



GENERAL POLICE ORDER CLEVELAND DIVISION OF POLICE



ORIGINAL EFFECTIVE DATE: January 1, 2006	REVISED DATE: March 14, 2013	NO. PAGES: 1 of 5	NUMBER: 1.3.25
SUBJECT: <p style="text-align: center;">FAMILY MEDICAL LEAVE ACT (FMLA)</p>			
ASSOCIATED MANUAL: BUREAU OF SUPPORT SERVICES		RELATED ORDERS: 1.1.13, 1.3.06, 1.3.24	
CHIEF OF POLICE: <p style="text-align: center;"><i>Michael McGrath, Chief</i></p>			

This General Police Order has been revised in its entirety

PURPOSE: To establish guidelines for Family Medical Leave (FMLA) utilization for eligible employees.

POLICY: The Cleveland Division of Police shall administer FMLA in compliance with the U.S. Department of Labor, collective bargaining agreements, and the City of Cleveland Personnel Policies.

A member is eligible for FMLA only if the member has:

1. Worked for the City of Cleveland for one (1) year.
2. Worked 1,250 hours in the past rolling 12 months.
3. Submitted his/her request in a reasonable and practical time.
4. A serious health condition as determined by the Department of Human Resources (City Hall).
5. Completed and returned the required follow-up paperwork.

DEFINITIONS:

FMLA: The use of up to 480 hours or 12 weeks of job protected leave in a rolling 12 month period for personal **serious health condition** or immediate family member’s **serious health condition**.

Military Qualifying Exigency Leave: The use of up to 12 weeks of job protected leave in a 12 month period because of a “qualifying exigency” arising out of the fact that an immediate family member is on active duty due to a “military call up.”

Service Member Family Leave: The use of up to 26 weeks of job protected leave in a 12 month period to provide care for an injured service member who is an immediate family member.

FMLA Immediate family member: spouse, child, or parent. The Federal FMLA policy does not recognize domestic partners as immediate family members.

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PROCEDURES:

I. Requesting FMLA

- A. Submit requests 30 days or more in advance of requested time if the event is foreseeable.
- B. If the event is not foreseeable (emergency) submit the request within a reasonable time, no later than 30 days after event.
- C. A member requesting use of FMLA shall:
 - 1. Complete the Cleveland Division of Police pre-structured Form-1 (Attachment A).
 - 2. Complete the City of Cleveland Leave of Absence Form.
 - a. A-10-1 for self (Attachment B).
 - b. A-10-8 for family member (Attachment C).
 - 3. Have both forms reviewed and signed by a supervisor.
 - 4. Deliver in person or send through inter-office mail, the pre-structured Form-1 and Leave of Absence Form to the Medical Unit.
- D. The Medical Unit will complete the Federal 381 form to determine FMLA eligibility and return the 381 form to the member.
- E. If the member is eligible, the member will receive one of the following Federal medical documentation forms to be completed by the treating physician or military personnel:
 - 1. Certification of Health Care provider for Employee's Serious Health Condition (WH-380-E)
 - 2. Certification of Health Care provider for Family Member's Serious Health Condition (WH-380-F)

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3. Certification of Qualifying Exigency for Military Family Leave (WH-384)

4. Certification for Serious Injury or Illness of Covered Service member for Military Family Leave (WH-385)

F. Once the certification form is completed by the appropriate provider the member shall forward all forms together in one sealed envelope directly to the Medical Unit or deliver the forms to the Medical Unit.

G. The Medical Unit will scan the original form and send the form directly to the City of Cleveland Human Resources Department located at City Hall. The original request will stay in the Medical Unit file.

H. The City of Cleveland Human Resources Department will approve, not approve, or request further information from the member. All correspondence will take place through the member's home address.

I. The member's commander and the Medical Unit will also receive a final copy of the approval or denial.

J. The time used for FMLA shall be deducted in the following order: sick time, furlough time, personal holidays and lastly, compensatory time.

K. If the member is not eligible, the Federal 381 will be returned indicating no eligibility and no other paperwork will be included.

II. Reporting Procedures: Continuous FMLA

A. A member approved for FMLA shall report off to their immediate supervisor using FMLA as the reason on the disability report (not Family Rule).

B. If a member uses the Family Rule or Sick Leave on the disability report, the member will not be protected by FMLA with the Quarterly Review.

C. Upon being cleared by the Medical Unit to return to duty from continuous FMLA, the member shall report directly to the Personnel Unit.

1. The Personnel Unit will make a copy of the Return to Duty from Sick form and complete the necessary closing paperwork.

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2. If the member fails to report to the Medical Unit and the Personnel Unit, the member's longevity, clothing maintenance, and wage increases will be withheld until the member has been properly returned from FMLA.

III. Reporting Procedures: Intermittent FMLA

- A. Members may apply for intermittent FMLA for:
 1. Therapy, treatment, and appointments for a personal **serious health condition**.
 2. To assist immediate family members with follow up therapy, treatment, or appointment for a **serious health condition**.
- B. Intermittent FMLA shall have an end date of not more than one year from the start of the intermittent FMLA. Indefinite or undetermined is not acceptable.
- C. The member shall meet with their designated supervisor to discuss scheduling appointments and treatments to minimize disruptions to operations where practicable. The member is required to advise the supervisor of the physical therapy/treatment/appointments once scheduled; at least two weeks notification is required for intermittent use of FMLA when scheduling a doctor's appointment.
- D. Members may request intermittent FMLA by following the same procedures as directed in Section I.
- E. Members shall use "FMLA" on the disability report form C of C #70-2 when reporting off for a complete tour or less than a complete tour.
- F. Members shall return to work from intermittent FMLA by:
 1. Being returned by member's immediate supervisor using the Return to Duty from Sick form.
 2. Reporting to the Medical Unit if required by the Division's sick return policy or a supervisor.

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IV. FMLA Returns

- A. When **approved** FMLA is for a personal health condition of more than 3 continuous days, members must report to the Medical Unit to be cleared by the Medical Director.
- B. When **approved intermittent** FMLA is for an immediate family member's serious health condition, the member may be returned by a supervisor.
- C. In all cases of **approved continuous** FMLA, members shall report to the Medical Unit and the Personnel Unit before returning to duty.

V. Members are prohibited from engaging in secondary employment while on FMLA.

VI. Officers who have exceeded 60 calendar days on the sick list shall be detailed to the Medical Unit on extended illness status on the first day of the next month.

VII. FMLA shall not extend beyond 12 weeks during any 12 month rolling period or beyond 26 weeks for the Serious Injury Military Family Leave in a 12 month period.