



Conditional Family Leave Notification

It is State of Alaska policy to invoke family leave for all qualifying conditions. The supervisor or designee is responsible for initially identifying a qualifying condition and for notifying an employee of his/her conditional family leave entitlement.

Employee Name _____ Employee ID _____ Dept _____

A. Information obtained from:

Employee Certification of Health Care Provider (if available)
Employee's spokesperson

B. Leave is requested for:

Employee's serious health condition Birth of or placement for adoption of a child (Skip to H)
Employee's spouse, child or parent's serious health condition Placement for foster care of a child (Skip to H)
Qualifying military exigency (Skip to H) Pregnancy (Skip to H)
Covered servicemember's serious illness or injury (Skip to H)

C. What is the Condition? _____

D. Identify the basis for determining the serious health condition:

Hospital Care (Inpatient) Absence Plus Treatment
Pregnancy/Prenatal Chronic Conditions Requiring Treatment
Permanent/Long-term Conditions Requiring Treatment Multiple Treatments (Non-Chronic Conditions)
Unknown

E. Does the employee or an employee's family member's condition(s) require the employee to be absent from work due to treatment or incapacity? Yes (Check Treatment or Incapacity) No Unknown

Treatment - The employee must be absent from work for intermittent, part-time, or a regimen of treatment.
Incapacity - The employee must be absent from work due to incapacity or episodes of incapacity or need to work on an intermittent or reduced schedule.

F. Light Duty: The employee's health care provider has certified that the employee is able to perform light duty; the appointing authority has determined the light duty is available; and the employee has volunteered to perform the light duty.

Estimated duration of temporary light duty assignment: _____

G. Fitness for Duty: When the Supervisor/Designee believes a fitness for duty report is necessary prior to the employee returning to work, the Supervisor/Designee must contact their agency Human Resource Office for a final determination.

H. Determination:

As the Supervisor/Designee, I have conditionally invoked family leave for this employee as of (Date) _____ pending receipt and/or review of the "Certification of Health Care Provider" (CHCP) form (or applicable military form) by Payroll Services of the Division of Personnel & Labor Relations. A copy of this notification and the family leave packet (or military family leave packet) was supplied to the employee on (Date) _____. Payroll Services will determine if employee meets employment thresholds, which are required to qualify for family leave. It is understood that a final determination requires the receipt of a completed CHCP form (or applicable military form). Payroll Services will provide final determination notification to the employee and to the supervisor.

Note: Employee must return the CHCP (or applicable military form) to the Payroll Services office within 15 days of the distribution date.

Comments if any: _____

Supervisor/Designee Signature _____ Date _____

Supervisor/Designee Printed Name _____ Telephone _____

Promptly send this form with any attachments to Payroll Services. Please contact the Payroll Services office with any questions. (Contact numbers available at: http://doa.alaska.gov/dop/fileadmin/Payroll/pdf/PayrollContactList.pdf)

Distribution: Original: Employee Copy: Payroll Services

Note - Definitions are located on the reverse of the Certification of Health Care Provider form.



YOUR RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993 and ALASKA FAMILY LEAVE ACT OF 1992

THE FAMILY AND MEDICAL LEAVE ACT (FMLA) requires covered employers to provide up to 12 weeks in a 12 month period of paid or unpaid, job-protected leave to eligible employees for qualifying family and medical reasons (the State of Alaska is a covered employer). Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles (see the policy below concerning the number of employees within a given radius).

THE ALASKA FAMILY LEAVE ACT (AFLA) requires covered public employers to provide up to 18 weeks in a 12 or 24 month period of paid or unpaid, job-protected leave to eligible employees for qualifying family and medical reasons. Employees are eligible if they have been employed by a covered employer for at least 35 hours a week for at least six consecutive months or for at least 17.5 hours a week for at least 12 consecutive months immediately preceding the leave, and if there have been at least 21 employees within 50 road miles during any period of 20 consecutive workweeks in the preceding two calendar years (see the policy below concerning the number of employees within a given radius).

MILITARY FAMILY LEAVE (MFL) is a FMLA amendment, which includes 2008 and 2010 provisions, that has the same eligibility requirements and job protection provided by FMLA. This amendment allows an employee to take up to 12 weeks of leave in a 12 month period for "any qualifying exigency" of a military member who is on covered active duty and is a qualified family member. This amendment also allows an employee to take up to 26 weeks of leave in a 12 month period to care for a covered servicemember (qualified family member) recovering from a serious illness or injury sustained in the line of duty while on active duty. A "covered servicemember" is defined as a member in the Armed Forces (including the National Guard or Reserves) or a veteran who was active in the Armed Forces within the last five years.

POLICY: The State of Alaska has elected to substitute paid leave for unpaid leave for use in a family leave qualifying condition when it is available to the employee through accruals, donations, or other means authorized by collective bargaining agreements or state statutes. The State of Alaska has chosen to have the 12 or 24 month family leave entitlement start when an employee first takes leave for the qualifying condition. The State of Alaska has adopted a more generous policy that allows employees who meet the employment and hours worked thresholds to be eligible for family leave regardless of the number of employees within a given radius.

REASONS FOR TAKING LEAVE: Either or both of these leave entitlements require an absence to be granted for any of the following reasons:

- ° to care for the employee's child after birth, or placement for adoption or foster care; or
- ° to care for the employee's spouse, son or daughter, or parent (in-law, step, or who stood in loco parentis) who has a serious health condition; or
- ° for a serious health condition that requires the employee to be absent from the employee's job; or
- ° for an employee whose family member is a military member who has a qualifying exigency or a serious illness or injury.

ADVANCE NOTICE AND MEDICAL CERTIFICATION: The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- ° The employee ordinarily must provide 30 days advance notice when the leave is foreseeable (notification can be provided by a family member or spokesperson when necessary).
- ° When leave is not foreseeable, the employee must provide notice as soon as reasonably possible.
- ° An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense), periodic updates, and/or a fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION:

- ° For the duration of FMLA leave, the employer must maintain the employee's health coverage under any group plan. There is no similar requirement under AFLA.
- ° Upon return from FMLA or AFLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- ° For the use of family leave, an employee cannot realize the loss of any employment benefit that accrued prior to the start of an employee's leave.



THE STATE
of **ALASKA**

Department of Administration

DIVISION OF PERSONNEL AND LABOR RELATIONS

PAYROLL SERVICES

801 W. 10th Street, Suite B
Juneau, Alaska 99801

OR

550 W. 7th Avenue, Suite 1660
Anchorage, AK 99501

EMPLOYEE RESPONSIBILITIES:

- ° When medical certification is required, the employee must return the completed form to Payroll Services within 15 days of receiving notice from employer. If the certification is not received, the employee may be denied coverage under the family leave acts.
- ° The employee is responsible for their portion of premium payments for health insurance and other optional benefits. Premiums are taken as payroll deductions but if funds become insufficient the employee will need to make arrangements to pay premiums.
Note: Certain optional benefits will stop if there are insufficient funds for payroll deductions. Contact Payroll Services for more information.
- ° When an employee takes leave, associated with the covered condition(s), notification must be given to the supervisor and "family leave" must be noted on the leave slip.
- ° The employee must follow the agency's leave notification requirements including established call-in procedures.
- ° All leave designated as family leave will count against the employee's family leave entitlements.
- ° When a fitness for duty report is required, it must be provided as requested prior to the employee returning to work.
- ° With rare exception, an employee who does not return to work for at least 30 days will be required to reimburse the State of Alaska's portion of the health insurance premiums for the period of time the employee was on family leave.

UNLAWFUL ACTS BY EMPLOYERS: The Family Leave Acts makes it unlawful for any employer to:

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

ENFORCEMENT:

- ° Employees covered by a collective bargaining agreement may follow the complaint procedure set out in their respective agreements.
- ° The U.S. Department of Labor is authorized to investigate and resolve complaints of violations of FMLA. The Alaska Department of Labor is authorized to investigate and resolve complaints of violations of AFLA.
- ° An eligible employee may bring civil action against an employer for violations of either family leave Act. The Acts do 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.

FOR ADDITIONAL INFORMATION: Contact your agency Human Resource Office, Payroll Services or the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

Links to Additional Information:

- ° Payroll Services Contact List - <http://doa.alaska.gov/dop/fileadmin/Payroll/pdf/PayrollContactList.pdf>
- ° Family Leave Information for State of Alaska Employees – <http://doa.alaska.gov/dop/Payroll/familyLeave/>



Certification of Health Care Provider

Section A: Employee/Patient Information

Employee's Name (Last, First, MI):		Patient's Name:	Relationship of Patient to Employee: Self Parent Spouse Dependent Child (Child's Age)	
Employee's Dept:		List any relative working in same dept and the relationship to employee:		
<p>To be completed by person needing family leave to care for a family member. Attach a description of the care to be provided and estimate the time period for which it will be necessary, including a schedule if leave will be taken intermittently or on reduced leave schedule.</p> <p>Signature of Employee: _____ Work #: _____ Home #: _____ Date: _____</p> <p>Release of Medical Information: I authorize the release of any medical information necessary to provide the information requested on this form.</p> <p>Signature of Patient: _____ Date: _____</p>				

Section B: Completed by Health Care Provider

1. Indicate the appropriate category of Serious Health Condition: a. Hospital Care (definitions on reverse of form) b. Absence Plus Treatment c. Pregnancy/Prenatal d. Chronic Conditions Requiring Treatment e. Permanent/Long-term Conditions Requiring Treatment f. Multiple Treatments (Non-Chronic Conditions)	2. Please describe the medical facts supporting your certification:
4a. Date condition commenced and probable duration:	4b. Date(s) of patient's present incapacity (if different from 4a):
5. NOTE: Please indicate type of absence requested: Continuous: give duration of time off work: _____ Intermittent/Reduced Schedule: please estimate episodic absences based upon patient's past history: Frequency of episodes: _____ Duration of episodes: _____	
6. Prescribed treatment regimen and schedule: Office visits: # _____ per _____ Surgery (date): _____ Therapy visits: # _____ per _____ Procedure (type/date): _____ Prescription medication: _____ Other treatments (type/dates): _____ Referral to other providers (who) _____	

EMPLOYEE'S OWN SERIOUS HEALTH CONDITION:

7. Is in-patient hospitalization of the employee required? Yes No (give dates) _____	8. Is employee able to perform work of any kind? Yes No
9a. Is employee able to perform the functions of employee's position? Yes No	
9b. If not, please describe employee's restrictions (include need for reduced work schedule) and their duration: Restrictions: Duration: _____	

FAMILY MEMBER'S SERIOUS HEALTH CONDITION:

10. Will the patient require assistance for basic medical, hygiene, nutritional, safety or transportation needs? Yes No
11. After review of the employee's signed statement above, is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) Yes No
12. Estimate the period of time care is needed or the employee's presence would be beneficial to care for the patient.

Type of Practice (Field of specialization, if any):	Address of Health Care Provider:
Print name of Health Care Provider:	Office Telephone #:
Health Care Provider Signature:	Date Signed:

Family and Medical Leave Information Sheet

For purposes of family leave, "**serious health condition**" means an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

1. **Hospital Care/Inpatient Care** ¹

An overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. **Absence Plus Treatment**

A period of incapacity of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- (1) **Treatment** ² **two or more times** within 30 days of the first day of incapacity by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; *or*
- (2) **One visit for treatment** by a health care provider which results in a **regimen of continuing treatment** ³ **under the supervision of the health care provider.**

3. **Pregnancy/Prenatal Care**

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. **Chronic Conditions Requiring Treatments**

A **chronic condition** which:

- (1) Requires **at least two visits annually** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a significant underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

5. **Permanent/Long-Term Conditions Requiring Supervision**

A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. **Multiple Treatments (Non-Chronic Conditions)**

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

For purposes of family leave, **Incapacity** means a period of incapacity (i.e., inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.)

Light Duty is defined as a temporary modification or elimination of one or more of the essential function(s) of the position. (For questions, please contact your Agency Human Resource Office.)

Notice to Medical Provider: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member, except as specifically allowed by this law. To comply with this law, the State of Alaska, as an employer, asks that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

¹ Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking family leave.

² Treatment includes examination to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

³ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, or bed-rest, drinking fluids, exercise, or other similar activities that can be initiated without a visit to a health care provider.