



**FAMILY MEDICAL LEAVE ACT (FMLA)
INFORMATION AND LEAVE REQUEST PACKET**

Dear Team member,

Please review the information contained in this packet for eligibility, requirements, and options. Please return the completed packet to Human Resources:

Fax: 225-456-2300

Or

Email: mnelson@coreoccupational.com

Once the completed Leave Request Packet has been received, Human Resources will contact you regarding your leave request, your eligibility, the required documentation needed, and your options under FMLA and send you the appropriate documents to be completed by you and your physician.

If you should have any questions or concerns, please contact a Human Resources representative at 225-456-2243.

Sincerely,

Human Resources

Please read the following formation regarding FMLA and CORE's policy regarding Leave. Please complete the Leave Request Form located on the last page of this packet and return to Human Resources.

CORE Family Medical Leave Act (FMLA) Policy

Eligibility

To be eligible for leave, you must be employed by the Company for at least 12 months. In addition, in the 12 months immediately preceding the beginning of the leave, you must have worked at least 1,250 hours to qualify for federal FMLA. In addition, you must work in an office or work site where 50 or more employees are employed within 75 miles of that office or work site.

Amount of Leave Available

As stated above, eligible employees are generally eligible for *up to* a total of 12 weeks of protected leave within a rolling twelve-month period, measured backward from the date an employee uses any Federal leave for any combination of reasons.

Under the federal FMLA, spouses employed by the Company are jointly entitled to a combined total of 12 weeks of family leave for the birth or placement of a child for adoption or foster care, and to care for a parent who has a serious health condition. (The federal FMLA does not cover care for a parent-in-law.)

Types of Leave Available

Birth or Placement for Adoption or Foster Care: Family leave is available to eligible male and female employees for the birth of a child or for placement of a child with the employee for purposes of adoption or foster care. Federal leave must be completed within 12 months of the birth or placement.

Non-continuous leave. Federal leave may not be taken intermittently. See below for more details on intermittent leave.

Certification process. The need for leave must be documented by your treating healthcare provider through our medical certification process (see below) or documented proof of placement of a child.

Serious Health Condition of Employee: If, as an eligible employee, you experience a *serious health condition* as defined by federal law, you may take medical leave under this policy (see "Definitions" for the definition of serious health condition). A serious health condition generally occurs when you:

- Receive inpatient care in a hospital, hospice or nursing home;
- Suffer a period of disability accompanied by continuing outpatient treatment/care by a healthcare provider; or Have a history of a chronic condition that may cause episodes of disability

Non-continuous leave. Medical leave may be taken all at once or, when medically necessary, intermittently (see below).

Certification process. The need for leave must be documented by your treating healthcare provider through our medical certification process (see below).

Fitness-for-duty statement. A fitness-for-duty statement will be required in order for you to return from a medical leave. Failure to provide the statement will result in a delay in the return to work.

Section: Time Away From Work Federal Family and Medical Leave

Serious Health Condition of Immediate Family Member: If, as an eligible employee, you need family leave in order to care for your son, daughter, spouse or parent who experiences a serious health condition as defined by federal law (see “Definitions” for definitions of child, spouse, parent and serious health condition), you may take medical leave under this policy.

Non-continuous leave. Medical leave may be taken all at once or, when medically necessary, intermittently (see below).

Certification process. The need for leave must be documented by the family member’s treating healthcare provider through our medical certification process (see below).

Notifying the Company of the Need for Family or Medical Leave

Generally, an application for leave must be completed for all leave taken under this policy. The need to take non-emergency leave should generally be requested from the Human Resources department at least 30 days, or as soon as practicable, in advance of the need. In cases of emergency, verbal notice should be given as soon as possible (or by your representative if you are incapacitated), and the application form should be completed as soon as practicable. Failure to provide adequate notice may, in the case of foreseeable leave, result in a delay or denial of the leave. It is your responsibility to notify your manager and Human Resources of absences that may be covered by FMLA.

You must provide sufficient information regarding the reason for an absence for the Company to know that protection may exist under this policy. Failure to provide this information within two working days of your return to work will result in forfeiture of rights under this policy. This means the absence may then be counted against your record for purposes of discipline for attendance, etc.

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Medical Certification Process

In addition to an application for leave, you will be required to complete a medical certification form where leave is for a family member's or your own serious health condition. The certification form needs to be signed by the health care provider. The short-term disability certification may be sufficient where the information required is duplicative. These forms are available from Human Resources. Second or third certifications from health care providers and periodic re-certification at the Company's and/or your expense may be required under certain circumstances.

We may also require periodic reports during federal FMLA leave regarding your status and intent to return to work.

Substituting Paid Leave for Unpaid Leave

Federal FMLA leave is unpaid. The Company requires you to substitute vacation days according to the schedule below. You may also choose to substitute additional paid or unpaid leave that you have accrued.

<u>Eligible Vacation Remaining</u>	<u>Required Substitution</u>
Less than 5 days	None
5-8 days	3 days
9-12 days	5 days
13-16 days	7 days
17-20 days	9 days

When an employee is absent due to a work-related illness or injury that meets the definition of a serious health condition, the absence will be counted against the employee's entitlement under this policy. In other words, the employee is using FMLA leave concurrently with the workers' compensation absence. An employee is not required to substitute paid time off for an absence covered under workers' compensation.

You may be paid for all or part of a medical leave to the extent you are eligible for benefits such as short-term disability.

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Non-Continuos Leave

Intermittent and/or reduced leave will be permitted only when it is medically necessary as explained above. In all cases, the total amount of leave taken in a calendar year should not exceed your total allotment as defined earlier in this policy.

Intermittent and reduced schedule leave must be scheduled with minimal disruption to an employee's job. To the extent an employee or immediate family member has control, medical appointments and treatments related to an employee's or immediate family member's serious health condition should be scheduled outside of working hours or at such times that allow for a minimal amount of time away from work.

If you request non-continuous federal FMLA leave which is foreseeable based on planned medical treatment for purposes of providing care to a child, spouse or parent with a serious health condition or for your own serious health condition, you may be required to transfer temporarily to an available alternative position offered by the Company for which you are qualified and which better accommodates recurring periods of leave than your regular employment position. You will be entitled to equivalent pay and benefits, but will not necessarily be assigned the same duties in the alternative position.

Benefit Continuation During Leave

The Company will maintain group health insurance coverage and other employment benefits (such as group life insurance, AD&D, health and dependent flexible spending accounts, etc.) for you while on FMLA leave whenever such insurance was provided to you before the leave was taken and on the same terms as if you had continued to work. You will be required to pay your regular portion of insurance premiums – contact Human Resources for an explanation of your options.

Benefits that are accumulated based upon hours worked shall not accumulate during the period of FMLA leave.

In some instances, the Company may recover premiums it paid to maintain health insurance coverage for an employee who fails to return to work from FMLA leave.

Returning to Work

If the reason for FMLA leave is for your own serious health condition, you will be required to present a Fitness-For-Duty certification immediately upon return to work.

If you wish to return to work before the scheduled expiration of an FMLA leave, you must notify the Company of the changing circumstances as soon as possible but no later than two working days prior to your desired return date.

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An employee who fails to return to work immediately after the expiration of the leave period will be considered to have voluntarily terminated his/her employment.

Rights Upon Return From Leave

Upon return from Family or Medical Leave, you will be returned to the position you held immediately prior to the leave if the position is vacant. Certain exceptions exist for Key Employees as defined by law. If the position is not vacant, you will be placed in an equivalent employment position with equivalent pay, benefits, and other terms and conditions of employment. If you exhaust all leave under this policy and are still unable to return to work, your situation will be reviewed to determine what rights and protections might exist under other Company policies.

The law provides that an employee has no greater rights upon a return from leave than the employee would have if the employee had continued to work. Therefore, you may be affected by a layoff, termination or other job change if the action would have occurred had you remained actively at work.

If you do not qualify for the types of leave described in this policy, we may approve a personal leave of absence, depending on your circumstances. Except where mandated by law, we cannot guarantee that benefits will continue or that your position will remain open in your absence.

This policy provides an introduction to the rights and provisions of the federal FMLA. Questions you may have about this law should be directed to Human Resources.

Definitions

“Spouse”

A husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides.

“Parent”

A biological parent or an individual who provides or provided day-to-day care and financial support to the employee when the employee was a child. This includes foster parent, adoptive parent, step-parent, and legal guardian. Parent does not mean a parent-in-law.

“Child”

A biological, adopted or foster child, stepchild, legal ward, or under the federal FMLA, the child of a person having day-to-day care and financial responsibility for the child. Child includes a person 18 years of age or older who is incapable of self-care because of a mental or physical disability.

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“Incapable of self care”

The child requires active assistance or supervision to provide daily self care in three or more “activities of daily living,” or “instrumental activities of daily living,” including adaptive activities such as caring appropriately for one’s grooming and hygiene, bathing, dressing, eating, or instrumental activities such as shopping, taking public transportation, maintaining a residence, etc.

“Physical or mental disability”

A physical or mental impairment that substantially limits one or more major life activities of the individual.

“Serious Health Condition”

Illness, injury, impairment or physical or mental condition that involves:

- Inpatient care in a hospital, hospice or residential medical care facility
- 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 two or more times by or under the orders of a health care provider; or 2) treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a health care provider
- Any incapacity due to pregnancy or for prenatal care
- Chronic conditions requiring periodic treatment by or under the supervision of a health care provider which continue over an extended period of time and may cause an episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- Permanent/long-term conditions requiring supervision for which treatment may not be effective (e.g., Alzheimer’s, a severe stroke, or the terminal stages of a disease)

Multiple treatments by or under the supervision of 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 calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy), severe arthritis (physical therapy) or kidney disease (dialysis).

CORE OCCUPATIONAL MEDICINE

Leave Request Form

Please use this form to request any extended personal or sick leave. This includes Family Medical Leave Act (FMLA) eligible time. Once complete, please discuss with your current supervisor and return to Human Resources (mnelson@coreoccupational.com or fax 225-456-2300).

Employee Information:

Employee Name: _____ Division: _____

Phone: _____ Address: _____

Job Title: _____ Status(FT/PT): _____

Hire Date: _____ Supervisor: _____

Leave Information:

What type of Leave are you requesting?

FMLA (up to 12 continuous weeks): _____ Intermittent FMLA (12 calendar months): _____

Military Leave: _____ Personal Leave Self: _____ Personal Leave Family: _____

Leave Start Date: (estimated): _____ Leave End Date (Estimated): _____

Reason for Leave: _____

What Happens Next?

Human Resources will review your request and send the appropriate paperwork to you and your supervisor in accordance with applicable law. You will then have 15 days from the date you receive the leave documents to return them to Human Resources. If you have any questions or concerns, please contact Human Resources at 225-456-2243 or by email at mnelson@coreoccupational.com.