Personnel Manual Issuance System

Family and Medical Leave

District Personnel Instruction No. 12-57

Effective Date	Expiration Date	Related DPM Chapters
April 7, 2016	**Retain Until Superseded**	**12**

NOTE: *This instruction supersedes DPM Instruction No. 12-42, which addresses the same subject matter. As a result, the use of all previously issued forms by way of Instruction 12-42 are to be discontinued and discarded.*

Overview

The District of Columbia provides employees with an opportunity to attend to a family and/or medical-related need by utilizing leave under the federal and District of Columbia Family and Medical Leave Acts. This instruction outlines the Family and Medical Leave programs, explains the application process, and provides guidance to subordinate agencies (including independent agencies with service agreements with the D.C. Department of Human Resources (DCHR)) on processing those applications so that an eligible employee may take full advantage of this important benefit.

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Family and Medical Leave

Every two years, District government employees may be eligible for up to 32 workweeks of combined family and medical leave under the District of Columbia Family and Medical Leave Act and up to 24 workweeks of combined family and medical leave under the federal Family and Medical Leave Act (collectively FMLA). District employees may also be eligible for additional leave to care for a military family member who has been injured in the line of duty. As FMLA is unpaid leave, an employee may use accrued annual, sick, paid leave (under the paid family leave program) or compensatory time in conjunction with FMLA.

Qualifying for FMLA

D.C. Family Leave

Under the District of Columbia Family and Medical Leave Act (DCFMLA), a District employee may qualify for "family leave." Qualified employees are entitled to up to 16 workweeks of family leave every two years.

To be approved for DCFMLA Family Leave, an employee must:

1. **Be an employee of the District of Columbia government with –**
   a. *At least one year of continuous service;*
   b. *Have worked for at least 1,000 hours in the last 12 months immediately preceding the leave (including hours worked or compensated by annual, sick or other paid leave); and*
   c. *Has not exhausted the allowable 16 weeks of family leave over the last 24 months.*
2. **Have experienced (or will experience) any of the following qualifying events –**
   a. *The birth of a child;*
   b. *The placement of a child with the employee for adoption or foster care, or other permanent assumption of parental responsibilities for a child; or*
   c. *The need to provide care for a family member with a serious health condition.*

NOTE: *A serious health condition is addressed further under the "Serious Health Condition" section (page 6).*

3. **Submit a "Family and Medical Leave Application Form" <u>within 12 months of the qualifying event.</u>** (See Attachment 1) All applications for family leave must be received within 12 months of the qualifying event.

D.C. Medical Leave

Under the District of Columbia Family and Medical Leave Act (DCFMLA), a District employee may qualify for "medical leave." Qualified employees are entitled to up to 16 workweeks of medical leave every two years.

To be approved for DCFMLA Medical Leave, an employee must:

1. **Be an employee of the District of Columbia government with –**
   a. *At least one year of continuous service; and*
   b. *Have actually worked at least 1,000 hours in the last 12 months.*
2. **Be (or will become) unable to perform his or her duties due to a serious health condition;** and
3. **Submit a "Family and Medical Leave Application Form."** (see Attachment 1.)

Federal Family and Medical Leave

Under federal law, a District employee may qualify for up to 12 workweeks of leave per year. Any qualifying leave under DCFMLA may count against the federal leave entitlement.

To be approved for leave (family or medical) under federal FMLA, an employee must:

1. **Be an employee of the District of Columbia government with –**
   a. *At least one year of service; and*
   b. *Have actually worked for at least 1,250 hours in the last 12 months;*
2. **Have experienced (or will experience) any of the following qualifying events –**
   a. *A serious health condition, which prevents the employee from carrying out his or her duties;*
   b. *The birth of a child of the employee;*
   c. *The placement of a child with the employee for adoption, foster care, or for whom the employee permanently assumes and discharges parental responsibility; or*
   d. *The need to provide care for a family members who has a serious health condition;*
3. **Submit a "Family and Medical Leave Application Form."** For family leave (the birth or placement of a child or caring for a family member), applications must be submitted within one year of the qualifying event. (See Attachment 1.)

Military Family and Medical Leave

Under federal law, a District employee may also qualify for up to 12 workweeks of military exigency leave and up to 26 workweeks of military family caregiver leave per year. Federal military family leave may count again an employee's DCFMLA in some circumstances, but not in others.

To be approved for leave under military provisions of federal FMLA, an employee must:

1. **Be an employee of the District of Columbia government with –**
   a. *At least one year of continuous service; and*
   b. *Have actually worked for at least 1,250 hours in the last 12 months.*
2. **Have experienced (or will experience) any of the following qualifying events –**
   a. *A assist a family member in preparing for deployment in support of a contingency operation (for up to 12 workweeks per year); or*
   b. *To provide care to a family member who suffers a serious health condition as a result of active military duty (for up to 26 workweeks per year).*
3. **Submit a "Family and Medical Leave Application Form."** All applicants must submit a Family and Medical Leave Application Form (see Attachment 1.)

> **NOTE:** *In reference to 2(a)(above), the term "family member" refers to the eligible employee's spouse, son, daughter, parent, or "next of kin" of a covered veteran with a serious injury or illness.*

Employment Entitlement

1. Under the DCFMLA and the federal FMLA (or applicable provisions of a negotiated collective bargaining agreement) upon return from family or medical leave an employee:

   a. *Shall be restored to the position he or she held when the family or medical leave commenced; or*

   b. *Shall be restored to an equivalent position if the position held by the employee when the family or medical leave commenced is no longer available.*

2. Provisions in Chapter 16 (District of Columbia Family and Medical Leave Act) of the D.C. Municipal Regulations address instances when restoration of employment may be denied.

Applying for Leave

District government employees may apply for family and medical leave by:

1. Completing a Family and Medical Leave Application Form (Attachment 1);
2. Obtaining any documents required to establish eligibility;
3. Submitting the completed application and supporting documents to his or her Family and Medical Leave Coordinator; and
4. If approved, selecting the appropriate time reporting code (TRC) on his or her timesheet.

Family and Medical Leave Application

To be approved and designated for any family or medical leave program, 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 paid leave that will be used, if any.

Only one application is needed for each program type (medical, family or military exigency.) However, program types cannot be combined on one application. For example, medical and family leave cannot be combined on the same application. A separate application is required for each of the following program types:

1. **Family Leave.** Employees may combine federal family leave, DC family leave, paid family leave and military family caregiver leave on one application.

2. **Medical Leave.** Employees may combine federal medical leave and DC medical leave on one application.

3. **Military Exigency Leave.** Employees must submit a separate application for this program.

> **NOTE:** *While separate applications may be required, employees should always use the Family and Medical Leave Application Form (See Attachment 1).*

Submission of Proof of Eligibility

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

1. **For an employee's own serious health condition –** a completed "Certificate of Health Care Provider for Employee's Serious Health Condition" (DOL Form WH-380-E);
2. **For the care of a family member with a serious health condition –** a completed "Certificate of Health Care Provider for Family Member's Serious Health Condition" (DOL Form WH-380-F); and government or other reasonable documentation requested by the agency to establish the family relationship;
3. **For the birth of the employee's child –** a certificate of live birth, or similar government (or other legal) document, listing the employee as a legal parent;
4. **For the legal placement of a child with the employee –** a certified copy of a court order granting the employee legal custody of the child;
5. **For the non-legal placement of a child with the employee –**
   a. *Two official records establishing the employee as the named caregiver of 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 certificate of death);*
6. **To assist a military member in a time of deployment –** a completed "Certificate of Qualifying Exigency for Military Family Leave" (DOL Form WH-384);
7. **For the care of a military member's duty-related serious health condition –** a completed "Certification for Serious Injury or Illness of a Covered Servicemember for Military Family Leave" (DOL Form WH-385); or
8. **For the care of a military veteran with a serious health condition -** "Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Family and Medical Leave Act)" (DOL Form WH-385-V).

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

Submitting the Application and Documentation

An employee must submit their application and supporting documentation to his or her **agency Family and Medical Leave Coordinator**. 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 note shown below on "Conditional Applications" for more details. The Family and Medical Leave Coordinator will evaluate the application materials and notify the employee if they qualify for DC FMLA or any federal FMLA program.

A District government agency may provide a health care provider with a statement of the employee's essential functions for the purpose of more clearly certifying the work-related functions the employee is unable to perform.

NOTE: CONDITIONAL APPLICATIONS: *Supporting documentation may not always be available prior to applying for leave. 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 leave may then be denied and the employee will be liable for any related leave that was conditionally approved.***

Serious Health Condition

Under FMLA, an employee may be entitled to leave as a result of his or her own serious health condition, or that of a family member. A serious health condition includes:

Inpatient Care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider
Incapacity
Pregnancy and Prenatal Care
Chronic Serious Health Conditions
Treatment Related to an Incapacity
Treatment to Prevent Incapacity
Restorative Surgery Following an Injury

Inpatient Care

A medical or mental health condition will qualify as a "serious health condition" when it involves inpatient treatment of one or more nights in a hospital, hospice, or residential health care facility.

Incapacity

A period of incapacitation of three or more days qualifies as a "serious health condition."

Pregnancy and Prenatal Care

Incapacity due to pregnancy and prenatal care qualifies as a "serious health condition."

Chronic Serious Health Conditions

Incapacitation or treatment for incapacitation from a chronic serious health condition qualifies for FMLA. A chronic serious health condition is a condition that –

1. **Requires periodic visits.** Periodic visits means at least two visits per year under the supervision of a healthcare provider;
2. **Continues over an extended period of time.** This includes recurring episodes of a single underlying condition; and
3. **May cause episodic incapacity** (such as asthma, diabetes and epilepsy.)

Treatment Related Incapacity

Treatments following an incapacitation of three or more days qualifies as a "serious health condition" if –

1. Two or more treatments are required;
2. The first treatment occurs within 10 days of the incapacity; and
3. The subsequent treatments occur within 30 days of the incapacity.

Treatment to Prevent Incapacity

Any period of absence to receive multiple treatments under order by a healthcare provider (including recovery time) qualifies as a "serious health condition" if the treatments are for a condition that would likely result in incapacity of three or more days, absent the treatment.

Restorative Surgery Following an Injury

Restorative surgery (and recovery) qualifies as a serious health condition if it is related to an accident or other injury. (Plastic and other elective surgeries are excluded.)

Employee Action if Approved for FMLA

Using Approved Leave

1. If approved for family or medical leave, the employee or his or her timekeeper (or equivalent) must submit appropriate leave requests utilizing the leave approval process established by the agency. For instance, leave may be requested through PeopleSoft or through the submission of the D.C. Standard Form (DCSF) No. 71, Application for Leave (or an equivalent form).

2. Once leave is approved, the employee, or his or her time keeper, must report the time correctly on the employee's timesheet. In the event PeopleSoft is used, employees should be aware of the appropriate TRCs to be used (as shown in the table below). As TRCs may differ from agency to agency than those shown in the table, employees should contact their agency timekeeper (or equivalent) to obtain further guidance on entering time in the PeopleSoft system.

Requesting Leave through E-Time (PeopleSoft)

Program	Pay Status	TRC to Use
DCFMLA Family	Leave Without Pay	FMLW
or	FMLA + Annual Leave	FMAL
DCFMLA Medical	FLMA + Sick Leave	FMSK
	FLMA + Compensatory Time	FMCMP
	FLMA + Paid Family Leave	PFL-T

FMLA Coordinator

Family and Medical Leave applications must be submitted to and processed by the agency assigned FMLA Coordinator.

Family and Medical Leave Coordinator

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, have significant experience or has 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).

In an effort to avoid a potential conflict of interest, an agency head may not serve as the FMLA Coordinator for their agency.

Determining Program Eligibility

As indicated in this instruction, employees must meet various eligibility requirements in order to be approved for FMLA.

1. The agency FMLA Coordinator is responsible for determining all of those programs (i.e., D.C. family leave, D.C. medical leave, federal FMLA, paid family leave) for which an employee is eligible. The FMLA Coordinator must make a determination of eligibility upon collection and review of the following information from personnel records:

    - 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 hours paid to the employee in the last 12 months;
    - If the employee was previously approved for DC or federal FMLA for another qualifying event, the first date of leave for that event;
    - The total number of hours of family and medical leave used combined 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.

2. This information shall be used when completing the eligibility letter (See Attachment 2) and the eligibility letter will guide the coordinator in determining for which family and medical leave program(s) the employee qualifies.

Processing Applications

General Procedure for Processing Applications

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 Attachment 2). 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 to the employee.

2. **Notice of Leave Designation.** Within five (5) days of receiving necessary documentation, a Notice of Leave Designation form must be issued to an applicant to determine whether he or she qualifies for the requested leave. If the employee fails to return any required documentation, the leave request must be denied no later than twenty-eight (28) days after issuing 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. FMLA Coordinators must designate employees for all programs for which they are qualified (See Attachments 3, 4, 5 or 6). Copies of any decisions not approving leave must be forwarded to DCHR.

3. **Approval Notifications.** Once an application has been approved, an approval notification (See Attachment 6) must be sent to multiple parties (see the notation box below) to ensure they are aware that the leave has been approved and to make certain that the appropriate leave (i.e., annual, sick, etc.) is being used in conjunction with FMLA, if appropriate. In the notification letter, the coordinator shall again designate the employee for *all* the programs for which he or she is eligible and qualifies and, if possible, indicate the total number of hours or weeks of program leave that will be used.

4. **Deferred Notifications.** 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 (See Attachment 4). 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.

5. **Not Approved Notification.** The coordinator will issue a "Not Approved" designation (See Attachment 5) 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@dc.gov.

6. **Upload Documents.** Once the entire process concerning an application has been completed (such as an approval, denial, etc.), agency FMLA Coordinators must upload all documentation received concerning a FMLA request (i.e., applications, eligibility forms, medical certifications, etc.), to DCHR.

   Coordinators must complete this step by uploading the documents to the DCHR SharePoint server at: http://dchr.sp.dc.gov/policy/PCA/FMLA/Applications.

NOTE: *All documentation submitted by employees in relation to the FMLA (i.e., application, medical documentation, etc.) must remain confidential (see 'Records, Confidentiality and Reporting" section in this instruction). The DCSF No. FML-04 (Form 4), Approval Notification, is the only document that may be disseminated to appropriate personnel, as identified on the form.*

Issuance of Notification

After the coordinator completes his or her review of the application and supporting documentation, he or she shall issue the notice of eligibility to the employee. The notice must be delivered to the

employee at his or her address of record 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.

Alternative Work Schedules

An agency and employee may agree to an alternative work schedule to accommodate either intermittent or reduced schedule family or medical leave. Though the schedule may be later modified, alternative work arrangements shall be established during the family or medical leave application process and shall be in writing. Any changes to such agreements must also be in writing.

Records, Confidentiality, and Reporting

Record keeping is vital for continuity of District operations and to analyze District trends as it relates to family and medical leave.

General Record Keeping Requirements

Agency Family and Medical Leave Coordinators shall maintain individual case records, separate and apart from an employee's Official Personnel Folder, for each FMLA application. Each file shall contain the following:

Family and Medical Leave Application;

1. Eligibility determination notice;
2. Designation notice;
3. Approval notifications; and
4. Any correspondence to or from the applicant.

Confidentiality

Agency FMLA Coordinators are responsible and accountable for safeguarding the integrity, security, and confidentiality of all program related records, regardless of form. FMLA Coordinators must protect such records from unauthorized access, use, modification, destruction, or improper disclosure in accordance with applicable regulations in Chapter 31A (Records Management and Privacy of Records) of Subtitle B of Title 6 of the D.C. Municipal Regulations.

Annual Reporting

By the end of each fiscal year, agency FMLA Coordinators shall provide DCHR a report of FMLA program activity upon request. Each report shall list each application received and, for each, provide:

1. Application date;
2. Eligibility determination date;
3. Designation date;
4. Nature of leave designations;
5. Start and end date of approved leave;

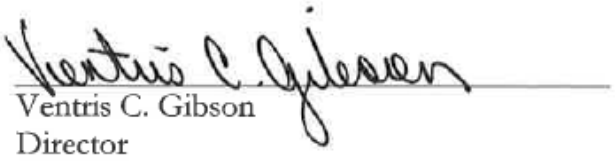
6. Total number of approved hours of leave;
7. Whether the leave was approved on an intermittent basis;
8. The salary of the employee;
9. Temporary cost (if any) to replace the applicant while he or she was on leave; and
10. Any denials for FMLA leave.

Legal Authorities

- D.C. Code § 32-501 *et seq.* (District of Columbia Family and Medical Leave Act);
- Title 4, Chapter 16 of the District of Columbia Municipal Regulations; and
- The Family and Medical Leave Act of 1993, approved August 5, 1993 (29 U.S.C. § 2611 et seq. and 29 C.F.R. 825 et seq. (2000)), as amended.

Additional Information

For additional information concerning this instruction, employees are encouraged to contact their agency FMLA Coordinator.



Ventris C. Gibson
Director

Attachment 1 -
Family and Medical Leave Application

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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 _____
- ☐ Universal _____
- ☐ Paid Family _____

Note: For annual, universal, 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. 2/2016)

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 …	You must provide …
Medical leave for a personal health condition	Certificate of Health Care Provider for Employee's Serious Health Condition (DOL-WH-380-E)
Birth of your child	Medical certification of anticipated birth or birth certificate
Adoption of a child or other legal placement	Certified court order(s) of placement
Assumption of parental duties for a child	Official records of parental responsibilities (such as school parental designation)
Caring for a family member	Certificate of Health Care Provider for Family Member's Serious Health Condition (DOL-WH-380-F)
Exigency Military Leave	Certification of Qualifying Exigency for Military Family Leave (DOL-WH-384)
Military Caregiver Leave	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*

2

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 2 –
Eligibility Notification Letter

[Begins on Next Page]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]

Subdivision

CONFIDENTIAL

Tuesday, March 8, 2016

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	Hours Available
☐	Paid Family Leave	
☐	DC Family Leave	
☐	DC Medical Leave	
☐	Federal Family and Medical Leave	
☐	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

[Address] • Washington DC 20001 • Telephone (202) [Phone] DCSF No. FML-02 (Rev. 2/2016)

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 Selection Option at least 1 continuous 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 Selection 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 continuous service.

   ☐ You worked 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 continuous service.

   ☐ You worked 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 as 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
☐	Certificate of live birth listing you as a parent
☐	Certified copy of a court order providing you legal custody of a child
☐	Two official records establishing you as a named caregiver to the child (such as school enrollment, insurance records, or medical records)
☐	For the non-legal, permanent placement of a child with you, documentation establishing the date you assumed responsibility for the child
☐	Sufficient documentation to establish the required relationship between you and your family member
☐	A completed "Certificate of Health Care Provider for Employee's Serious Health Condition" (DOL-WH380-E)
☐	A completed "Certificate of Health Care Provider for Family Member's Serious Health Condition" (DOL-WH380-F) (attached.)
☐	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
☐	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. Alternatively, you may elect to have the District pay your premiums, and we will recover those payments from you upon your return to work.
☐	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.
☒	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.
☒	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

Page 4

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 3 – Approval Designation Letter

[Begins on Next Page]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]

[Subdivision]

CONFIDENTIAL

Tuesday, March 8, 2016

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:

Field Code Changed
Field Code Changed

Designated	Program	Hours Approved
☐	Paid Family Leave	
☐	DC Family Leave	
☐	DC Medical Leave	
☐	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.

[Address] • Washington DC 20001 • Telephone (202) [Phone] DCSF No. FML-03 (Issued 2/2016)

☐ 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.

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.

Approved Types of Paid Leave

During your period of approved Select the type of leave., you may elect to use one or more of the following types of paid leave:

☐	Annual Leave	☐	Sick Leave	☒	Paid Family Leave _____
☐	Compensatory Time	☐	Universal Leave	☐	NONE

Any leave taken must be accrued or available at the time of use. If applicable, the number of paid family leave hours noted above will be credited to your account.

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,

Page 2

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 4 – Deferred Letter

[Begins on Next Page]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]

[Subdivision]

CONFIDENTIAL

Wednesday, April 8, 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 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 4/2015)

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 5 –
Not Approved Designation Letter

[Begins on Next Page]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]

[Subdivision]

CONFIDENTIAL

Wednesday, April 8, 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 4/2015)

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 6 – Approval Notification

[Begins on Next Page]

GOVERNMENT OF THE DISTRICT OF COLUMBIA
[AGENCY]

[Subdivision]

CONFIDENTIAL

Click here to enter a date.

Click here to enter employee name.
Click here to enter employee address.

Re: Select the type of leave. – Approval Notification

Dear **Click here to enter employee name**:

We have approved your request for **Select the type of leave.** for the following period and amounts:

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 Leave Usage	**Click here to enter date when leave will be first used by the employee.**			
Leave Period	**Leave Start Date.**	to	**Leave End Date.**	☐ Consecutive Weeks ☐ Intermittent Leave ☐ Reduced Schedule
Hours Approved	**Click here to enter the total number of leave hours approved by the agency.**			

If you have been approved for an intermittent leave schedule or a reduced work schedule you are required to review and confirm that the dates shown on page 2 of this correspondence are correct. In addition, both you and your immediate supervisor are required to sign where indicated.

Sincerely,

Agency Family and Medical Leave Coordinator

Cc Agency Head
Employee's Immediate Supervisor
Employee's Timekeeper

[Address] • Washington DC 20001 • Telephone (202) [Phone] DCSF No. FML-04 (Rev. 2/2016)

Approved Intermittent Leave

If you have been approved for an intermittent schedule for planned medical treatment, please verify your request to use approved family or medical leave on the following dates:

Date(s)	9/29/2015	9/29/15-10/1/15	9/29/15-10/1/15	
Time	3:00-5:00 PM	8:00 AM -5:00 PM	3:00 – 5:00 PM	
# of Hours	2	24	6	

Approved Reduced Work Schedule

If you have been approved for a reduced schedule for planned medical treatment, please acknowledge that the following work schedule will meet your needs for the duration of your approved leave period:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1	8:00-5:00						
Week 2							

Scheduling Unplanned Leave

Should you need to deviate from the above schedule for unplanned medical treatment please notify your immediate supervisor as soon as possible. If you believe your family or medical leave needs have changed, please contact the FMLA Coordinator.

CONCURRENCE

By signing below, I CERTIFY that the above DCSF No. FML-04 has been reviewed and that I concur with the date(s) and time period of FMLA leave.

Immediate Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

Page 2

CLICK THE IMAGE ABOVE TO ACCESS THE FORM ONLINE

Attachment 7 –
Health Care Provider Certifications

[Begins on Next Page]

As the Department of Labor's (DOL) Forms may periodically be revised, DCHR is providing the links to allow users to access the forms directly from the DOL website.

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

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

WH-384 Certification of Qualifying Exigency For Military Family Leave (PDF)

WH-385 Certification for Serious Injury or Illness of Covered Servicemember -- for Military Family Leave (PDF)

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