

Family and Medical Leave Request (FMLA)

(Family Member with a Serious Health Condition Packet)

Required! You must call Absence Management at (314-982-1597) within 5-days of the start of the unforeseen event/situation that has caused you to miss work (intermittently or continuously) and prompted you to pick up this packet to seek FMLA protection.

Failure to call Absence Management within the 5 day window will likely cause your submission to be invalid and the loss of possible FMLA consideration. *Bi-State will only consider related absences that are within 5 calendar days prior to receiving notification from the employee.*

WELCOME. You have just obtained a leave request packet that can be activated for an employee's family member with a serious health condition by contacting Bi-State's Absence Management Department. The packet provides the necessary medical form (with a Physician Instruction Page) that must be completed by the attending physician, along with pertinent information that describes the process and other information that could affect what is protected if applicable.

Important: 'Foreseeable' events (e.g. surgery, birth of a child) requires a 30-day notice if such notice is feasible from the attending physician.

Upon Absence Management receiving your call, we will discuss with you your request for FMLA. If you meet eligibility for FMLA leave, we will confirm your contact information, assign a Case Number that must be used with the QQuest call-in system and provide other instructions that will be beneficial in requesting, using leave and gaining protection.

Follow these four main steps in seeking a leave:

Step 1.) Call Absence Management (314-982-1597) within 5-days of the unexpected event start date that caused you to miss work.

Step 2.) Give the medical form (provided) to the attending physician to complete. The physician can fax the completed medical form to Absence Management or the original form can be submitted to Absence Management by the 15-day deadline that will be established upon calling Absence Management in Step 1.

Step 3.) Employee to call Absence Management to verify receipt of the completed medical form by the 15-day deadline. No consideration for protection can be given when forms are not received.

Step 4.) Employee to follow established FMLA Call-in Procedure (**QQuest 1-866-638-7613**) and FMLA Policy for calling in absences related to the reason for leave using the Case Number provided by Absence Management in Step 1.

A decision whether a request for leave will be approved/denied will be sent to the address you provided and to your manager/supervisor once a decision has been made.

Absence Management
Bi-State Development

Medical Leave Certification of Health Care Provider Form

-- (Form must be completed and signed by attending health care provider and submitted by date indicated on the Notice of Eligibility Form) --

PART A: EMPLOYEE SECTION (please print)

Page 1 of 2

Employee's Name (First Name, Middle Initial, Last Name)

Badge Number

Name of Patient/Family Member that Employee is Requesting Leave to Care for:

Relationship:

☐ Spouse ☐ Parent ☐ Dependent Child – Date of Birth _____ ☐ Other: _____

Employee: State the care you will provide that is 'medically necessary' for the family member and an estimate of the time in which you will need to provide this care, including a schedule if leave is to be taken intermittently or on a reduced schedule for the condition. Explain why the care you will be providing is medically necessary and why you must perform this care during working hours and cannot perform the care during non-working hours: (Be specific for consideration)

Signature of Employee: _____ Date: _____

Contact Phone Number: _____

PART B: HEALTH CARE PROVIDER SECTION

MEDICAL FACTS: (What are the medical facts that support the patient's serious health condition?)

Check the appropriate FMLA Category: (Optional – for clarity purposes only)

☐ Inpatient ☐ Chronic Conditions requiring Evaluation/Treatment ☐ Multiple Treatments (Non-Chronic Conditions)
☐ Incapacity and Treatment ☐ Permanent/Long-term Conditions Requiring Treatment ☐ Pregnancy

A. Approximate date condition commenced: _____

B. Probable duration of condition: _____ (Required and be specific if Intermittent leave)

Mark below as applicable:

1. Is or was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility? ☐ Yes ☐ No

If so, dates of admission: _____

2. Date(s) you evaluated and/or treated the patient for 'the condition' within the last 12 months: _____

3. Describe relevant medical facts of condition [One condition per certification] (i.e., diagnosis, symptoms, regimen of treatment, etc.) _____

4. Will a treatment or evaluation of the condition *be required* within the next 30 days by you or another health care provider? ☐ Yes ☐ No

5. If chronic condition - patient *required* to be seen, evaluated, or receive treatment at least twice per year due to the condition? ☐ Yes ☐ No ☐ N/A

If yes, date of next scheduled appointment for the condition _____ (Required for valid chronic condition under FMLA)

6. Was medication (other than over-the counter) prescribed? ☐ Yes ☐ No

7. Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ Yes ☐ No

If so, state the nature of such treatments and expected duration of treatment: _____

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

Please indicate type of leave requested:

- ☐ **Continuous:** Period of incapacity: (From) _____ *through* (Leave Ending Date) _____
- ☐ **Intermittent:** Please estimate episodic leave based upon patient's history, treatment plan, and relevant facts.
- Frequency of illness episodes: _____ (see Instruction Sheet)
- Duration of illness episodes: _____ (see Instruction Sheet)
- ☐ **Reduced Schedule:** (for medical necessity only) Work Schedule _____ hour(s) per day at _____ time(s) per week.

Prescribed treatment regimen and schedule: Office Visits (e.g., 1 per every 3 weeks) // Therapy Visits (e.g., 1 visit per every other week)

(See Instruction sheet attached before completing this section)

- ☐ Office visits: Number _____ per _____ ☐ Surgery Date: _____
- ☐ Therapy visits: Number _____ per _____ ☐ Procedure (type/date): _____
- ☐ Other Treatments (type/date): _____
- ☐ Referral to other providers (who): _____

• If applicable, is it imperative that the surgery / procedure be performed within 30 days from today's date? ☐ Yes ☐ No

Is the employee **required** to assist the patient with basic medical needs, hygiene, nutritional needs, and/or safety.

☐ YES ☐ NO If Yes, use area below to define the medically necessary tasks the employee will provide for this condition. (REQUIRED)

In your best medical opinion, must the tasks of medical necessity be performed during the employee's work hours as opposed to performing the tasks during non-working hours? If during working hours, describe below the amount of time to attend to medical need.

☐ WORKING HOURS ☐ NON-WORKING HOURS

Will the patient need transportation assistance to related medical appointments that cannot be performed on non-working hours?

☐ YES ☐ NO If Yes, clarify the employee's daily shift time and weekly scheduled days off, time should be available for non-work appts.

If applicable, would employee's presence be beneficial for the psychological care and comfort of the patient receiving 'inpatient or home care' by others?

☐ YES ☐ NO ☐ N/A If Yes, estimate the amount of time and duration it would be medically beneficial and note it below.

****If answers to Question #1 and Question #2 are 'YES and/or WORKING HOURS', then explain why it is medically necessary that the employee must perform the related tasks during working hours and cannot be achieved during non-work hours? (REQUIRED)**

Health Care Provider's Name and Business Address:

 _____ Practice Telephone: () _____
 _____ Fax: () _____
 _____ Email: _____

Type of Practice/Medical Specialty: _____

Health Care Provider's Signature _____ Date _____

Signature Sheet 1 and the 2 completed pages of the Medical Certification of Health Care Provider Form must be faxed directly from the attending health care provider's office to 314-335-3474 or forward the original documents to Absence Management at the address on the instruction sheet.

INSTRUCTION SHEET FOR MEDICAL CERTIFICATION OF HEALTH CARE PROVIDER FORM

Health Care Provider

"Important Notice"

It is the employee's responsibility to provide a medical certification for a condition that is complete, sufficient, and accurately representative of the medical condition for the leave to be considered for review. *A valid medical certification must not be written for 'worst case' scenario, but shall represent the true medical necessity for the condition. Furthermore, only one condition to a medical certification will be permissible. Multiple conditions will require individual certifications.*

Definition of Serious Health Condition:

Inpatient Care – overnight stay in hospital, hospice, or residential medical care facility.

Incapacity & treatment – over 3 full consecutive calendar days of incapacity, and seen by health care provider within 7 days (pre-requisite), plus a prescribed regimen of continuing treatment, or seen again for treatment by a health care provider within 30 days at the health care provider's request.

Chronic condition – episodic or continuous in nature requiring periodic in-person visits of '**at least twice a year**' for treatment and/or evaluation of the condition per the Federal guidelines under FMLA.

Permanent/Long-term condition – permanent or long-term condition for which treatment may not be effective.

Multiple treatments – conditions likely to result in period of incapacity of more than 3 consecutive days in the absence of medical intervention or treatment (i.e., chemotherapy, radiation, dialysis).

Office Visits and Therapy Appointments

The federal regulations state the employee (possibly the patient) is required to attempt to schedule appointments and/or treatments at a time that will not disrupt unduly the employer's operation. Please discuss the scheduling of related appointments/office visits during employee off work hours and non-scheduled work days. The employee will be questioned concerning appointments that disrupt the daily and weekly operation and will be advised to initiate further discussions with their physician to reschedule necessary appointments around their work schedule if the disruptions persist.

Office visits and treatments are purposely separated on the medical certification form to provide clarity of what the intent is of the condition/treatment. Do not enter office visits into the treatment section and vice versa.

Intermittent certifications shall convey the condition with 'measurable terms' of use (e.g., 2x / month @ 1 day in duration).

Commonly seen examples of Frequency and Duration:

1x / week @ 1 day in duration

1x / month @ 1-2 days in duration

2x / every Quarter @ 1- 3 days in duration

Invalid Non-responsive examples:

10 times / month @ 2 days in duration

5 times / week @ 1 day in duration

2-3 times / week @ 2 -3 days in duration

*Generalized, ambiguous, non-responsive, or unrealistic definitions will result in a delay or denial of the employee's request.
(e.g., unknown, as needed, when condition flares up, multiple days, for intermittent use, etc.)

Employee

Please Note: You may want to keep a copy of your Medical Certification form for your own records. We recommend that you have the provider fill out the form while you are still in the office. "It is the employee's responsibility to ensure the required forms are properly completed, include all dates, and promptly received at Absence Management by the designated date."

If the leave situation or condition changes, the employee is responsible for obtaining supporting documentation and providing the documentation to Absence Management. For your privacy, the medical certification need not be shown to your Manager.

Bi-State Development MailStop 127
One Metropolitan Square
211 North Broadway, Suite 700
St. Louis, MO. 63102-2759

Family and Medical Leave Call-In Procedure (QQuest 1-866-638-7613)

(Initial and subsequent absences)

'New' (FMLA) Leave Request:

- All employees who need to submit a new FMLA leave request must first notify his or her direct supervisor as soon as practicable once the need for leave is known. Employee continues to be responsible for adhering to all established call-in requirements regardless of the reason for an absence.
- Next, the employee must promptly contact Bi-State Development's **Absence Management Department** at **314-982-1597** (Monday through Friday between the hours of 8:00 a.m. through 4:30 p.m.) to request the new FMLA leave. If the reason for the leave is not foreseeable, such as an emergency hospitalization, or an illness or injury where a physician has/will deem you as incapacitated for more than 3 consecutive full calendar days, then the request shall be made as soon as practicable once the employee learns of the need for leave. An employee will have up to 5 calendar days maximum from the start of the absence/incapacity period to contact the Absence Management Department on a new unforeseen leave for the request to be given FMLA considered from the start date forward.
- The employee will be responsible to fulfill the daily call-in requirements for related absences immediately going forward once FMLA leave has been requested from the Absence Management Department. Employee must call in for each day of related absence, on the day of the absence, **(QQuest 1-866-638-7613)** until a leave request is finally approved outlining the approved period.

Pending Request and/or Approved 'Continuous' Leave:

- Employee is required to call **QQuest (1-866-638-7613)** for each day of absence, on the day of the absence, to fulfill the daily call-in requirements for related FMLA requested absences until an approval on the request is made. The employee's obligation for calling in does not cease until the employee receives a written Designation Notice stating the timeframe of the approved period, at which time, the employee does not have to continue the call-in requirement for the balance of the approved *continuous* period.

Pending Request and/or Approved 'Intermittent' Leave:

- The employee will be responsible to fulfill the daily call-in requirements to **QQuest (1-866-638-7613)** for related absences immediately going forward once FMLA leave has been requested from the Absence Management Department. Employee must call in for each day of related absence, on the day of the absence, until a leave request is finally approved.
- An employee who needs to take FMLA time on an open approved *intermittent* leave must call **QQuest (1-866-638-7613)**, as soon as practicable, on the day of the absence, for each related absence. Bi-State Development's established customary call-in requirements for FMLA shall be used to determine if a call-in is considered timely for FMLA purposes.

Attention: Adhering to the above call in requirements for requesting and/or declaring FMLA does not release an employee from any Facility/Departmental call in requirements such as the 25-minute **MISS Rule**.

Expectations, Obligations, and Consequences

Requesting and Utilizing Family and Medical Leave (FMLA)

- Familiarize yourself with your respective FMLA Policy on-line on the **METROWEB** under ‘Departments’ and then select ‘Absence Management’. Bi-State Development’s FMLA Policies, Department of Labor’s Right and Responsibility page, reporting requirements, and other pertinent information are available for your viewing.
- Taking time off solely for the purposes of having a medical certification form filled out by the attending health care provider is not FMLA protected. FMLA only covers in-person evaluations or assessments of a medical condition, or for receiving treatment or therapy related to the condition as prescribed.
- The employee is unconditionally responsible to ensure the *Signature Sheet* and the *Medical Leave Certification of Health Care Provider* forms are complete, sufficient, represents the facts about the request and received at Absence Management by the **15 calendar day date** indicated on the **Notice of Eligibility** form. Untimely, insufficient submission, or no submission of the *Medical Leave Certification form* shall delay or cause a denial of a leave request in part or in whole.
- The patient will have to sign a HIPAA release if the company elects to clarify or challenge a request for leave by conducting a review through an independent medical provider, or finds it necessary to send the patient to a 2nd and/or 3rd opinion. Patient (if employee) will also have to attend company scheduled medical reviews on their ‘own time’ since FMLA does not require the employer to schedule these types of appointments on company time. The employee will be responsible for the costs associated with any missed medical review appointments canceled within 72-hours [3 business days (Monday through Friday)] of the appointment time.
- Once FMLA has been initially claimed, it is the **employee’s responsibility to designate FMLA** whenever provisional or approved time off is taken for the leave reason. Reporting of FMLA events shall be through the normal and customary call-in procedure (QQuest) that Bi-State has established. Designating leave means to unequivocally claim an event as Family and Medical Leave when reporting off; stating “**sick**” does not trigger FMLA protection. Failure to comply with the proper designation of a leave will result in no job protection for the period of time claimed.
- Employer notification of a ‘*foreseeable leave*’ (e.g., hospitalization, surgery, doctor appointments, therapy, treatments, etc.) must be provided to your Manager or supervisor the same day you become aware of the event, or next calendar day, if extenuating conditions are such you cannot provide earlier notification. A lack of a prompt notification, absent extenuating circumstances, may result in a delay or denial of requested leave. Review FMLA policy on-line.
- Each notification by an employee of an ‘*unforeseen leave*’ shall be provided as soon as practicable under the circumstances, and within the time prescribed by the usual and customary notice requirements that Bi-State has established. Employees are ultimately responsible to know what the notification requirements are for requesting FMLA. Claiming FMLA protection days after the fact will not be acceptable and will not provide protection from the attendance policy. Review the FMLA policy on-line and/or attached reporting document.
- An employee is expected to schedule medical appointments related to approved conditions on their ‘own time’, and if the health care provider says it is not feasible, then at a time that will lessen the disruption to the department. **Employee must confer with their Manager or Supervisor** to mutually agree to a time that will work for the attending health care provider, Bi-State Development, and then the employee. ***Only the amount of time necessary to address the medical necessity of a qualified condition, under an approved leave, will be afforded FMLA protection.*** Failure to cooperate with the planning of appointments to minimize disruption for the department will be deemed as the employee not acting in good faith, possible denial of request and/or subject to the disciplinary process.
- The employee has sole responsibility to know when their leave period has ended based on the Designation notification(s) provided by the organization. Absences incurred outside of an approved leave period shall not be afforded FMLA protection and will be subject to Bi-State Development’s current attendance policy.
- It is expected that an employee will limit the amount of leave taken, for approved medical necessity, to within the constraints of the final medical judgment provided for of an intermittent leave. The employee will be required to provide additional documentation to support any absences beyond the final medical judgment. Failure to support excessive leave taken may result in the additional time not being job protected and subject to the attendance policy. Call Absence Management at (314-982-1597) if questions arise concerning the usage of Family and Medical Leave.
- **Dishonesty, deception and/or fraudulent** use of FMLA is not protected under the federal guidelines. Deceptive actions in connection with the FMLA process or usage of entitlement will be subject to disciplinary action up to and including immediate discharge in accordance with the rules and policies applicable to the particular employee.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

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

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 - Revised February 2013

Human Resources Policies
Family and Medical Leave Policy
(ATU Local 788 & Local 2 and 309 IBEW)

1. Policy

- 1.1 Bi-State Development recognizes that a leave of absence from active employment may be necessary to address a serious health condition, either for yourself or an immediate family member and for other reasons specifically covered by the Family and Medical Leave Act.
- 1.2 This policy complies with the provisions of the Family and Medical Leave Act of 1993 (FMLA) and its implementing regulations.
- 1.3 The function of this policy is to provide employees with a *general description* of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.
- 1.4 Under this policy, Bi-State Development will grant up to a maximum 12 weeks unpaid leave to *eligible* employees (or up to 26 weeks only in cases of servicemember leave as described) for qualified reasons. Leave will be without pay except to the extent specifically set forth herein.
- 1.5 If you have questions regarding the application of this policy to your particular situation, contact your supervisor or the Bi-State Development's **Absence Management Department at (314-982-1597).**

2. Leave Eligibility

- 2.1 To qualify for FMLA leave, the employee must meet all of the following conditions:
 - a) The employee must have been employed by Bi-State Development for at least 12 months. Service prior to a seven -year break in service will not be recognized.
 - b) The employee must have *worked* at least 1,250 hours during the 12 month period immediately preceding the start of the leave.

3. Reasons For Leave

- 3.1 An eligible employee may apply for FMLA leave for the following reasons:
 - 3.1.1 The birth and care following the birth of the employee's child;
 - 3.1.2 The placement of a child with the employee for adoption or foster care;
 - 3.1.3 To care for an immediate family member (spouse, child, or parent) who has a serious health condition;

- 3.1.4 A serious health condition that renders the employee unable to perform the essential functions of his or her job;
- 3.1.5 For any “qualifying exigency” (to be defined by federal regulation) because the employee's spouse, son, daughter, or parent is a covered military member on active military duty or has been notified of an impending call or order to active duty in the Armed Forces in support of a contingency operation.

4. Length of Leave

- 4.1 Except in the case of the care of a servicemember (for which 26 workweeks of FMLA leave is available in a 12 month period), employees who meet the eligibility requirements may be granted up to twelve (12) weeks of unpaid FMLA entitlement during a 12-month period. Bi-State Development uses the forward rolling method for the twelve (12) weeks of leave and the forward method for the twenty six (26) weeks of servicemember leave. The amount of FMLA leave available to an eligible employee at any given time will be calculated by using the appropriate method.
- 4.2 For employees covered by the collective bargaining agreement that includes sick leave, the collective bargaining agreement sick leave policy will be followed for a leave requested for the employee's own serious health condition. If the leave is requested for any other reason (e.g. bonding, adoption, or to care for a family member) the employee must use available single days of vacation or PPL as paid FMLA leave prior to unpaid FMLA leave.
- 4.3 Under FMLA federal guidelines, all time off taken under this policy for any reason which would qualify under FMLA (e.g. worker's compensation leave, medical hold, sick leave) will run concurrently and be counted against the employee's leave entitlement under FMLA.
- 4.4 Any holidays recognized by Bi-State Development that occur during a continuous FMLA leave will be counted against the 12-week entitlement. Holidays will not be counted against an intermittent leave unless the employee was scheduled to mandatory work on the holiday and used approved FMLA time instead.
- 4.5 If legally married partners are employed by Bi-State Development and both are eligible for FMLA leave, they are allowed to take only a combined total of 12 weeks leave during any 12-month period if the FMLA leave is due to a birth, care after birth, adoption, foster care, or care for a parent with a serious health condition. However, when legally married partners each use a portion of the 12 week entitlement due to these situations, the legally married partners would each be entitled to the difference between the leave they took individually up to their total 12 weeks entitlement for another FMLA leave reason such as the employee's own serious health condition.

- 4.6 An employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember may be entitled to a total of 26 work weeks of leave during a 12-month period to care for a servicemember with a qualified condition.

5. Intermittent or Reduced Schedule Leave

- 5.1 FMLA leave taken because of the employee's serious health condition or the employee's immediate family member's serious health condition may be taken on an intermittent (in blocks of time) basis if the leave is deemed to be medically necessary.
- 5.2 Bi-State Development may require an employee taking intermittent or reduced schedule leave to temporarily transfer to an alternative available position for which the employee is qualified for the duration of the intermittent leave period, or may modify the employee's current position to better accommodate the employee's recurring periods of leave if the time off is based on planned medical treatment.
- 5.3 Intermittent leave can include attending evaluation office visits and scheduled medical treatments. It is the employee's responsibility to confer with the attending physician in making an effort to schedule appointments at times when the appointment(s) will not interfere with Bi-State Development's operation. An employee shall discuss with their supervisor any disruption in their schedule due to a scheduled appointment prior to the day of the appointment.

6. Leave Expiration

- 6.1 An employee who fails to return to work immediately following expiration of the authorized leave period will be considered to have voluntarily resigned unless an extension was granted.
- 6.2 An employee who needs an extension due to the continuation, recurrence, onset of his or her own serious health condition or the serious health condition of a family member, must request the extension of leave by calling Bi-State Development's Absence Management Department. This request should be made as soon as the employee realizes that he/she will not be able to return to work which shall either be the same day the employee is aware he/she will not be able to return to work or the next business day, *but prior* to the expiration of the leave.
- 6.3 For any employee whose inability to return to work is due to a disability (as defined in the Americans with Disabilities Act), Bi-State Development will engage in the interactive process with the employee to determine if there is any reasonable accommodation that exists that would enable the employee to perform the essential functions of his or her job. An additional short leave period authorized through Bi-State Development is one example of a plausible accommodation. An indefinite or undetermined period of

leave will not be considered “reasonable” for ADA accommodations.

7. Requesting a New Leave

- 7.1 All employees who need to submit a new FMLA leave request must first notify his or her direct supervisor as soon as practicable once the need for leave is known. *Employees continue to be responsible for adhering to established call-in requirements regardless of the reason for an absence.* Next, the employee must promptly contact Bi-State Development’s **Absence Management Department at 314-982-1597** (Monday through Friday between the hours of 8:00 a.m. through 4:30 p.m.) to request the new FMLA leave. All calls received or made by the Absence Management Department are recorded for training and business purposes. Call-In requirements pertaining to reporting subsequent absences will be reviewed with the employee during the initial contact with the Absence Management Department; although, the employee is ultimately responsible to know the reporting requirements for leave under this policy. A copy of the call-in requirements will also be provided in the certification packet that is mailed to the employee upon the request of leave. The employee will be instructed to call the designated telephony system (**QQuest 1-866-638-7613**) for each absence incurred for the reason noted for leave until a decision is made on the request. The employee may not be obligated to continue the daily call-in for the period of time approved once they receive the written approval. The call-In requirements can be found on the **MetroWeb** under *Departments* and then by selecting *Absence Management*. The current FMLA policy and other related documents can be found at the same location.
- 7.2 If the reason for the leave is foreseeable, such as for childbirth or a scheduled surgery, then the request must be made at least 30 calendar days in advance of the start of the leave. Failure to provide the required notice may result in denial of all or part of the leave.
- 7.3 If the reason for the leave is not foreseeable, such as an emergency hospitalization, or an illness or injury where a physician has/will deem you as incapacitated for more than three (3) consecutive full calendar days, then the request shall be made as soon as practicable once the employee learns of the need for leave. Employees will have up to five (5) calendar days maximum from the start of an absence/incapacity state, or absence/incapacity period, to contact the Absence Management Department on a new unforeseen leave. Again, the employee will be responsible to fulfill the daily call-in requirements for related absences immediately going forward once leave has been requested.

- 7.4 Bi-State Development's Absence Management Department will provide the necessary Certification forms via mail to the employee's home address on record. In order to ensure all materials are received, employees are required to keep their address information current with Bi-State Development's HR system. Bi-State Development is not responsible for correspondence not received, delayed or denial of requested time due to the employee's failure to keep their contact information current.
- 7.5 The Medical Certification form, fully completed by the patient's attending physician, must be received by the Absence Management Department within 15 calendar days of the date after Bi-State Development forwards the certification form to the employee (due date will be noted on the '*Notice of Eligibility* form and the *Signature Sheet*' enclosed in the packet). It is the employee's responsibility to ensure that this deadline is met. Medical Certification forms received by the Absence Management Department after the due date will result in the days between the due date and the date received being denied.
Bi-State Development will only accept completed medical certification forms that are either faxed directly from the attending physician's office or original documents received through the US Postal Service, FedEx, UPS, equivalent delivery service or delivered in person. Faxed copies from personal residence or other places of business will not be recognized as authentic documents and will not be accepted as a legitimate submission.
- 7.6 FMLA requires an employee to attempt to schedule planned medical treatment so it will not disrupt unduly the employer's operation. If planned medical treatment cannot be scheduled on an employee's own time, then the employee must consult with his or her supervisor regarding the scheduling of any planned medical treatment in order to minimize disruption to the operations of Bi-State Development. Any such scheduling is subject to the approval of the involved health care provider but Bi-State Development can still initiate further discussions in an effort to resolve any differences.

8. Requesting Time on a Pending Request or Active Intermittent Leave

- 8.1 An employee who needs to take FMLA time on a pending request, of any type, or open intermittent leave must call **QQuest (1-866-638-7613)** as soon as practicable. Bi-State Development's established customary call-in requirements for FMLA shall be used to determine if a call-in is considered timely for FMLA purposes. Employee must contact **QQuest** on the day of the absence for absences related to the medical condition. Failure to provide adequate notice will result in a delay or denial of the request which could lead to an appropriate attendance action to being taken.

- 8.2 Call-In information for reporting pending requests or approved leave will be reviewed with the employee during the initial contact with the Absence Management Department; although, the employee is ultimately responsible to know the reporting requirements for leave under this policy. A copy of the information will also be provided to the employee with the certification packet that is mailed to the employee when requesting leave. The employee will be required to call in to the designated telephony system (**QQuest**) for each absence incurred for the reason noted for the specific leave while on pending or after an approval, if provided. The call-In requirements can be found on the **MetroWeb** under *Departments* and then by selecting *Absence Management* as noted above under 'Requesting a New Leave'.

9. Health Care Provider Certification/Process

- 9.1 If the FMLA leave application is based on the serious health condition of the employee, the employee's spouse, child or parent, then a Certification of Health Care Provider form must be completed by the health care provider and submitted to the Absence Management Department within the 15 days provided to the employee under the federal regulations. Failure to provide such certification within this time frame will result in a delay or denial of the leave. If the certification is received by the Absence Management Department after the due date, all days between the due date and the date the certification was received will be denied. *Bi-State Development will only accept completed medical certification forms that are either faxed directly from the attending physician's office or original documents received through the US Postal Service, FedEx, UPS, equivalent delivery service or delivered in person. Faxed copies from personal residence or other places of business will not be recognized as authentic documents and will not be accepted as a legitimate submission.*
- 9.2 Family and Medical Leave affords the employer the opportunity to contact the patient's attending physician on an initial certification to understand the intent of a medical certification if questions arise from the form supplied. Bi-State Development will normally use an independent medical provider to conduct any inquiry related to the insufficiency or incompleteness of a medical certification. The patient will be required to sign an authorization form providing the independent medical provider to contact the attending physician to discuss related medical information. Refusal of the patient to sign an authorization for the independent medical provider to discuss the medical certification supplied will stop the FMLA process and prompt an immediate denial of the leave request.
- 9.3 Bi-State Development may require, at its expense, a second opinion from a health care provider that Bi-State Development

chooses. The health care provider designated to give a second opinion will not be one who is employed on a regular basis by Bi-State Development. Regardless of whether the patient is the employee or if the patient is an employee's family member, the employee, will only attend scheduled second opinion appointments on their own time since FMLA is a request for leave and the employer is under no obligation to provide time away from work for a second opinion. The patient will also be required to authorize the release of any pertinent medical information from the attending physician to assist in helping the second opinion physician make a decision. Failure of a patient to attend a scheduled second opinion or refusal to release related medical information will be deemed as not acting in good faith and the leave request, and any lost time associated with the request, will be addressed in accordance with FMLA regulations. The employee will also be held financially responsible for any costs incurred due to no-show or appointment cancellation of less than a 72 hour [3 business days (Monday through Friday)] notification.

- 9.4 If the second opinion of the medical condition is found to be contradictory to the original medical certification, Bi-State Development may require, at its expense, the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider will be considered final and binding for the leave request. As with the second opinion, the employee, if the patient, will be required to attend the third opinion appointment on their own time. The patient will also be required to authorize the release of any medical information associated with the process. Failure of the patient to attend the scheduled third opinion, or refusal to release related medical information, will again be deemed as not acting in good faith and the request will be bound by the decision from the second opinion examination and related absences will be addressed in accordance with FMLA regulations. The employee will also be held financially responsible for any costs incurred due to no-show or appointment cancellation of less than a 72 hour [3 business days (Monday through Friday)] notification.

- 9.5 A leave taken due to a "qualifying exigency" related to military service must be supported by a certification of its necessity. No second or third opinions will be conducted on qualified exigency leaves but Bi-State Development reserves the right to verify the events surrounding the reason for exigency leave.
- A leave taken due to the need to care for a servicemember must be supported by a certification from the servicemember's health care provider or designated health care provider working with an authorized Department of Defense representative.

- 9.6 Bi-State Development reserves the right to require the employee to provide recertification on a periodic basis of the medical condition for which FMLA leave has been approved in accordance with applicable FMLA regulations. Bi-State Development will follow the federal guidelines on conducting any recertification of FMLA leave.

10. Return to Work

- 10.1 During an employee's FMLA leave, Bi-State Development may periodically inquire as to the employee's intent to return to work. Also, if an employee wishes to return to work prior to the expiration of a FMLA approved leave, notification must be given to the Absence Management Department and the employee's supervisor as soon as practicable but no less than three (3) working days prior to the employee's planned return date.
- 10.2 Before returning to work from an absence of three (3) working days or more, the employee who is on FMLA leave as a result of his or her own serious health condition will be required to submit a healthcare provider's written release stating the employee ability to return to work. Failure to provide such document will result in a delay or denial of job restoration.
- 10.3 Employees shall contact their immediate supervisor to determine if additional requirements for returning to work exist prior to their actual return.

11. Insurance Premiums

- 11.1 During a period of approved FMLA leave, an employee will be retained on the Bi-State Development's group health plan under the same conditions that applied before the leave commenced. To continue health coverage, the employee must continue to make any contributions that he or she made before taking the leave. Failure of the employee to pay his or her share of the health insurance premium/s may result in loss of coverage, at which time COBRA will be offered.
- 11.2 If the employee fails to return to work after the expiration of the FMLA leave, the employee will be required to reimburse Bi-State Development for payment of health insurance premiums during the leave, unless the reason the employee fails to return is the presence of a serious health condition which prevents the employee from performing his or her job or to circumstances beyond the employee's control. Bi-State Development will use the FMLA guidelines as guidance on these types of situations.

12. Job Restoration

- 12.1 Under most circumstances, upon return from FMLA approved leave, the employee will be returned to the same or an equivalent position without loss of seniority or benefits that would have

accrued if the FMLA leave were not taken. An employee who takes an approved FMLA leave will not lose any seniority or employment benefits that accrued before the date the leave began. An equivalent position is one that has similar duties, conditions, responsibilities and privileges as the employee's original position; an equivalent position must also be at a geographically approximate worksite and with a similar work schedule as the original job.

- 12.2 The determination as to whether a position is an equivalent position will be made by Bi-State Development. If the employee refuses to accept the same or equivalent position, this action is deemed to be a voluntary resignation by the employee with the termination effective date as the day after the end of the approved leave.
- 12.3 An employee who has been on FMLA leave has no greater right to reinstatement or to other benefits and conditions of employment than if he/she had been continuously employed during an FMLA leave. For example, if an employee would have been laid off from his/her position if not on leave, then the employee has no greater rights to return than any other employee in a layoff situation.

13. No Discrimination

- 13.1 Bi-State Development will not discriminate against an employee for exercising his or her rights under the FMLA. Bi-State Development will not interfere with, restrain, or deny the exercise of any rights under the FMLA. Bi-State Development will not retaliate against any person for opposing a practice that is illegal under the FMLA, for filing a charge, or for testifying in any inquiry or proceeding relating to any rights under the FMLA.
- 13.2 If an employee anticipates the need to take FMLA leave, or if an employee has questions about the application of this policy to his or her particular situation, the employee should contact the Absence Management Department at Bi-State Development.

14. Fraudulent Use

- 14.1 Dishonesty, deception or fraudulent use of Family and Medical Leave is not protected under the federal guidelines. Bi-State Development will not condone deceitful use of FMLA and any employee determined to have engaged in this type of behavior with the FMLA process, will be subject to disciplinary action up to and including immediate discharge in accordance with the rules and policies applicable to the particular employee.