	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	1 of 7
		Supersedes	October 11, 2004

POLICY

The Family and Medical Leave Act (FMLA) requires employers to provide up to 12 work weeks in a 12 month period of unpaid, job-protected leave to eligible employees. Eligible employees must request Family and Medical Leave to be used for the following:

1. upon the birth of the employee's child,
2. upon the placement of a child with the employee for adoption or foster care,
3. when the employee is needed to care for his/her child, spouse or parent who has a serious health condition.
4. when the employee is unable to perform the functions of his/her position because of a serious health condition.

ELIGIBILITY

All employees are eligible for Family and Medical Leave if they have worked for The Johns Hopkins Health System Corporation (JHHSC) and The Johns Hopkins Hospital (JHH) for at least 12 months, and have been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave. The determinations of whether an employee has worked for JHHSC/JHH for at least 1,250 hours in the past 12 months and has been employed by JHHSC/JHH for a total of at least 12 months will be made as of the date leave commences. Family and Medical Leave will be granted in compliance with the Family and Medical Leave Act of 1993 (FMLA). The supervisor/manager will notify the employee that an absence may be counted as FML, pending receipt of the required forms.


Provisions of Family and Medical Leave

Except in cases of medical emergency or other unforeseen events, an employee is required to provide 30 days notice when requesting Family and Medical Leave. Hopkins reserves the right to designate any absence from work which falls in any of the four above listed categories as FML, in accordance with the Family and Medical Act of 1993 (FMLA). The employee may not elect to waive the FML benefit.

If an employee requests leave because of a serious health condition, or to care for a family member with a serious health condition, medical certification/documentation issued by the health care provider on the FML form entitled "Certification of Physician or Practitioner" (Attachment A) must be provided. Hopkins may require, at its own expense, a second opinion from a health care provider. The Department of Human Resources, Benefits Office, will work with the employee to ensure all provisions of FMLA are met, which will be binding on both parties. If an employee does not provide medical certification within 15 days of the request for leave, FML leave may be denied until the employee provides the required medical certification.

Definitions

1. **Spouse:** Lawful husband or wife
2. **Son or Daughter:** A biological, adopted or foster child, a stepchild, a legal ward or a child of a person standing in loco parentis, who is either under 18 years of age, or age 18 or older and who is incapable of self-care because of a mental or physical disability.
3. **Parent:** The biological parent of an employee, legal guardian or an individual who stands or stood in loco parentis to an employee when the employee was a child. An employee is limited to leave for two parents. Parents-in-law are excluded.
4. **Chronic Serious Health Condition:** A period of incapacity or treatment for such incapacity due to a "chronic" serious health condition which: (1) requires periodic visits for treatment by or under the direct supervision of a health care provider, (2) continues over an extended period of time, and (3) may involve occasional episodic recurrences of incapacity.

	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	2 of 7
		Supersedes	October 11, 2004

5. **Serious Health Condition:** An illness, injury, impairment, or physical or mental condition that (1) involves a period of incapacity or treatment in connection with, or subsequent to inpatient care; or (2) requires continuing treatment by a health care provider and includes one or more of the following (A) absence from work, school or other regular activities for more than three consecutive days; (B) any period of incapacity due to pregnancy, or for parental care; (C) any period of incapacity or treatment for an incapacity due to a chronic serious health condition; (D) a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective such as asthma, cancer, Alzheimer's; or (E) any period of absence to receive multiple treatments by a health care provider or by a provider of health care under orders of a health care provider.

6. **Health Care Provider:** A doctor of medicine or osteopathy authorized to practice medicine or surgery, podiatrist, dentist, clinical psychologist, optometrist, nurse practitioner, nurse midwife and others determined by the Secretary of Labor. Contact the Benefits Office for additional information.

Duration and Extension

For full time employees, Family and Medical Leave may not exceed 12 weeks in a 12 month period measured backward from the date an employee uses any Family and Medical Leave. If additional leave is necessary, refer to Leave of Absence Policy HR329. For part time employees, Family and Medical Leave will be granted on a prorated basis. Family and Medical Leave will run concurrently with the following:

1. the use of accrued paid leave (i.e., sick, vacation, PTO and holiday time), and
2. a period of short term disability (STD),
3. while receiving workers compensation benefits

Family and Medical Leave must be concluded within 12 calendar months after the birth or adoption of a child, or after the placement of a foster child with the employee. When medically necessary, leave for an employee or family member's serious health condition may be taken on an intermittent or reduced schedule basis, i.e. hourly increments, in compliance with FMLA guidelines.

Types of Family and Medical Leaves

An eligible employee is entitled to leave for the following circumstances under FML:

1. Birth of the Employee's Child


- a. The birth mother, who is eligible for sick, vacation, and/or PTO benefits, must charge absence accordingly so long as the health care provider certifies that the birth mother is incapacitated.

When sick, vacation, and/or PTO is no longer available, the birth mother is placed on leave of absence without pay.

- b. The father must charge leave to vacation and/or PTO pay. If vacation and/or PTO leave is exhausted, the father is eligible for a leave of absence without pay.
- c. Leave may be taken only within 12 months of the birth of the child.
- d. If the birth mother and the father are employed by Hopkins, their aggregate leave is limited to 12 weeks under FML.
- e. Leave taken intermittently or on a reduced leave schedule is available only upon the prior, written agreement of the employee and the supervisor.

2. Placement of a Child for Adoption or Foster Care

- a. Non-bargaining unit employees may use sick leave (up to a maximum of six weeks), if available, and/or PTO for leave due to the adoption of a child or the Foster Care of a child. Bargaining unit


	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	3 of 7
		Supersedes	October 11, 2004

employees may use vacation for leave due to the adoption of a child or the Foster care of a child. If vacation and/or PTO is exhausted, the employee is eligible for a leave of absence without pay.

- b. Leave may be taken only within 12 months of the placement of the child.
- c. If both parents are employed by the Hopkins, their aggregate leave is limited to 12 weeks under FML. If the parents cannot agree on the leave taken by each, Hopkins will base the decision on the reason for the request, length of service of the employees and impact on Hopkins' operations.
- d. Leave taken intermittently or on a reduced leave schedule is available only upon the prior, written agreement of the employee and the supervisor.
- e. **NOTICE:** The employee must provide at least 30 days' advance notice before the date on which the leave is to begin. If the employee is unable to provide 30 days' notice, the employee must provide such notice as is practicable, i.e., within two days of learning of the need for leave.
- f. The employee must provide written evidence of the placement. In the case of foster care, documentation of state action is required.

3. Employee's Serious Health Condition

- a. If the employee is eligible for Family and Medical Leave (FML) due to the employee's serious health condition, the absence must be charged to sick, vacation and/or PTO.* If additional leave is necessary and sick, vacation and/or PTO leave is exhausted, the absence will be leave without pay.
- b. Leave may be taken intermittently or on a reduced schedule if medically necessary. Employees needing intermittent FMLA leave or leave on a reduced leave schedule must attempt to schedule their leave so as not to disrupt the employer's operations. In addition, the employer may assign an employee to an alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced leave schedule.
- c. **NOTICE:** If the leave is foreseeable based on planned medical treatment, employees are required to make a reasonable effort to schedule the treatment so as not to unduly disrupt the operation of Hopkins. The employee is required to provide at least 30 days advanced notice, or if the treatment is to occur in less than 30 days, the employee must provide such notice as is practicable. Family and Medical Leave forms are available in the Benefits Office and must have the Supervisor's signature on the Request form. Please note the employee is not obligated to detail the medical diagnosis on this form since it must be included on the Certification completed by the health care provider.
- d. **Certification:** An employee must provide written Certification of a Serious Health Condition before the leave begins. If that is not possible, certification must be provided within 15 days after the medical certification is requested. If certification is not provided, the leave may be denied. Medical certification forms are available in the Benefits Office. Subsequent recertification may be required at 30 day intervals for the following reasons:
 - the reason for or the duration of the leave changes;
 - the employee requests an extension of leave;
 - Hopkins receives information that casts doubt upon the continuing validity of the most recent certification; or
 - when an employee is unable to return to work after exhaustion of FML, because of the continuing, reoccurrence or onset of a serious health condition, thereby preventing Hopkins from seeking reimbursement for group health premiums paid on the employee's behalf during a period of unpaid medical leave.

	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	4 of 7
		Supersedes	October 11, 2004

The medical information that can be requested is included in the medical certification form. No additional medical information will be required. However, the Occupational Health Department may contact the employee's health care provider for purposes of clarification and verification of authenticity of the medical certification. **b**

The certification will be filed separately from personnel records.

- e. **Medical Opinions:** Hopkins may, at its own expense, require a second medical opinion by a health care provider, mutually agreed upon by the employee and Hopkins designated by Hopkins who is not employed by Hopkins. In the event of conflicting opinions, Hopkins may pay for a third and final provider, mutually agreed upon by the employee and Hopkins, to offer a binding decision.

4. **Serious Health Condition of the Employee's spouse, son, daughter or parent.**


- a. An employee must use their vacation and/or PTO time to take care of a spouse, son, daughter or parent who has a serious health condition. If there is no vacation and/or PTO, leave without pay is available.
- b. If the leave is requested because of the illness of a child or spouse, the employee is entitled to 12 weeks of FML.
- c. Hopkins may require documentation to confirm the family relationship.
- d. Leave may be taken intermittently or on reduced schedule if medically necessary and can be accommodated by the Department.
- e. **NOTICE:** If the leave is foreseeable based on planned medical treatment, the employee is required to make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of Hopkins. The employee is required to provide at least 30 days advance notice, or if the treatment is to occur in less than 30 days, the employee must provide such notice as is practicable. Family and Medical Leave forms are available in the Benefits Office.
- f. **Certification:** An employee must provide written certification of a serious health condition of a family member before the leave begins. If that is not possible, the certification must be provided within 15 days after the request for the medical certification. If certification is not provided, the leave may be denied. For pregnancy, chronic, or permanent/long-term conditions under continuing supervision of a health care provider and employer my request recertification no more often than every 30 days and only in connection with an absence by the employee, unless:
 - (1) Circumstances described by the previous certification have changed significantly (e.g., the duration of frequency of absences, the severity of the condition, complications); or
 - (2) The employer receives information that casts doubt upon the employee's stated reason for the absence.

The medical information that can be requested is included in the medical certification form. No additional medical information will be required. However, the Occupational Health Department representing Hopkins, may contact the health care provider for purposes of clarification and verification of the authenticity of the medical certification.

The certification will be filed separately from personnel records.

- g. **Medical Opinions:** Hopkins may, at its own expense, require a second medical opinion by a health care provider designated by Hopkins. In the event of conflicting opinions, Hopkins may pay for a third and final provider to offer a binding decision.

Employee Benefits

	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	5 of 7
		Supersedes	October 11, 2004

An employee on Family and Medical Leave who is not receiving a regular paycheck, is responsible for making direct payment of the employee's portion of insurance premiums to Hopkins to continue health, dental, long term disability, life insurance and other benefits at the employee's current contribution level. Failure to make timely payment may result in loss of coverage. Only the portion of leave time that is paid will accrue towards benefits and seniority.

Return to Work

At the end of the Family and Medical Leave period, an employee will be reinstated consistent with the Family Medical Leave Act which states that employees must be returned to their prior job unless they would otherwise have been laid off. Employees returning from FML for their own illness/injury are required to be cleared by Occupational Health before beginning/returning to work if the leave is for five consecutive days or longer.

Key Employee

The JHHSC and JHH may deny reinstatement to certain "highly compensated" employees, who are among the highest paid 10 percent of employees employed by Hopkins if:

- the denial of restoration is necessary to prevent substantial and, grievous economic injury to Hopkins' operation;
- Hopkins notifies the affected employee of the intent to deny reinstatement at the time the determination that such economic injury would occur is made; and
- if the leave has commenced, the employee elects not to return to work after receiving such notice.

Abuse of FML

The following situations may constitute abuse of FML and are subject to Hopkins' disciplinary policies:

1. Failure to return to work at the end of the approved leave period, except when a leave of absence for further time off has been approved by the Department Manager/Supervisor. (Refer to Policy HR329, Leaves of Absence).
2. Employment by another employer while on FML, except when prior approval has been obtained from the Vice President of Human Resources.
3. Falsification of records and failure to correct records known to be false (even if true when given).

Other Leaves


After an employee has exhausted the 12 weeks of FML in a 12 month period, the Supervisor/Manager may grant an additional period of Leave of Absence. (Refer to "Leaves of Absence" Policy # HR329).

Any possible conflicts between the application of the FML policy and other JHHSC and JHH policies should be brought to the attention of the Department of Human Resources, Benefits Office, for resolution.

Reservation of Rights

Hopkins will comply with all legal requirements for providing family and medical leave to eligible employees. To the extent the law permits employer discretion, The JHHSC and JHH hereby expressly reserves the right to modify, change or eliminate any provision of this policy with respect to any employee or group of employees and does not intend to create a contractual commitment to any employee through issuance of this policy.

PROCEDURES

	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	6 of 7
		Supersedes	October 11, 2004

Employee

Notifies supervisor/manager of absence and/or requests Family Medical Leave (FML) with 30 days notice when leave is foreseeable. Requests signature of Supervisor/Manager on the "Request for Family and Medical Leave" form.

Supervisor/Manager

Advises employee orally that absence may be counted as FMLA if it meets the criteria of the FMLA. If leave is due to surgery, may ask if it is elective or non-elective in order to determine whether leave must be immediate.

Verifies that employee is eligible for FML. (Checks length of service and hours worked.)

Gives (or mails) the employee the Request for Family & Medical Leave (Attachment B), the Certification by a Health Care Provider Forms (Attachment A) and Leave of Absence Form (see Policy HR329, Leaves of Absence), if applicable.

If leave is for employees own illness, and the illness lasts longer than 14 calendar days for non-bargaining unit employees, or 19 calendar days for bargaining unit employees, advises employee to obtain EHP Disability Claim Forms (Attachment C) from the Benefits Office. Disability Forms should be sent directly to EHP.

Instructs employee to return the Request for Family & Medical Leave form to the Supervisor for signature and the Certification By A Health Care Provider Forms to the Benefits Office for review. Forwards the Request for Family and Medical Leave to the Benefits Office for review.

Records payroll status on payroll time sheet if certain that leave will meet the FML criteria, i.e., pregnancy.

**Department of Human Resources,
Benefits Office**

Responds to employee and supervisor/ manager questions and concerns regarding FML.

Approves/denies the validity of the FML Request and sends notice to employee and supervisor/manager.

Bills employee for continuation of benefits while on FML if applicable.

Processes Leave of Absence Form.

Occupational Health Department


Reviews FML Certification By A Health Care Provider Form, if requested by the Benefits Office. Calls Health Care Provider if additional information is needed. May request second opinion.

Employee

Begins Family & Medical Leave.

Communicates with supervisor/manager while on FML as to status of leave, expected date of return and other job related matters.

Reports to the Occupational Health Department to be cleared for return to work if FML was for personal illness or injury.

	JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR328
		Effective Date	April 1, 2007
	<u>Subject</u> Family and Medical Leave (FML)	Page	7 of 7
		Supersedes	October 11, 2004

Occupational Health Department

If FML was due to personal injury or illness, evaluates and renders a decision as to if the employee may return to work. If so, completes a "Return to Duty" slip and gives it to the employee.

Employee

Returns to original or equivalent position and gives supervisor/manager the "Return to Duty" slip.

*Special provisions related to the use of vacation time apply to non-bargaining unit employees age 62 or older with 20 or more years of service as of March 1, 1998. For more information, please refer to Policy HR326, Paid Time Off.

REFERENCE

Federal Register, Department of Labor, Wage, and Hour Division; 29 CFR, Part 825: Family and Medical Leave Act of 1993 (FML).

SPONSOR

Vice President, Human Resources.

REVIEW CYCLE

3 years

APPROVAL



 Vice President,
 Human Resources

 Date