assignment will be reviewed on a case by case basis. Light Duty restrictions cannot exceed twelve (12) weeks. If no accommodations can be made, the employee will remain on Leave of Absence until which time they are cleared to return to work with no restrictions or a position becomes available that can accommodate the restriction(s). Employee may be eligible for unemployment benefits.
14. Failure to Return to Work - If an employee does not return to work for reasons other than his/her own or a covered family member's continued serious health condition, the employee will be required to reimburse the facility for the employee's health/dental/vision insurance premiums paid during the leave period. Failure to return to work in a timely fashion from an approved Leave of Absence may be considered a voluntary resignation.

NON-FMLA

Qualifications

Requests for Non-FMLA leaves, not including extensions of FMLA leaves, may not exceed

twelve (12) weeks unless for military reasons. Any leave time taken as part of FMLA during the twelve (12) months preceding the leave of absence will be counted toward the maximum duration of the leave of absence.

Leaves requested for personal, education, medical or military reasons will be considered.

Leaves of Absence

Page -7-

Non-FMLA leaves will be granted based on staffing requirements/workload of the department and/or employee's prior job performance, and are subject to the approval of the employee's department head in conjunction with Employee Health/Human Resources.

Procedure and Application - Non-FMLA Leave

1. Documentation - In addition to the leave application, employees requesting a Non-FMLA leave may be required to submit information substantiating the need for the leave.
2. Health/Dental/Vision - During any authorized Non-FMLA leave of absence, the facility will continue to provide health/dental/vision insurance coverage for up to twelve (12) weeks in the same manner as for FMLA leave. Employees who are on a Non-FMLA leave beyond twelve (12) weeks are eligible to continue their health insurance by paying the full cost of the insurance in accordance with COBRA.
3. Benefit Accrual - During an authorized Non-FMLA leave, the employee will continue to accrue benefit hours as long as he/she is receiving benefit time payments during the leave period.

Employees on a Non-FMLA leave for medical reasons are required to use their sick time. Other accrued benefit time may be used after sick hours have been exhausted.

Employees on a non-medical, Non-FMLA leave are required to exhaust any earned but unscheduled vacation/PTO hours not to exceed their budgeted FTE. Employees may not use sick time for non-medical leaves.

A Non-FMLA leave of absence may affect the scheduling of vacation/PTO and other benefit time. Employees should note that any vacation scheduled prior to the leave may be rescheduled to accommodate the staffing needs of the department. Further, an employee may be required to delay any vacation until he/she has returned to work for a period of time equivalent to the leave of absence period.

4. Return from Non-FMLA Leave - Upon return from a Non-FMLA leave, an employee that has not exceeded twelve (12) weeks will be returned to the same or an equivalent position with equivalent benefits, pay and other terms and conditions of employment provided the employee otherwise would have been employed at the end of the leave. Employees who do not return from an approved Non-FMLA on the agreed upon date will be terminated.

E. **Military Leave**

Qualifications:

Employees who are members of the military armed forces are entitled to protection under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Employees who have received Military Orders to report for Deployment are entitled to the following:

1. Employment protection for a maximum of five (5) years or less of cumulative deployment Military Service Leave in the uniformed services while employed.

Leaves of Absence

Page -8-

1. Continuation of health/dental/vision according to the Woodland Pond plan coverage for employees and dependents for up to 24 months while in the military.
 - a. Employee must speak with Employee Health/Human Resources to coordinate continuation of insurance coverage.
 - b. If an employee elects not to continue current coverage, upon the return to employment, coverage may resume without waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-oriented illnesses or injuries.
2. Employees will be reinstated into the same position or a comparable position and benefits upon return from deployment.
4. Woodland Pond may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

Procedure:

Upon receiving Military Deployment Orders, the following procedures must be followed:

1. Provide advance written notice or verbal notice of deployment to immediate Manager and/or Employee Health/Human Resources.
2. Upon conclusion of Military Deployment, employee must contact their Manager and/or Employee Health/Human Resources for return to work or reemployment in a timely manner.

If an employee has separated from Military Service with a disqualifying discharge or under other than honorable discharge, the employment protections do not apply.

3. RELATED POLICIES: N/A

4.0 PROCEDURE: Refer to specific leave.

5.0 DOCUMENTATION: N/A

6.0 FORMS: (see attached)



EMPLOYEE REQUEST FOR A LEAVE OF ABSENCE

(Please return this form to Human Resources)

Employee Name: _____ Date Submitted: _____

Date of Hire: _____ Dept.: _____ Job Title: _____

Employment Status (circle one): Full Time Part Time Per Diem

Leave request is for (*circle one*): Family Personal/Medical Military/Family Leave (F)

Please specify: Self Spouse Parent Child Sibling Domestic Partner*
(F) = Forms available in Human Resources. *Must provide proof of eligibility for Domestic Partner.

Projected Leave Dates (month/day/year):

Start: _____ Estimated Return: _____

If the request for time off will be intermittent, please list scheduled dates and times to the best of your ability: _____

Do you wish to use benefit time during your leave? (circle one) Yes No

Explanation for the Employee: In response to this request for a leave, the required form(s) are attached for you to have completed by the appropriate attending physician.

If this request is for your own personal medical situation, both of the attached forms must be submitted to this office. The first form is the Certification of Health Care Provider form that your attending physician must complete, sign and date. The second form is the NYS Disability 450 (DBL450). Before submitting this form, you must complete PART A, have your physician complete PART B, and Employee Health/Human Resources will complete the last section and submit this form to the insurance company for you.

If the leave is due to a work related injury, your physician must complete the Certification of Health Care Provider form.

When requesting a leave of absence under the Family and Medical Leave Act (FMLA) for a family member, the Certification of Health Care Provider form must be completed by the family member's attending physician.

Should my leave of absence extend beyond twelve (12) weeks, I understand that my leave will become a Non-FMLA leave and not to exceed one (1) year from original date of absence.

Employee: _____
HR Representative: _____

Date: _____
Date: _____



**CERTIFICATION OF HEALTH CARE PROVIDER
FAMILY AND MEDICAL LEAVE ACT OF 1993**
(To Be Completed by the Health Care Provider and returned to HR)

Employee Name: _____ Relationship to Employee: _____
Patient Name: _____

The attached sheet describes what is meant by a "serious Health condition" under the Family and Medical Leave Act of 1993. If the patient's condition qualifies under any of these categories described, please check below the applicable category:

1) ___ 2) ___ 3) ___ 4) ___ 5) ___ 6) ___

None of the above (explain): _____

- Please describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

- Please state the approximate date the condition commenced and the probable duration of the condition:

- If this condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

- If the patient/employee will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, please provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

-
- If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatment:

Page 2 (Certification Form)

- If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment).

- If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

- If this leave is required to care for a family member with a serious health condition, does the patient require assistance for (circle all that apply):

Basic Medical/Needs/Personal Needs/Safety Concerns/Transportation/ Psychological Comfort

- If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date of this Certification

Received and Acknowledged:

Human Resources Rep.

Date



FMLA DEFINITIONS

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 in connection with or consequent to such inpatient care.
2. Absence Plus Treatment - A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:
 - (1) Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of or on referral by a health care provider; or
 - (2) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a health care provider.
3. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.
4. Chronic Conditions Requiring Treatments - A chronic condition which:
 - (1) Requires periodic visits for treatment by a health care provider or by a nurse or physician's assistant under direct supervision of a health care provider;
 - (2) Continues over an extended period of time (including recurring episodes of a single underlying condition) and
 - (3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
5. Permanent/Long-term Conditions Requiring Supervision - 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 or, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (non-Chronic Conditions) - Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under the orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Examples of conditions which are not typically considered to be serious health conditions, unless complications develop, include cosmetic treatments which do not require inpatient hospital care, common colds, flu, ear ache, upset stomach, minor ulcers, headaches, other than migraine, and routine dental or orthodontic problems.



EMPLOYER RESPONSE TO EMPLOYEE REQUEST FOR FAMILY AND MEDICAL LEAVE

EMPLOYEE NAME: _____ DATE: _____

Part A: Qualification for FMLA

On _____, you notified us of your need to take family/medical leave due to:

- The birth of your child, or the placement of a child with you for adoption or foster care.
- A serious health condition affecting your (circle one) spouse, domestic partner, child, parent, for which you are needed to provide care.
- A serious health condition that makes you unable to perform the essential function of your job.
- Military family leave.

Part B: Leave Requested

You notified us that you need this leave beginning on _____ and that you expect the leave to continue until on or about _____.

Except as explained below, you have the right under the FMLA for up to twelve (12) weeks of unpaid leave in a twelve (12) month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on

your return from leave. If you do not return to work following the FMLA leave for a reason other than (1) the contribution, recurrence, or onset of a serious health condition, which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse Woodland Pond for its share of health insurance premiums paid on your behalf during your FMLA leave.

Part C: Eligibility

This is to inform you that, under the FMLA, you are:

___ Eligible for leave

___ Not eligible for leave because:

___ Did not satisfy the 1250 hours work requirement in previous (12) months

___ Other: _____

Part D: Requirements of Employee Eligible for FMLA

If you were found eligible for FMLA in Part C, the following conditions apply:

1. The requested leave will be counted against your annual FMLA leave entitlement.
2. In the case of a serious health condition, you will be required to furnish certification of such condition within 15 days of this notification. The commencement of your leave may be delayed until the certification is submitted.
3. Accrued paid benefit time may be applied toward any portion of the leave, which is not covered, by benefit donation, short-term disability, or worker's compensation benefits.
4. Health Insurance:
 - (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. If you are not receiving a paycheck during any portion of your leave, you will be responsible for your portion of the health/dental/vision premium. Payments are due bi-weekly and payable to Woodland Pond.
 - (b) By law, you have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group leave insurance may be cancelled. Woodland Pond will provide you with a fifteen-day notice of cancellation.
 - (c) Woodland Pond will continue your other benefits while you are on leave, such as life insurance.
5. If you are on leave for your own serious health condition, you will be required to present a fitness for duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.
6. While on leave, you will be required to furnish us with periodic reports every 30 days of your status and intent to return to work. If the circumstances of your leave change, and you are able to return to work earlier than the date indicated, you will be required to notify us at least two work days prior to the date you intend to report for work.
7. If your leave extends beyond twelve (12) weeks, you will be required to furnish recertification relating to a serious health condition.

Signed: _____
Human Resources Rep.

Date: _____

CC: Department Manager



**EMPLOYEE REQUEST FOR NON-FMLA
LEAVE OF ABSENCE**

NAME: _____

POSITION: _____

DEPARTMENT: _____

SHIFT: DAY EVE NIGHT
(please circle)

EMPLOYMENT DATE: _____

SOCIAL SECURITY #: _____

EMPLOYMENT STATUS: FT PT PD
(please circle)

LEAVE REQUEST

Beginning _____, I request that I be granted a _____ month leave of absence in accordance with the Woodland Pond Leave of Absence policy.

I expect to return on _____.

Explain briefly the reason for leave: _____

I understand that if this request is approved and I do not report back to work by my expected return date: Woodland Pond may assume that I have voluntarily terminated my employment. If I require an extension past my expected date of return, I understand that I must submit a written request within four weeks of my return date to my Department Manager, and this extension is subject to approval.

Employee Signature: _____ Date: _____

Department Manager Signature: _____ Date: _____

Human Resources Rep.: _____ Date: _____

Please include month, day and year for all dates