

**ARCHDIOCESE OF LOS ANGELES
LEAVE OF ABSENCE POLICY**

FAMILY AND MEDICAL LEAVE

Revised 2013

Family and Medical Leave is a leave of absence, taken without salary or wages, for incapacity due to pregnancy, pregnancy related conditions, prenatal medical care or childbirth; to care for a child after birth, or placement for adoption or foster care; to care for a spouse, son or daughter, legally domiciled adult or parent who has a serious health condition; or for a serious health condition that makes the employee unable to perform his or her job.

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.

An employee with a serious health condition involving a period of incapacity of more than three consecutive calendar days may take a leave of absence provided eligibility requirements are met.

Eligibility

Regular full-time and regular part-time employees who are regularly scheduled to work at least 20 hours/week in any job classification and have been employed by the Archdiocese at any Archdiocesan location for at least 12 months preceding the leave are eligible for family and medical leave. The 12 months of employment need not be consecutive, provided that the continuous break in service is not more than seven years. However, employees are eligible for pregnancy disability leave, per pregnancy, at any time after date of hire, regardless of minimum hours worked or length of service. Eligibility for family care leave for the birth of a child, adoption or placement of a foster child expires 12 months from the birth, adoption or placement date.

Maximum Length of Leave

The maximum length of Family and Medical Leave is four months (16 weeks) of leave within any 12 month period. The 12 month period for Family and Medical Leave is measured forward from the date the employee begins his or her FMLA leave. For example, an employee whose initial leave of absence begins on May 1, 2009 may take up to 4 months FMLA leave during the 12 month period between May 1, 2009 and April 30, 2010; with eligibility for another 4 months FMLA effective May 1, 2010.

Exceptions to 16 Week Leave Maximum

The Archdiocese provides Pregnancy Disability Leave for up to 18 weeks leave per pregnancy for pregnancy related conditions. After completion of Pregnancy Disability Leave, the employee may take Family Care Leave of up to 12 additional weeks to bond with their child.

Military Caregiver Leave provides that eligible employees may take up to 26 weeks of leave to care for a covered servicemember during a single 12 month period.

Required Certification for Leave

The length of the leave is determined and certified in writing by a physician and is not to exceed the leave maximum designated for the type of leave taken. The employee is required to inform his or her supervisor of the status of the leave and any changes in the expected date of return. The supervisor or department head should notify the appropriate administrator, i.e., Pastor, Principal, or Human Resources (for ACC/Cemeteries employees) of any changes in the employee's return date. Employees not returning to work on the date in the physician's release may be considered to have voluntarily resigned unless other arrangements have previously been made.

Pregnancy Disability Leave

The Archdiocese provides Pregnancy Disability Leave for up to 18 weeks leave per pregnancy for pregnancy related conditions. After completion of Pregnancy Disability Leave, the employee may take Family Care Leave of up to 12 additional weeks to bond with their child.

Employees are eligible for pregnancy disability leave, per pregnancy, at any time after date of hire. There is no eligibility requirement, such as minimum hours worked or length of service, before an employee affected or disabled by pregnancy is eligible for reasonable accommodation, transfer or disability leave.

A woman may take up to 18 weeks leave for pregnancy disability based on the number of days or hours the employee is normally scheduled to work. For example, a full time 40 hour/week employee, 18 weeks is equivalent to (18weeks x 40 hrs/wk) or 720 hours of leave. For a part-time 20 hour/week employee, 18 weeks is equivalent to (18 weeks x 20 hrs/wk) or 360 hours of leave.

Covered pregnancy conditions include pregnancy, childbirth or related medical conditions including, but not limited to, "morning sickness", lactation related medical conditions such as mastitis; gestational diabetes; pregnancy induced hypertension; preeclampsia; post-partum depression; loss or end of pregnancy or recovery from loss or end of pregnancy. Pregnancy disability leave must be certified by a note from their physician or other appropriate health care provider.

Family Care Leave

After completing her pregnancy disability leave, a woman may take up to an additional three months (12 weeks) of Family Care Leave to stay home and bond with her child. Leave to care for the child shall be no more than 12 weeks when taken in conjunction with 18 weeks pregnancy disability leave. Family Care Leave for baby bonding is unpaid, but the employee may use any accrued vacation pay.

Benefits During Pregnancy Disability Leave and Family Care Leave.

An employee is eligible for up to 18 weeks of benefits coverage during Pregnancy Disability Leave and up to 12 additional weeks of benefits coverage during Family Care Leave for a maximum of up to 30 weeks. The employee is responsible for their regular premium cost and must make arrangements with their administrator to pay premiums.

Spouses who are both employed at the same Archdiocesan location are limited to a total of four months Family and Medical Leave for the birth, adoption or foster care of a child, or to care for a seriously ill parent.

Reinstatement after Pregnancy Disability Leave and Family Care Leave

The employee returning from Pregnancy Disability Leave or a combined Pregnancy Disability/Family Care Leave is guaranteed a right to return to the same position, or under certain circumstances, to a comparable position.

Intermittent Leave

Intermittent or reduced leave is permitted if medically necessary for serious health condition of parent, child, spouse, legally domiciled adult, or self as certified by a physician. Only the amount of time the employee takes off can be counted as FMLA leave. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations.

End of Term Leave Requirements for Schools

Instructional employees of Archdiocesan schools may be required to continue taking leave until the end of a school term under the following conditions:

- 1) If leave begins more than five weeks before the end of the term and leave is at least 3 weeks long and return to employment would occur during the 3 week period before end of the term;

- 2) If leave begins less than 5 weeks before the end of the term and leave is more than 2 weeks long and return would occur during the 2 weeks before end of the term;
- 3) If leave begins less than 3 weeks before the end of the term and leave is more than 5 working days and return would occur less than 2 weeks before the end of the term.

Employee Notice Requirement

Employees requesting Family and Medical leave must observe the same call in procedures as for sick time, but in addition to notifying their immediate supervisor, they should contact the appropriate administrator, i.e., Pastor, Principal, or Human Resources (for ACC/Cemeteries employees) to file their request for a leave of absence.

Procedure to Request Leave

Complete the Leave of Absence Request form and submit to supervisor/department head and the appropriate administrator, i.e., Pastor, Principal, or Human Resources (for ACC/Cemeteries employees) for approval at least 30 days in advance of foreseeable leave (i.e., birth of child, adoption) or with as much advance notice as is practicable.

Employees are required to provide certification and periodic recertification supporting the need for the leave. For leave to care for an ill parent, spouse, legally domiciled adult, child or self, provide a written statement from the physician certifying:

- The date on which the serious health condition commenced;
- The duration of condition;
- Appropriate medical facts;
- That the employee is needed to care for the seriously ill individual; or that the employee is unable to perform the functions of the position;
- An estimate of amount of time employee is needed to care for the family member.
- If requesting leave to care for a servicemember (Military Caregiver Leave), you must provide a written statement from a U.S. Department of Defense (DOD) authorized health care provider or Veterans Affairs health care provider confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and requires care.
- In order to return to work, all employees returning from medical leave must present a doctor's note fully releasing them to return to work. If your doctor releases you to return to work with any restrictions, a decision about your return to work will be evaluated

based on the list of essential job duties. You must present the doctor's full release confirming your fitness for duty and ability to perform the essential job functions before you can return to work.

Benefits

While on family and medical leave, an employee's group insurance coverage will continue at the employee's regular premium cost for a period of four months (**16 weeks**).

Exceptions:

Pregnancy Disability Leave and Family Care Leave: An employee is eligible for up to 18 weeks of benefits coverage for pregnancy related disability and up to 12 additional weeks of benefits coverage during Family Care Leave to bond with their child.

Military Caregiver Leave: An employee is eligible for up to 26 weeks benefits coverage while taking Military Caregiver Leave to care for a covered servicemember. Leave maximum is 26 weeks during a single 12 month period.

The employee is responsible for making these premium payments to the appropriate administrator, i.e., Pastor, Principal, or the Insurance Department (for ACC/Cemeteries employees).

According to the Consolidated Omnibus Reconciliation Act (COBRA) if the employee is still disabled or does not return to work after four months, he or she may continue their medical insurance for 18 months, but is responsible for the cost of the entire premium plus an administrative fee. Mail premium payments directly to the health insurance administrators.

Should an employee fail to return after the end of the leave for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle them to FMLA leave or other circumstances beyond their control, the employee may be liable for unpaid portions of insurance premiums.

FMLA Leave is unpaid, but employees may use any accrued vacation or sick time, where applicable, during leave. This paid time off will be counted against your FMLA leave entitlement.

Employees who have elected voluntary disability insurance coverage, may choose to apply for their disability benefit if they are taking a leave of absence for their own illness. Employees receiving disability payments cannot simultaneously receive sick or vacation pay.

Reinstatement

Employees on Family and Medical Leave are assured of reinstatement to their former positions or to jobs of like status and pay upon return to work. Employees absent longer than the leave maximum cannot be assured of return to their positions or similar jobs and may be terminated.

The maximum time normally granted for Family and Medical Leave is four months (up to 16 weeks); Military Care Giver Leave (up to 26 weeks) ; Pregnancy Disability Leave (up to 18 weeks); Family Care Leave (up to 12 weeks); combined Pregnancy Disability Leave and Family Care Leave (up to 30 weeks) .

Employees returning from Pregnancy Disability Leave (18 weeks maximum) or a Pregnancy Disability Leave (18 weeks maximum) combined with a Family Care Leave(12 weeks maximum) are guaranteed a right to return to the same position, or only under certain circumstances, to a comparable position.

Extension of Leave of Absence

Under exceptional circumstances, the appropriate administrator, i.e., Pastor, Principal, or Human Resources (for ACC/Cemeteries employees) may approve written requests for medical leave extension. The feasibility of continuing employment is based on department needs and budget constraints. However, an employee who has exhausted pregnancy disability leave may be entitled to more leave as a reasonable accommodation for pregnancy disability.

MILITARY FAMILY LEAVE

Qualifying Exigency Leave

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation or as a member of the regular Armed Forces and deployed to a foreign country may take a leave of absence to address certain qualifying exigencies which may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, attending post-deployment reintegration briefings, and providing care for a parent of a military member on active duty status. Exigency leave is an additional qualifying reason available to an employee to take a Family and Medical Leave of up to 4 months in a 12 month period as defined by Archdiocesan policy.

An employee requesting a Qualifying Exigency Leave must provide written documentation confirming the military member's active duty status or call to active duty status in support of a contingency operation.

Military Caregiver Leave

Eligible employees may take up to 26 weeks of leave to care for a covered servicemember during a single 12 month period. The employee must be a spouse, son, daughter, parent or next of kin of the covered servicemember. A covered servicemember is a current member of the Armed Forces, *including* a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty that may render the servicemember medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list; or whose pre-existing injury or illness was aggravated in the line of duty while on active duty.

A veteran undergoing medical treatment, recuperation or therapy for a serious injury or illness that was incurred by the veteran in the line of duty on active duty in the Armed Forces or whose pre-existing injury or illness was aggravated in the line of duty while on active duty at any time during the five year period preceding the treatment, recuperation or therapy is also considered a covered servicemember.

An employee requesting Military Caregiver Leave must provide written certification from a health care provider.

MILITARY SPOUSE LEAVE

During a period of military conflict, an employee in a legally recognized relationship with a member of the Armed Forces who has been deployed to a combat zone, or with a member of the National Guard or Reserves who has been deployed, is entitled to take up to 10 days of unpaid leave during the time that the member of the Armed Forces, National Guard or Reserves is on leave from deployment. The employee must be employed for more than 20 hours a week, provide notice at least two business days after receiving official notice of the deployment leave, and submit written documentation certifying that the member of the Armed Forces, National Guard or Reserves is actually on deployment leave during the requested time off.

PERSONAL LEAVE

A Personal Leave is an unpaid leave for personal reasons and should be limited. Leaves of 5 - 30 days require written approval of the supervisor/department head. Personal leaves of more than 30 days require written approval of the appropriate administrator, i.e., Pastor, or Principal Moderator of the Curia (for ACC/Cemeteries employees).

Since personal leave is limited, the employee is assured of reinstatement to the former or similar position only if he or she returns to work within 60 calendar days.

Maximum Length of Personal Leave

The maximum length of a personal leave is four months. The Archdiocese may consider granting a maximum of 12 months for educational purposes.

Payment of Insurance Premiums During Personal Leave

The employee may continue insurance coverage while on approved personal leave of less than four months but is responsible for the entire cost of the premium.

MILITARY SERVICE

The Archdiocese provides leaves of absence without pay for all regular full-time or part-time employees who enter military service for active duty.

If you are returning from military service and meet the eligibility requirements for reemployment as defined by USERRA (The Uniformed Services Employment and Reemployment Rights Act), you will be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

If you are fulfilling a six-year Reserve obligation, the Archdiocese pays the difference between military base pay and your own base pay for two weeks a year. For duty over the paid two weeks, you will be placed on unpaid leave without loss of employment or service time.

BEREAVEMENT

If a death occurs in an employee's immediate family (spouse, parent, spouse's parent, sibling, child, legally domiciled adult, grandparent, spouse's grandparent), the employee may take up to three days' absence with pay. If more than three days are required, the employee may request an unpaid personal leave of absence or take earned vacation time.

WORKERS' COMPENSATION LEAVE

Employees of the Archdiocese are covered under a self-insured plan approved by the state, which guarantees that work-related injuries or illnesses which cause employees to be unable to work are covered under Workers' Compensation.

If an employee is injured on the job and a physician certifies that he or she is unable to perform the essential functions of the job, the employee is eligible for a leave of absence equivalent in length and conditions to Family and Medical Leave.

The Archdiocese will investigate potential accommodations to determine whether a qualified injured worker can perform the essential functions of the job without creating an undue hardship for the Archdiocese or creating a significant risk to the health and safety of the individual or others. Additional information can be obtained by contacting the Human Resources Department.

Revised 2013

Archdiocese of Los Angeles Leave of Absence Request

Form A

Please read the attached Archdiocesan Leave of Absence Policy. 1) Complete all sections of this form and give it to your supervisor, for signature, along with sufficient certification for the leave, (i.e., doctor's note). 2) Please bring the leave request and certification to the appropriate administrator (i.e., Pastor, Principal, or Human Resources for ACC/Cemeteries employees) for review and approval.

Employee Name: _____

Department: _____

Home Phone: _____

Cell Phone _____

Beginning date of absence: _____

Last date of absence: _____

REASON FOR LEAVE REQUEST

I am requesting:

Family and Medical Leave (FMLA) for:

The birth of a child, placement of a child with me for adoption or foster care.

Pregnancy Disability Leave Family Care Leave

My own serious health condition.

To care for my spouse, child, legally domiciled adult or parent due to his/her serious health condition.

Because of a qualifying exigency since my spouse, son, daughter, or parent is on active duty status in support of a contingency operation as a member of the National Guard or Reserves.

Because I am the spouse, son or daughter, parent or next of kin of a covered servicemember or eligible veteran with a serious illness or injury who requires my care.

Personal Leave Reason: _____

Military Leave Military Spouse Leave

Workers' Compensation Leave

ACKNOWLEDGEMENT

I have read and understand the attached Archdiocesan Leave of Absence policy. I understand that if leave eligibility requirements are met and the leave is approved, it is my responsibility to keep my supervisor and appropriate administrator (i.e., Pastor, Principal, or Human Resources for ACC/Cemeteries employees) informed regarding the status of my leave. I also understand it is my responsibility to pay required insurance premiums during my leave as stated in the attached leave policy.

Employee's Signature _____ Date _____

Supervisor's/Department Head's Signature _____ Date _____

Administrator's/Human Resources Representative's Signature _____ Date _____

Revised 2013

Form B

Archdiocese of Los Angeles

Family and Medical Leave Notice of Eligibility and Rights and Responsibilities Notice

Employee's Name _____ **Location** _____ **Date** _____

A. Notice of Eligibility

Regular full-time and regular part-time employees who are regularly scheduled to work at least 20 hours/week in any job classification and have been employed by the Archdiocese at any Archdiocesan location for at least 12 months preceding the leave are eligible for FMLA leave.

We received your request (attached) to take leave from _____ to _____ and determined that:

- You are eligible for FMLA leave. (See Part B for Rights and Responsibilities.)
- You are eligible to take FMLA, but must provide the following documentation : _____

- You are not eligible for FMLA leave because (only one reason need be checked):
 - You have not met the FMLA's 12 month length of service requirement. As of the first date of requested leave, you will have worked approximately ___ months toward this requirement.
 - You are not regularly scheduled to work at least 20 hours/week as required by Archdiocesan leave of absence policy.
 - You have already taken the maximum leave allowable within the last 12 months.

B. Rights and Responsibilities for Taking FMLA Leave

If your request qualifies as FMLA leave, you will have the rights and responsibilities detailed in the attached Archdiocesan Leave of Absence Policy including:

- Archdiocesan policy provides that if you are eligible for leave, you may have up to 4 months (16 weeks) unpaid leave in a 12 month period. The 12 month period is measured forward from the date your FMLA leave begins, with the following exceptions:

Revised 2013

Rights and Responsibilities Notice for Taking FMLA Leave (Continued) Form B – Page 2

- Military Caregiver Leave: You may take up to 26 weeks unpaid leave, in a single 12 month period to care for a covered servicemember with a serious illness or injury.
- Pregnancy Disability Leave: You may take up to 18 weeks leave per pregnancy for pregnancy related conditions. In addition to pregnancy disability leave, you may take up to 12 weeks of Family Care Leave.
- You will be required to provide updated doctor's notes or other appropriate certifications as needed and to let your supervisor know of any changes anticipated in your leave status.
- Your group insurance coverage will continue at your regular premium cost (employee portion) for a period of four months, but you must make arrangement with the appropriate administrator at your location to make your premium payments.
- Should you fail to return after the end of the leave for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA leave or other circumstances beyond your control, you may be liable for unpaid portions of insurance premiums.
- While FMLA is unpaid leave, you may use available sick or vacation pay, where applicable, during your FMLA leave, but this paid time off will counted as FMLA leave. Please refer to the sick and vacation policy for your parish, school or ACC/Cemeteries for details.
- Employees who have elected voluntary disability insurance coverage, may choose to apply for their disability benefit if they are taking a leave of absence for their own illness.
- Employees receiving disability payments cannot simultaneously receive sick or vacation pay.
- You must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment upon your return, provided you return within the 4 month (16 weeks) maximum allowed for a leave of absence; or within the 26 weeks maximum allowed for Military Caregiver leave.

Eligibility Authorized by: _____ Title: _____

Location: _____ Date: _____

Form C

Archdiocese of Los Angeles

Family and Medical Leave Designation Notice

Employee's Name _____ Location _____ Date _____

We have reviewed your leave of absence request that you provided on _____(date) and decided that:

— **Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

- If you take leave, as requested, from _____(date) to _____(date), then _____ (hours, days, weeks, or months) will be counted against the maximum FMLA leave available to you. Please advise your supervisor of any changes in your scheduled leave dates.
- You may use paid leave (vacation, sick pay) or apply for disability benefits, where applicable per Archdiocesan leave policy, but this paid leave will count against your FMLA leave entitlement.
- In order to return to work, all employees returning from medical leave must present a doctor's note fully releasing them to return to work. If your doctor releases you to return to work **with any restrictions**, a decision about your return to work will be evaluated based on the list of essential job duties. You must present the doctor's full release confirming your fitness for duty and ability to perform the essential job functions before you can return to work.

— **Additional information is needed to determine if your FMLA request can be approved, specifically:** _____.

— **Your FMLA Leave Request is not approved because:**

- The FMLA does not apply to your leave request.
- You have exhausted all FMLA leave available to you within the last 12 months.

Designation Authorized by: _____ Title: _____

Location: _____ Date: _____

Revised 2013