

Paid Family Leave



District Personnel Bulletin No. 12-302

Effective Date	Expiration Date	Related DPM Chapters
January 27, 2015	April 8, 2015	12

i NOTE: This bulletin takes the place of E-DPM Bulletin No. 12-296 (same title), dated October 15, 2014. This bulletin updates the provisions pertaining to time reporting codes (TRC) (page 4); adds a new section on impermissible FMLA stacking (page 4); provides clarifying language regarding premium pay (page 9); and reiterates that qualifying employees are entitled to eight (8) workweeks of leave under the Paid Family Leave Program. Revisions have also been made to the attached PFL forms and Q & As.

NOTE: The provisions of this E-DPM bulletin are retroactive to January 9, 2015.

Overview

The District of Columbia government believes that strong families benefit both the local community and the workplace. For this reason, the District government is proud to offer its employees paid family leave to care for new family members and to provide assistance to family members in need of care. This bulletin outlines the Paid Family Leave Program, explains the application process, and provides guidance to subordinate agencies (including independent agencies with service agreements) on handling those applications, so that every eligible employee may take full advantage of this important benefit.

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Paid Family Leave Benefit

District government employees may qualify for up to eight (8) workweeks of paid family leave to welcome a new child or youth to their family or to provide needed care to a family member. This leave is in addition to an employee’s accrued annual and sick leave.

To qualify for the benefit, an employee must:

1. **Be an employee of the District of Columbia government who is neither temporary nor works an intermittent schedule;**
2. **Have experienced (or will experience) any of the following qualifying events:**
 - a. *The birth of a child;*
 - b. *The adoption of a child, or other permanent assumption of parental responsibilities for a child; or*
 - c. *The need to provide care to a family member with a serious health condition;*
3. **Submit a “Family and Medical Leave Application Form” within 12 months of a qualifying event.** All applicants must submit a Family and Medical Leave Application

Form (see attachment Form 1). All applications must be received no later than 12 months following one of the above qualifying events (see number 2); and

4. **Apply at least 12 months after the commencement of previously approved paid family leave.** An employee may receive paid family leave for only one qualifying event within a 12 month period. If an employee was previously approved for paid family leave and started receiving that leave less than 12 months prior to the second application, he or she is not eligible under the second application.

Applying for Leave

District government employees may apply for paid family leave, as follows:

1. **Complete a Family Medical Leave Application Form;**
2. **Obtain any documents required to establish benefit eligibility;**
3. **Submit an application and supporting documents to his or her agency Family and Medical Leave Coordinator; and**
4. **If approved, select the “Paid Family Leave – Taken” time reporting code (TRC) on his or her timesheet.**

Paid Family Leave Application

To receive the paid family leave benefit, an employee must fill out and submit a “Family and Medical Leave Application Form.” On the form the employee must provide his or her personal information, the reason for the leave request, the total number of hours requested, and the type(s) of leave that will be used, if any.

In the “Leave Option” section, the employee must check “Paid Family” and specify the number of paid family leave hours being requested. An employee may use paid family leave in conjunction with leave under the District of Columbia Family and Medical Leave Act (DCFMLA), as well as the federal Family Medical Leave Act (FMLA). If the employee qualifies for these programs, and will be on leave for more than eight (8) workweeks, the employee must also identify any other types of leave he or she wishes to use for the additional time (e.g., annual leave, sick leave, etc.).

Proof of Eligibility


In addition to the Family and Medical Leave Application Form, an employee must also submit supporting documents that establish the qualifying event for eligibility. Supporting documents include the following:

1. **For the birth of a child – a certificate of live birth, or similar government (or legal) document, listing the employee as a legal parent**
2. **For the legal placement of a child – a certified copy of a court order granting the employee legal custody of the child**
3. **For the non-legal placement of a child –**
 - a. *two (2) official records establishing the employee as a named caregiver to the child (e.g., school enrollment, insurance records, or medical records); and*

- b. Reliable documentation establishing the date when the placement occurred (e.g., insurance records and certificates of death).*

4. For the care of a family member with a serious health condition –


- a. Government or other reasonable documentation requested by the agency to establish a family relationship (such as a birth certificate, marriage license, court order, joint lease, or joint bank account statement); and*
- b. A completed “Certificate of Health Care Provider for Family Member’s Serious Health Condition” (DOL-WH380-F).*

 **CONDITIONAL APPLICATIONS:** Supporting documentation may not always be available prior to applying for the paid family leave benefit. For example, an employee may apply for leave for an anticipated adoption, but the court will not issue the custody order in advance. In those cases, the agency may approve an application conditionally, and the supporting documentation must be supplied to the agency no more than four (4) weeks following the submission of the application form. **If supporting documentation is not received within the four (4) weeks, the application for paid family leave may be denied and the employee will be liable for any leave that was conditionally approved.**

Submitting the Application

An employee must submit his or her application to his or her agency Family and Medical Leave Coordinator, followed by the supporting documentation. If the supporting documentation is not available at the time of application, an employee may be conditionally approved and submit the supporting documents up to four (4) weeks later. See the above note on “Conditional Applications” for more details.

The Family and Medical Leave Coordinator will evaluate the application materials. He or she will let the employee know for which Family and Medical Leave programs he or she qualifies. Each employee must also be aware that his or her agency FMLA Coordinator will ensure that PFL is used in conjunction with DC FMLA and federal FMLA, if eligible, regardless whether the employee requests the FMLA.

 **NOTE:** It is the employee's responsibility to provide sufficient documentation to establish a qualifying event for Paid Family Leave. If an employee fails to provide adequate evidence of a qualifying event, including the necessary family relationship, the request will be denied.

Impermissible FMLA Stacking

An employee may not expand his or her DCFMLA protections beyond the 16 weeks by applying for PFL for the same qualifying event in which the DCFMLA was previously approved. In the event an employee requests and is approved for PFL following the use of DCFMLA, the employee must work with the agency FMLA Coordinator and the agency Human Resources Advisor to effect a leave adjustment .

Using Paid Family Leave

If approved for paid family leave, the employee or his or her timekeeper (or equivalent) must submit time using the paid family leave TRC (“Paid Family Leave – Taken”)(PFL-T) for the days the employee is on approved leave. Employees must request paid family leave through the normal eTime leave procedures or, if an agency requires the submission of paper leave slips, the employee must submit the D.C. Standard Form 71, *Application for Leave* (or equivalent). (The employee may need to add Paid Family Leave as a category on the form.).

- A permanent TRC (PFL – T) for the Paid Family Leave Program has been developed and include the following:
 - **PFL-T (Paid Family Leave – Taken)** – This TRC is only to be utilized by employees who qualify for and have been approved for Paid Family Leave.
- Employees should be aware that the previous temporary Paid Family Leave TRC (PFL-DY) that was accessible in PeopleSoft (on the timesheet) is no longer available following the activation of the permanent TRC. The go-live date for the permanent TRCs referenced above was January 11, 2015. Processing Leave Requests

Applicants for paid family leave must provide their application and supporting documents to their agency's Family and Medical Leave Coordinator.



FAMILY AND MEDICAL LEAVE COORDINATORS: Agency Family and Medical Leave Coordinators are appointed by each agency head. Each agency is responsible for ensuring its coordinator(s) have been employed with the District government for at least 5 years or have significant experience or have been trained in Family and Medical Leave procedures. Agencies are also responsible for ensuring their employees are informed of the name and contact information of the coordinator(s).

Family and Medical Leave Coordinators must process Family and Medical Leave Application forms, as follows:

1. **Notice of Eligibility.** Within five (5) days of receiving any application, a notice of eligibility must be forwarded to the applicant. (See attached Form 2.)
2. **Notice of Leave Designation.** Within five (5) days of receiving necessary documentation a program designation and approval (or not approved) letter must be submitted to the applicant. (See attached Forms 3, 3D and 3N.) Copies of any decisions to “not approve” leave must be forwarded to DCHR.
3. **Approval Notifications.** If an employee is approved for paid family leave, an approval notification must be sent to the appropriate entities to ensure the employee is credited for the approved leave. (See attached Form 4.) Complete the Form 4 which is addressed to the District Family and Medical Leave Coordinator (DCHR). Send the completed form to the following::
 - a. **DCHR.** Email to dchr.fmla@farma.sp.dc.gov.
 - b. **Timekeeper (or equivalent).** A copy of the Form 4 must be provided to the employee's timekeeper (or equivalent).
 - c. **Supervisor.** A copy of the Form 4 must also be provided to the employee's immediate supervisor or manager (whoever typically approves their leave).
 - d. **Agency head.** A copy of the Form 4 must be forwarded to the employee's agency head.



NOTE: All documentation submitted by employees in relation to the PFL (i.e. application, medical documentation, etc.) is to remain confidential (see “Records and Confidentiality” section in this bulletin). The DCSF No. FML-04, Approval Notification, is the only document that may be disseminated to appropriate personnel, as identified on the form.

Notice of Eligibility

Family and Medical Leave Coordinators must issue a *Notice of Eligibility* to an applicant within five (5) days of receiving an application. The coordinator shall also issue a *Notice of Eligibility* to an employee if the employee has been absent for a period of three (3) or more days for family or medical reasons, but has not yet applied. To carry out this step, the coordinator must determine eligibility, draft the notice, and issue the notice.

Determining Eligibility

The coordinator must determine those programs (i.e. paid family leave, D.C. family leave, D.C. medical leave, federal FMLA) for which an applicant is eligible. Eligibility is determined as of the date the leave is to start, not the date of application. Eligibility must be determined for each of the Family and Medical Leave programs: Paid Family Leave, DCFMLA, and FMLA.

PAID FAMILY LEAVE – an employee is eligible for paid family leave if:

- a. *He or she is neither temporary nor works an intermittent schedule; and*
- b. *He or she has not been approved for paid family leave that commenced in the last 12 months. (For example, an employee who was approved for paid family leave for a qualifying event that occurred on June 12, 2014, for leave starting on June 30, 2014, is not eligible again for paid family leave until July 1, 2015.)*

DC FAMILY AND MEDICAL LEAVE – an employee is eligible for leave under DCFMLA if:

- a. *He or she has at least one (1) year of continuous District service, and that continuous year of service occurred within the last 7 years;*
- b. *He or she has received pay for at least 1,000 hours in the 12 months preceding the leave (including hours worked or compensated by annual, sick or other paid leave); and*
- c. *He or she has not exhausted the allowable 16 weeks of family or medical leave over the last 24 months.*

FEDERAL FAMILY MEDICAL LEAVE ACT (FMLA) – an employee is eligible if:

- a. *He or she has been paid for 1,250 hours actually worked in the 12 months preceding the leave (paid leave is not used for qualifying the employee);*
- b. *He or she has been employed with the District government for at least one year; and*
- c. *He or she has not exhausted the allowable 12 weeks of family leave over the preceding 12 months.*

Drafting the Notice

Complete the *Notice of Eligibility* letter. To draft the letter, the coordinator must first gather all the relevant information from personnel records. The information required is:

- The nature of the employee's appointment;
- The employee's total years of service with the District government;
- The total number of compensable hours for the last 12 months (usually 2080);
- The total number of regular pay hours paid to the employee in the last 12 months;
- If the employee was previously approved for Paid Family Leave for another qualifying event, the first date of leave for that event;
- The total number of hours of family and medical leave, combined, used in the last 12 months;
- The total number of medical leave hours used in the last 24 months; and
- The total number of family leave hours used in the last 24 months.

This information will be used when completing the eligibility letter and the eligibility letter will guide the coordinator in determining which family and medical leave program(s) the employee is eligible to participate in.

Issue the Notice

Once completed, issue the notice to the employee. The notice must be delivered to the employee by commercial courier with tracking. The tracking number must be printed on the notice. If the employee is being notified that he or she is not eligible, a copy of the notification must be submitted to DCHR at dchr.fmla@dc.gov (see District Family and Medical Leave Coordinator, below.)

Notice of Leave Designation

The Family and Medical Leave Coordinator must issue a *Notice of Leave Designation* to an applicant within five (5) days after receiving any required documentation to determine whether he or she qualifies for the requested leave. If the applicant fails to return any required documentation, the leave request must be denied no earlier than twenty-one (21) days after issuing to the eligibility letter. The *Notice of Leave Designation* letter informs an employee whether his or her leave has been: (a) approved, (b) deferred because more information is needed, or (c) not approved. The notice must be delivered to the employee by commercial courier with tracking. The tracking number must be printed on the notice.



NOTE: FMLA Coordinators must designate employees for all programs for which they are qualified. If PFL taken by an employee qualifies for DCFMLA, the FMLA Coordinator shall also designate the leave as DCFMLA. Similarly, if PFL taken by an employee qualifies for federal FMLA, the Coordinator shall also designate the leave as federal FMLA.

Approved Leave

Approvals should be made using the "Approved" designation letter template. In the letter, the coordinator shall designate the employee for *all* the programs for which the employee is eligible and qualifies and, if possible, indicate the total number of hours or weeks of program leave being used. Approval notifications must be copied to multiple parties (see approval notifications below).

Deferred Leave

Whenever an employee's supporting documentation is insufficient to establish a qualifying event, a designation letter deferring a decision should be issued using the

“Deferred” designation letter template. In this letter, the coordinator should explain what documentation is lacking, what additional information is needed to complete the approval process, and the time period in which the employee must submit the additional information.

Not Approved Leave

The coordinator will issue a “Not Approved” designation if the event being used to apply for leave does not qualify for any family or medical leave program. In this case, the coordinator will issue a designation letter using the “Not Approved” designation letter template. Copies of “Not Approved” letters must be sent to dchr.fmla@farma.sp.dc.gov.

Approval Notifications

Whenever an employee is approved for paid family leave the employee’s timekeeper (or equivalent), the employee’s immediate supervisor and DCHR must be notified. The Family and Medical Leave Coordinator must submit approval notifications as follows:

1. **DCHR.** Email to dchr.fmla@farma.sp.dc.gov.
2. **Timekeeper (or equivalent).** A copy of the Form 4 must be provided to the employee’s timekeeper (or equivalent).
3. **Supervisor.** A copy of the Form 4 must also be provided to the employee’s immediate supervisor or manager (whoever typically approves their leave).
4. **Agency head.** Send a copy of the Form 4 approval notification to the employee’s agency head.

District Family and Medical Leave Coordinator

DCHR acts as the District Family and Medical Leave Coordinator for subordinate agencies and those independent agencies with service agreements with DCHR. The District coordinator can provide agency FMLA Coordinators with guidance in the processing of paid family leave, as well as DCFMLA and federal FMLA. In addition to providing guidance, the District coordinator will ensure a smooth and uniform implementation of the new benefit across the District government and maintain statistics on program usage.

For the above reasons, the agency FMLA Coordinators are required to submit notices of ineligibility, letters denying leave, and Form 4s to DCHR via dchr.fmla@farma.sp.dc.gov. Once received, DCHR will follow-up with the agency FMLA Coordinator, if additional information required.

Premium Pay

District government employees who qualify for and have been approved for leave under the Paid Family Leave Program are not entitled to receive premium pay for any day(s) in which the employee receives paid family leave.

Records and Confidentiality

Records

Agency FMLA Coordinators are responsible for maintaining all applications, supporting documentation, and agency approvals/denials for each employee who submits a request for paid family leave under the program. These records must be maintained in a sealed envelope separate and apart from the employee's official personnel folder (OPF).

Confidentiality

Agency FMLA Coordinators having access to employee information pertaining to the Paid Family Leave Program are responsible and accountable for safeguarding the integrity, security, and confidentiality of these records, regardless of form. FMLA Coordinators must protect such records from unauthorized access, use, modification, destruction, or improper disclosure.

Legal Authorities and Applicability

1. **Authority:** Subtitle F, Government Family Leave Program of the Fiscal Year 2015 Budget Support Second Congressional Review Emergency Act of 2014 (Act 20-566), effective January 9, 2015. The Act will expire on April 8, 2015; and
2. **Applicability:** The provisions of this bulletin apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these procedures to provide guidance to employees under their respective jurisdictions.

Collective Bargaining Agreement

In the event of a conflict between any of the provisions of this E-DPM bulletin and any collective bargaining agreement (CBA), the provisions of the CBA shall control to the extent there is a difference

Definitions

As used in this bulletin –

- “child” means a person under 21 years of age; a person, regardless of age, who is substantially dependent upon the employee by reason of physical or mental disability; or a person who is under 23 years of age who is a full-time student at an accredited college or university.
- “committed relationship” means a domestic partnership, as defined in section 2(4) of the Health Care Expansion Act of 1992; D.C. Official Code § 32-701(4), or a familial relationship between two individuals demonstrated by such factors as, but not limited to, mutual economic interdependence, including joint bank accounts, joint tenancy, shared lease, and joint and mutual financial obligations such as loans; domestic interdependence, including close association, public presentment of the relationship, and exclusiveness of the relationship; length of the relationship; and the intent of the relationship, as evidenced by a will or life insurance.

- “day(s)” means workdays when the period of time allowed is less than 11 days; otherwise, days means calendar days.
- “eligible employee” means a District government employee who has experienced a qualifying event **and** is neither temporary nor works an intermittent schedule.
- “family member” means a person to whom the employee is related by blood, legal custody, domestic partnership, or marriage; a foster child; a child who lives with the employee and for whom the employee permanently assumes and discharges parental responsibility; or a person with whom the employee shares or has shared, within the last year, a mutual residence and with whom the employee maintains a committed relationship.
- “intermittent” means an employee serving on an intermittent basis (also referred to as “when actually employed” (WAE)) that is, non-full-time without a prescheduled regular tour of duty. This employee provides occasional or irregular services on programs or projects on an as needed basis.
- “serious health condition” means a physical or mental illness, injury, or impairment that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual.
- “temporary” means an employee appointed for less than 90 days (See D.C. Act 20-566 (Jan. 9, 2015).)
- “workweek” means the customary work schedule for the period of Sunday through Saturday. For a typical, full time employee, this will mean a workweek of Monday through Friday, eight hours per day, or 40 hours per workweek. A workweek is based on the employee’s typical tour of duty and may be more or less than 40 hours per workweek.

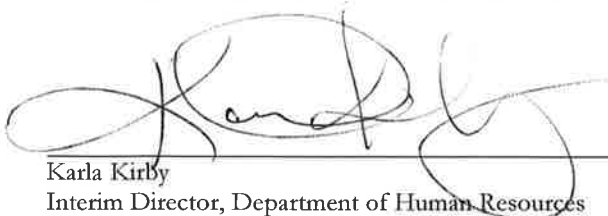
Effective Date of Paid Family Leave

Employees may be provided paid family leave effective October 1, 2014. However, absent “cause” on the part of the employing agency, an employee may not apply for paid family leave retroactively.

Additional Information

For additional information concerning this bulletin, employees are encouraged to contact their agency FMLA Coordinator, or the Department of Human Resources, Policy and Compliance Administration, by calling (202) 442-9700 or by sending an e-mail to dchr.policy@dc.gov.

In addition, employees are encouraged to contact their agency FMLA Coordinator to review any agency-specific policy materials developed pertaining to the PFL, if applicable.



Karla Kirby
Interim Director, Department of Human Resources

Form 1 – Family and Medical Leave Application

Government of the District of Columbia



Family and Medical Leave Application Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Agency: _____ Employee ID: _____

Reason for Leave Request

Specify the reason for which you are seeking family or medical leave. Select one option.

Basis for leave

- ☐ My personal health condition ☐ I am adopting a child ☐ I am caring for a family member
- ☐ Birth of my child ☐ I am assuming parental duties for a child
- ☐ Exigency Military Leave ☐ Military Caregiver Leave

Leave Options

Total number of hours requested: _____

When will you be on leave (select all that apply)?

☐ I plan to be on leave continuously from:

Start Date: Click here to enter a date.

Last Date: Click here to enter a date.

☐ I plan to use my leave intermittently from:

Start Date: Click here to enter a date.

Last Date: Click here to enter a date.

Type of Paid Leave

Will you be using paid leave for this request? If so, indicate the types of leave you will be using and the number of hours of each. You may select more than one type of paid leave.

- ☐ Annual _____ ☐ Sick _____ ☐ NONE
- ☐ Compensatory _____ ☐ Paid Family _____

Note: For annual, sick, paid family, or compensatory leave you must complete a typical request for appropriate leave through PeopleSoft or, if applicable, an "Application for Leave" form (SF-71).

DCSF No. FML-01 (Rev. 1/2015)

Documentation Required

You may be required to provide documentation in support of this application. Below are the types of documentation that are generally required. However, you are required to provide any additional records needed to support your application.

If you are requesting ...

Medical leave for a personal health condition

Birth of your child

Adoption of a child or other legal placement

Assumption of parental duties for a child

Caring for a family member

Exigency Military Leave

Military Caregiver Leave

You must provide ...

Certificate of Health Care Provider for Employee's Serious Health Condition (DOL-WH-380-E)

Medical certification of anticipated birth or birth certificate

Certified court order(s) of placement

Official records of parental responsibilities (such as school parental designation)

Certificate of Health Care Provider for Family Member's Serious Health Condition (DOL-WH-380-F)

Certification of Qualifying Exigency for Military Family Leave (DOL-WH-384)

Certification of Serious Injury or Illness of Current Service member – Military Family Leave (DOL-WH-385) – OR

Certification of Serious Injury or Illness of a Veteran for Military Caregiver Leave (DOL-WH-385-V)

Employee Certification

I certify that the information provided in this document is true and accurate and that I am eligible for leave programs for which I have applied. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties.

Employee Signature

Date

Agency Acknowledgment

Your agency Family and Medical Coordinator must sign below acknowledging your request for Family and Medical Leave. Their signature does not constitute an approval of this application.

Agency Family and Medical Leave Coordinator

Date

Form 2 – Eligibility Notification Letter



GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]



Subdivision

CONFIDENTIAL

Wednesday, January 28, 2015

[Click here to enter employee name.](#)

[Click here to enter employee address.](#)

USPS Certified 0000 0000 0000 000

Re: Notice of Eligibility Determination for
[Select leave type](#)

Dear Addressee:

On [Application Date](#), you requested [Select leave type](#) beginning [Click to select leave date](#). for
[Click here to enter leave reason.](#)

Eligibility at a Glance

Based on your application and our records, the following represents a summary of your program eligibilities. If you have been found eligible for any of the programs, you must still qualify before your leave request will be granted.

Eligible	Program
<input type="checkbox"/>	Paid Family Leave
<input type="checkbox"/>	DC Family Leave
<input type="checkbox"/>	DC Medical Leave
<input type="checkbox"/>	Federal Family and Medical Leave
<input type="checkbox"/>	You are NOT ELIGIBLE for any programs

The details explaining how we made your eligibility determinations can be found on the following page.

If you have been found eligible for any program, you may need to supply additional documentation to qualify and be granted the requested leave. The documentation you must provide is listed in Part C. The requested documentation must be provided within 21 days of the date printed on this letter. If requested documentation is not provided within 21 days, your leave application may be denied.

[Address] • Washington DC 20001 • Telephone (202) [Phone]

DCSF No. FML-02 (Rev. 1/2015)

Part A: Information about Your District Employment

- You [Select Option](#) an employee of the District of Columbia government, and do not work on a temporary or intermittent basis.
- You have [Click here to enter years](#) total years of service with the District government.
- You [Select Option](#) at least 1 consecutive year of employment with the District government (without a break in service).
- In the last 12 months, you have received earnings for [Click here to enter hours](#) hours.
- In the last 12 months, you have reported for duty and received regular earnings for [Click here to enter hours](#) hours.
- You [Select Option](#) previously approved for Paid Family Leave for another qualifying event to begin on [Click here to enter a date](#), to expire [Click here to enter a date](#) (one year later).
- In the last 12 months, you were on family and medical leave, combined, for [Click here to enter hours](#) hours.
- In the last 24 months, you were on family leave for [Click here to enter hours](#) hours.
- In the last 24 months, you were on medical leave for [Click here to enter hours](#) hours.

Part B: Eligibility Determinations

Each family and medical leave program is listed below. For each, you will see the eligibility requirements. If the box is checked, you meet that requirement. All requirements must be checked to be eligible for the specific program.

1. **Paid Family Leave.** Paid family leave provides up to 8 workweeks of paid leave for qualifying family events. You are [Select Option](#)
 - ☐ You are a District employee who does not work on a temporary or intermittent basis.
 - ☐ You have not been approved for paid family leave for another qualifying event beginning within the last 12 months.
2. **D.C. Medical Leave.** Medical leave provides you up to 16 weeks of unpaid leave within a 24 month period for a serious medical condition affecting you. You are [Select Option](#)
 - ☐ You are a District government employee with at least 1 year of consecutive service.
 - ☐ You received pay for at least 1,000 hours within the last year.
 - ☐ You have not exhausted 16 weeks of medical leave in the last 24 months.
3. **D.C. Family Leave.** Family leave provides you up to 16 weeks of unpaid leave within a 24 month period for a qualifying family event. You are [Select Option](#)
 - ☐ You are a District government employee with at least 1 year of consecutive service.
 - ☐ You received pay for at least 1,000 hours within the last year.
 - ☐ You have not exhausted 16 weeks of family leave in the last 24 months.

4. **Federal Family and Medical Leave.** This leave provides you up to 12 weeks of unpaid leave within a 12 month period if you experience a serious health condition or a qualifying family event (including family military exigency leave). You are **Select Option**
- ☐ You have been a District government employee for the last 12 months.
 - ☐ You reported for duty and received pay for 1,250 hours in the last 12 months.
 - ☐ You have not exhausted a total of 12 weeks of family and medical leave (including military caregiver leave), combined, in the last 12 months.
5. **Federal Family and Medical Leave (Military Caregiver Leave).** This leave provides you up to 26 weeks of unpaid leave within a 12 month period if you are the parent, spouse or child of a service member suffering from a serious health condition that arose while on active duty. You are **Select Option**
- ☐ You have been a District government employee for the last 12 months.
 - ☐ You reported for duty and received pay for 1,250 hours in the last 12 months.
 - ☐ You have not exhausted a total of 26 weeks of family and medical leave in the last 12 months.

Part C. Documentation Required to Qualify

If you are eligible for any programs, as indicated in Part B, you may be required to supply additional documentation for us to determine whether your circumstances qualify for each eligible program. **Within 21 days**, you must provide any documents specified below (which have been checked).

You are required to provide the following:

Required	Documentation
<input type="checkbox"/>	Certificate of live birth listing you as a parent
<input type="checkbox"/>	Certified copy of a court order providing you legal custody of a child
<input type="checkbox"/>	Two official records establishing you as a named caregiver to the child (such as school enrollment, insurance records, or medical records)
<input type="checkbox"/>	For the non-legal, permanent placement of a child with you, documentation establishing the date you assumed responsibility for the child
<input type="checkbox"/>	Sufficient documentation to establish the required relationship between you and your family member
<input type="checkbox"/>	A completed "Certificate of Health Care Provider for Employee's Serious Health Condition" (DOL-WH380-E)
<input type="checkbox"/>	A completed "Certificate of Health Care Provider for Family Member's Serious Health Condition" (DOL-WH380-F) (attached.)
<input type="checkbox"/>	Other information needed (such as documentation to establish eligibility for military family leave)

Part D. Your Obligations

If you qualify under one of the leave programs you will have the following responsibilities while on leave:

Responsibility	
<input type="checkbox"/>	Contact DCHR to make arrangements to continue to make your share of the premium payments on your health insurance benefit while you are on leave. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the coverage will lapse. Alternatively, you may elect to have the District pay your premiums, and we will recover those payments from you upon your return to work.
<input type="checkbox"/>	While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every 30 days.
<input checked="" type="checkbox"/>	If your circumstances change and you are able to return to work earlier than you indicated in your application, you will be required to notify us at least two workdays prior to the date you are able to report for work.
<input checked="" type="checkbox"/>	If you secure outside employment while on approved leave, you are required to notify us of this fact immediately.

Part E. Your Rights

If you qualify for any of the leave programs you will have the following rights while on leave:

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- 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.
- Once we receive the information noted in Part C, we will inform you, within 5 business days, whether your leave will be designated as Paid Family Leave, DC Family Leave, DC Medical Leave and/or federal Family and Medical Leave.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) [Click here to enter contact number](#), or by e-mail at [Click here to enter contact email](#).

Sincerely,

[Click here to enter FML Coordinator Name](#)
Agency Family and Medical Leave Coordinator

Form 3 – Approval Designation Letter



GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]



[Subdivision]

CONFIDENTIAL

Wednesday, January 28, 2015

[Click here to enter employee name.](#)

[Click here to enter employee address.](#)

USPS Certified 0000 0000 0000 000

Re: **Notice of Leave Designation – Selection Option**
[Select approval option.](#)

Dear [Click here to employee name :](#)

On [Application Date](#), you requested **Selection Option** beginning [Click to select leave date](#), for [Click here to enter leave reason](#). This notice is to inform you that your leave request has been **Select approval option..** Following your leave period, you are to report for duty on [Click here to enter a date..](#) All leave taken for this reason will be designated as:

Designated	Program
<input type="checkbox"/>	Paid Family Leave
<input type="checkbox"/>	DC Family Leave
<input type="checkbox"/>	DC Medical Leave
<input type="checkbox"/>	Federal Family and Medical Leave

Hours of Leave

You are required to notify us as soon as possible if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will count against your leave entitlement:

- ☐ Provided there is no change from your anticipated leave schedule, [Click here to enter total leave amount](#), [Choose option](#), will be counted against your leave entitlement for the programs identified above.
- ☐ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your leave balance. However, in any 30 day period in which you take leave, you may request a balance update.

[Address] • Washington DC 20001 • Telephone (202) [Phone]

DCSF No. FML-03 (Issued 1/2015)

Paid Leave

- ☐ You have requested to use paid leave during your Selection Option. Any paid leave taken for this reason will count against your leave entitlement for the programs identified on the first page.

Returning to Work

- ☐ If you are able to return to duty earlier than expected, you are required to notify us at least two days prior to the date you can report for duty.
- ☐ If your (employee) absence is based a medical condition, you will be required to present a fitness-for-duty certificate to be restored to employment. If the certificate is not timely received, your return to work may be delayed until the certification is provided. A list of essential functions for your position is attached. The fitness for duty certification must address your ability to perform these functions.

Conditional Approval

- ☐ This is a conditional approval and you are required to submit [Click to enter a description of the documentation required](#) within 28 days. If you do not submit the requested information within 28 days, your leave can be denied and you will become liable for any unjustified leave payments made to you.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) [Click here to enter contact number](#), or by e-mail at [Click here to enter contact email](#).

Sincerely,

[Click here to enter FML Coordinator Name](#)
Agency Family and Medical Leave Coordinator

Form 3D – Deferred Letter



GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]



[Subdivision]

CONFIDENTIAL

Wednesday, January 28, 2015

[Click here to enter employee name.](#)

[Click here to enter employee address.](#)

USPS Certified 0000 0000 0000 000

Re: **Notice of Leave Designation – [Select Option](#)**
DEFERRED

Dear [Click here to enter employee name](#) :

On [Application Date](#), you requested **Select Option** beginning [Click here to enter leave start date](#) for [Click to select leave reason](#). This notice is to inform you that **additional information is needed to determine if your leave request can be approved.**

You must provide the needed information within **7 days** or your leave request may be denied:

- ☐ The certification or other supporting documentation is not sufficient to determine whether you qualify for **Select Option** because [Click here to enter text](#). To complete the application process, please provide [Click here to enter text](#).
- ☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide you further details soon.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202) [Click here to enter contact number](#), or by e-mail at [Click here to enter contact email](#).

Sincerely,

[Click here to enter FML Coordinator Name](#)

Agency Family and Medical Leave Coordinator

[Address] • Washington DC 20001 • Telephone (202) [Telephone]

DCSF No. FML-3D (Issued 1/2015)

Form 3N – Not Approved Designation Letter



GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]



[Subdivision]

CONFIDENTIAL

Wednesday, January 28, 2015

[Click here to enter employee name](#)

[Click here to enter employee address](#)

USPS Certified 0000 0000 0000 000

Re: **Notice of Leave Designation – Selection Option**
NOT APPROVED

Dear [Click here to employee name](#) :

On [Application Date](#), you requested **Selection Option** beginning [Click to select leave date](#), for [Click here to enter leave reason](#). This notice is to inform you that your request for leave is **NOT APPROVED** because

- ☐ The Paid Family Leave program does not apply to your leave request.
- ☐ The DC Selection Option program does not apply to your leave request.
- ☐ The federal Family and Medical Leave Act does not apply to your leave request.
- ☐ You have already started receiving Paid Family Leave within the last 12 months.
- ☐ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.
- ☐ You have exhausted your DC Selection Option entitlement in the applicable 24-month period.

If you have any questions or concerns relating to this eligibility notification, please contact me at (202)

[Click here to enter contact number](#), or by e-mail at [Click here to enter contact email](#).

Sincerely,

[Click here to enter FML Coordinator Name](#)

Agency Family and Medical Leave Coordinator

Cc District FMLA Coordinator (via dchr.policy@dc.gov)

[Address] • Washington DC 20001 • Telephone (202) [Phone]

DCSF No. FML-3N (Issued 1/2015)

Form 4 – Approval Notification



GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]



Subdivision

CONFIDENTIAL

Wednesday, January 28, 2015

District Family and Medical Leave Coordinator

Via e-mail dchr.fmla@dc.gov

Re: | PAID FAMILY LEAVE – Approval Notification

To the District FMLA Coordinator:

This agency has approved a request for Paid Family Leave (PFL) and requests that your office forward the following information the OPRS:

Employee	Click here to enter employee name.
Employee ID	Click here to enter employee ID number.
Agency	Click here to enter employee's agency.
Qualifying Event Date	Click here to enter date of qualifying event.
First Date for PFL Usage	Click here to enter date when PFL will be first used by the employee.
PFL Hours Approved	Click here to enter the total number of PFL hours approved by the agency.

Sincerely,

Coordinator Name
FMLA Coordinator

Cc Agency Head
 Employee's Immediate Supervisor
 Employee's Timekeeper
 District FMLA Coordinator (via dchr.fmla@dc.gov)

[Address] • Washington DC 20001 • Telephone (202) [Phone]

DCSF No. FML-04 (Rev. 1/2015)

Form WH-380-F — Health Care Provider Certification

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1233-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature

Date

Page 1

CONTINUED ON NEXT PAGE

Form WH-380-F Revised January 2009

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☐ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☐ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ☐ No ☐ Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? ☐ No ☐ Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? ☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☐ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ☐ No ☐ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: times per week(s) month(s)

Duration: hours or day(s) per episode

Does the patient need care during these flare-ups? ☐ No ☐ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Questions and Answers (Q & As)

Q1 What is the Paid Family Leave (PFL) Program?

A1 The PFL program provides eligible District government employees up to eight (8) workweeks of paid family leave within a twelve (12) month period for the birth or placement of a child with an employee or to care for a family member.

Q2 Who is eligible to take advantage of the PFL program?

A2 District government employees who experience a “qualifying event” and are neither temporary nor work an intermittent schedule.

Q3 Can an employee be denied PFL?

A3 Yes. If an employee does not meet the qualifying events for the PFL, he or she fails to provide the necessary supporting documentation, or the employee has used eight (8) workweeks of PFL that commenced in the last 12 months, he or she can be denied.

Q4 What is the authority for the PFL program?

A4 “Government Family Leave Program Amendment Act of 2014” - Subtitle F, *Government Family Leave Program*, of Title I of D.C. Act 20-0566, the Fiscal Year 2015 Budget Support Second Congressional Review Emergency Act of 2014 (Act).

Q5 When can employees start using the PFL?

A5 Beginning October 1, 2014.

Q6 Will the use of leave under the PFL program impact my annual or sick leave accrual or my pay?

A6 No. The use of leave under the PFL program will not impact your annual or sick leave accrual or your pay.

Q7 If I am a probationary employee can I take advantage of the PFL program?

A7 Yes. Provided you meet the other requirements of program, probationary employees are eligible for paid family leave. However, your probationary period shall be extended by the duration of leave used under program.

Q8 What is a “qualifying event” under the PFL?

A8 Qualifying events include: (1) the birth of a child of the employee; (2) the legal placement of a child with the employee (such as through adoption, guardianship, or foster care); (3) the placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibilities; and (4) the care of an employee’s family member who has a serious health condition.

Q9 Who maintains the records for employees relating to PFL program?

A9 Your employing agency’s Family and Medical Leave Coordinator (FMLA Coordinator) is required to maintain all records and documentation received from employees within their agency relating to the PFL program.

Q10 How do I apply?

A10 Employees can contact their agency FMLA Coordinator to obtain the necessary application form and other PFL-related materials. Employees must submit a hard copy request for PFL and any supporting documentation to your designated FMLA Coordinator.

- Q11 Does an eligible employee have to use the eight (8) workweeks of paid family leave consecutively or can he or she use the leave intermittently?**
- A11 An eligible employee can utilize the leave consecutively or intermittently. However, the leave must be used in no less than one-day increments.
- Q12 If I am qualified for both PFL and DCFMLA or federal FMLA, can I use them concurrently?**
- A12 Yes. If an employee qualifies for both PFL and DCFMLA or federal FMLA, he or she must use them concurrently.
- Q13 If I use eight (8) workweeks of PFL and this time qualifies under DCFMLA or federal FMLA, will the eight (8) workweeks count against the sixteen (16) or twelve (12) weeks under DCFMLA or federal FMLA, respectively?**
- A13 Yes.
- Q14 If an employee is approved for PFL for a specific period of time (*e.g.* November 3-7, 2014), and that time needs to be extended based on medical necessity, do I need to submit an updated request form and documentation?**
- A14 Yes. An employee would need to submit an updated DCSF No. FML-01 and supporting documentation to his or her FMLA Coordinator for review and approval.
- Q15 Can I apply for PFL for a qualifying event that occurred prior to October 1, 2014?**
- A15 An employee can apply for PFL for an event that occurred twelve months from the qualifying event. Also, leave already used will not be restored.
- Q16 If I used annual, sick, or compensatory leave after October 1, 2014 for an event that qualified under PFL, can that leave be restored?**
- A16 The decision to restore the leave is at the discretion of the agency.
- Q17 If I ask for PFL, is my job protected?**
- A17 An employee using PFL shall enjoy the same employment and benefit protections provided under DCFMLA and FMLA which includes job protection.
- Q18 Do the provisions of the Act apply to eligible employees in independent agencies?**
- A18 Yes, the PLF applies to District government agencies.
- Q19 Can an employee who is on leave under the PFL program secure outside employment?**
- A19 An employee on paid family leave may not engage in outside employment if that employment would conflict with the employee's regular tour of duty with the District government. However, outside employment would be permitted if that employment does not interfere with the employee's regular tour of duty. For example, if an employee's tour of duty is from 8:00 a.m. until 5:00 p.m., and the employee would be permitted to secure outside employment from 7:00 p.m. until 10:00 p.m.
- Q20 If an eligible employee experiences more than one (1) qualifying event in a twelve (12) month period, can he or she utilize the eight (8) workweeks more than once in a twelve (12) month period?**
- A20 No. For instance, if an employee is approved for PFL and utilizes only four (4) workweeks of the eight (8) workweeks provided for one (1) qualifying event, he or she would not be eligible to use the remaining four (4) workweeks for a different qualifying event, even if it occurred within that same 12-month period.
- Q21 Who must approve an employee's request to receive leave under PFL?**

A21 The employee's designated agency FMLA Coordinator will approve or disapprove an employee's request for PFL. Employees are also required to submit the DCSF 71, Application for Leave (or equivalent) to their immediate supervisor on the dates they were approved for PFL.

Q22 Where can I receive additional information about PFL?

A22 You can contact your designated agency FMLA Coordinator or the Department of Human Resources for additional information. DCHR may be reached by calling (202) 442-9700.