6.05 FAMILY MEDICAL LEAVE

General

It is the policy of the City of Portland, and in accordance with federal and state law, to grant family medical leave to eligible employees. Generally, eligible employees are entitled up to 12 weeks of unpaid leave of absence per calendar year except as noted below under "special circumstances." Federal and state laws protect an employee against loss of employment for reasons related to the leave and, in some cases, against loss of insurance coverage in the event an employee must be absent from the workplace due to his or her own serious health condition or the serious health condition of a family member. The law guarantees a maximum amount of time off which is either paid or unpaid depending upon available unused leave accruals.

Eligibility for Family Medical Leave

Federal Law (Family Medical Leave Act) (FMLA)
Employee must have worked for the City of Portland at least twelve (12) months (not necessarily consecutive months) and have been employed for at least 1250 hours during the 12-month period immediately preceding the leave.

State Law (Oregon Family Leave Act) (OFLA)
Employee must have been employed by the City for at least 180 days immediately preceding the leave and have been employed for an average of at least 25 hours per week during the 180 days immediately preceding the leave to qualify for family medical leave. Employees taking leave to care for a newborn, adopted, or newly placed foster child only have to meet the 180-day employment requirement (regardless of the number of hours worked).

In determining the 12 calendar months and 180 calendar days, the supervisor must count the number of days an employee has been on the payroll, including all paid and unpaid time. The 1250 hours and 25 hours per week minimums are based on actual hours worked.

Reasons for Family Leave

Federal/State Laws
An employee may qualify for Family Medical Leave under federal and/or state law for the following reasons:

- The addition of a child to a family through birth, adoption, or placement by foster care (parental leave).
- The employee's own serious health condition which prevents the employee from performing his or her job. This includes pregnancy-related disability
- and absences from work due to prenatal care. See attachment for definition of a serious health condition.

- The employee must care for a family member with a “serious health condition.” A spouse, domestic partner, child (whether or not the employee is the custodial parent), parent, parent-in-law (including the parent of a same-sex domestic partner), or biological, adopted or foster child (or person with whom the employee has or had an in loco parentis relationship) is a family member for purposes of this rule.

- To care for a minor child who is ill and requires home care (but does not have a serious health condition), provided another family member is not available to care for the child. (Sick Child Leave)

Family leave to care for a parent-in-law with a serious health condition or a minor child who is ill and requires home care but does not have a serious health condition, is covered only by the state family medical leave law (OFLA).

Special Circumstances

In addition to 12-weeks of family medical leave, female employees may qualify for an additional 12 weeks of leave for an illness, injury or condition related to pregnancy or childbirth that disables the employee. Employees of either sex who take parental leave are entitled to an additional 12 weeks of sick child leave (provided they use up their full 12 weeks of parental leave).

If two family members work for the City, they may take family leave (including parental leave) at the same time unless both work for the same Bureau. Under that circumstance, the employees may not take family medical leave (including parental leave) at the same time unless:

1. Approved by the Bureau Director; or

2. in situations where one employee needs to care for the other employee with a serious health condition; or

3. one employee is needed to care for a child with a serious health condition and the other employee is suffering from a serious health condition.

Domestic Partners

For purposes of Family Medical Leave, the City agrees "spouse" includes "domestic partner." Employees must file a Statement of Domestic Partnership for Non-Health Benefits in their employment file in order to take Family Medical Leave due to a serious health condition for a domestic partner. The City of Portland recognizes both same sex and heterosexual domestic partnerships.

Use of Sick Leave and Qualifying Family Medical Leave Conditions

If an employee has not previously requested Family Medical Leave but has been absent due to illness or injury for more than three (3) consecutive workdays, the employer must inquire into the reason for the use of sick leave in order to determine if an employee's leave qualifies under FMLA or OFLA leave provisions. Examples of appropriate questions to ask to determine if absence qualifies under the leave acts include: "Is this a serious or chronic condition or a condition related to pregnancy?" or "Have you obtained medical treatment?" The “three day rule” does not apply to intermittent absences that qualify an employee for family medical leave such as

pregnancy disability, absences for prenatal care, absences for chronic conditions or absences for multiple treatments.

Process for Taking and Receiving Family Leave

Employees who take family medical leave must fill out a Family Medical Leave of Absence Application Form and provide it to their supervisor or responsible administrator in accordance with the notification requirement in this rule. The request must include enough information to make the supervisor or administrator aware that the employee needs or is seeking Family Medical Leave and a proposed schedule of leave dates.

Upon receipt of an employee's request for leave or information indicating the employee may be eligible for Family Leave, the supervisor shall provide the employee with a Notice to Employee to include:

1. Approval, provisional approval, or denial of requested leave;

2. Applicable medical certification requirements and the consequences for not providing such information as requested. The employing bureau must pay the cost of the medical verification not covered by insurance or other benefit plan;

3. Notification of requirements for use of accrued leave in accordance with the Section on Use of Paid Leaves.

4. Notification that employer health care contributions shall continue if the leave has been designated as FMLA. In this case, the employee shall be advised of the liability to reimburse the City for health plan premiums if the employee fails to return from leave provided that such reimbursement conform with the provisions of the FMLA.

5. An explanation of the employee's return rights in accordance with provisions contained in the designated leave law and applicable labor contract.

If employee appears to qualify for leave under FMLA/OFLA or City provisions, the supervisor must inform the employee that the absence will be counted toward the employee's Family Medical Leave entitlement pending final approval after the medical certification process."

Eligible Health Care Providers

FMLA/OFLA:

- Doctors of medicine or osteopathy who are state licensed
- Podiatrists, dentists, clinical psychologists, optometrists, chiropractors authorized to practice in their respective states
- Nurse practitioners, nurse midwives, and clinical social workers authorized to practice under state law
- Christian Science Practitioners listed with the First Church of Christ Scientists

in Boston, Massachusetts

- Any health care provider from whom an employer or the employer's group health plan will accept certification of the existence of a serious health condition to substantiate a claim for benefits

- Naturopaths

- Midwives

Use of Accumulated Paid Leaves

Use of Unused Vacation and Sick Leave Accruals When on FMLA/OFLA

1. Eligible employees are required to use accrued and accumulated paid leaves, including vacation and, when applicable, sick leave, prior to a period of unpaid leave of absence. Employees taking family medical leave for their own serious health condition or Parental Leave must exhaust all accrued sick and vacation leave prior to going on unpaid leave. Employees not otherwise covered by a collective bargaining agreement, may, however, reserve a total of 80 hours of combined compensatory and vacation leave for future use.

2. Use of vacation and sick leave will run **concurrently** with family medical leave, as well as qualifying absence resulting from a Workers' Compensation claim or service related disability.

3. Eligible employees may, but are not required, to use accrued compensatory time during family medical leave. If compensatory time is used, it will not count against the 12-week leave entitlement

4. Employees taking family medical leave due to the serious health condition of a covered family member must exhaust their accrued dependent care sick leave (a maximum of 40 hours per year) and vacation leave prior going on unpaid leave, except as noted below, where the employee is absent for the purpose of caring for an ill or injured family member who is the employee’s spouse, domestic partner, parent, parent-in-law, child or other person for whom the employee is a legal guardian.

5. If an employee has qualified for family medical leave for a serious health condition of an employee’s family member, as listed in #4 above, and has exhausted all other forms of paid leave, as listed in # 1 above, the employee may use additional sick leave. If the duration of the employee’s family leave is longer than the amount of the employee’s accrued paid leave (not including sick leave), the employee may choose to be placed on unpaid leave of absence or sick leave for the duration of the family leave after using all other accrued paid leave. In no event may an employee use sick leave under this section to extend family leave beyond twelve (12) weeks per calendar year.

6. An employee will be required to follow all of the stated rules for Family Medical Leave authorization in order to use additional sick leave.

Notice of Need for Family Leave

Employees are required to give the City 30 days notice of the need for leave when it is foreseeable (such as in the case of childbirth or non-emergency surgery). If the

reason for the leave is unforeseeable, the employee must give the City oral notice or as soon as is practicable after the need for leave becomes known to the employee or within 24 hours of when the leave starts and provide written notice within three days of his/her return to work. Requests for FMLA must be made to the immediate supervisor or responsible administrator.

An employee must make a reasonable effort to schedule treatment for serious health conditions in a manner that does not unduly disrupt City business.

Medical Certification Requirements

For requests for family medical leave due to the serious health condition of the employee or the employee's qualifying family member, written certification from a health care provider must be supplied by the employee as soon as possible but no later than 15 calendar days following a request for certification by the supervisor or administrator. The City's Medical Certification form must be used.

Employees who use sick child leave on more than three occasions in a 12-month period may be required to provide medical certification for all subsequent uses of sick child leave in the 12-month period. The certification may be a doctor's note but it must include the name of the child, dates the child was sick, the opinion of the doctor that the child was sick and required home care, and the doctor's signature.

A supervisor may request a new medical certification under the following conditions:

1. The employee requests extension of leave; or

2. Circumstances described by the previous certification have changed significantly

The cost of any medical verification not covered by insurance or other benefits will be paid for by the City of Portland.

Intermittent/Reduced Schedule Leave

Employees may take intermittent leave or work a reduced schedule when the leave/reduced schedule is taken for the employee's own serious health condition or to care for a family member with a serious health condition. **Example:** An employee normally works 40 hours per week. The employee is on a reduced schedule of 20 hours per week. The family medical leave may continue for up to 24 weeks.

All intermittent or reduced schedules must be approved at the time leave is requested.

Parental leave must be taken within 12 months of the birth, adoption or placement of the child. Parental leave must also be taken in one uninterrupted period, unless otherwise approved by the employee's supervisor. Parental leave taken for the purpose of *arranging* the adoption of a child does not have to be taken in one, uninterrupted period.

An employee may be transferred to an alternate position (with the same pay) during the period of intermittent leave provided that a transfer is voluntary on the part of

the employee, that no other options are available and the transfer is consistent with all applicable collective bargaining agreements.

Continuation of Benefits

If an employee is eligible and qualifies for Federal Family Medical Leave (FMLA), the City will maintain his or her group health insurance coverage as if the employee had been continuously employed up to a maximum of 12 weeks per calendar year.

Any share of health plan premiums that an employee paid prior to leave must continue to be paid by the employee during the leave period. If the leave qualifies only for Oregon Family Medical Leave (OFLA) continued health care benefits may not be paid for by the City. Employees should check with the Benefits Office to resolve any questions regarding the continuation of health care benefits.

If the employee's failure to make the premium payment leads to a lapse in coverage, the City must still restore the employee upon return to work to the health coverage equivalent to that which the employee would have had if leave had not been taken and the premium payments had not been missed without any waiting period or preexisting condition limitations.

The Benefits Department will notify an employee as to the status of their health benefits.

The City may recover premiums paid for an employee's insurance if the employee fails to return after the period of leave to which the employee is entitled has expired unless there is a continuation, recurrence or onset of a serious health condition.

Applicability of Most Generous Provisions

Provisions under FMLA control unless OFLA, Human Resources Administrative Rules, or applicable collective bargaining agreements provide more generous provisions for the employee. In that case, the City will grant the employee the more generous provision.

Where the leave is authorized under FMLA and state law, Human Resources Administrative Rules, and/or collective bargaining agreement, the leave shall be designated as FMLA qualifying and shall simultaneously exhaust both the FMLA and OFLA, Human Resources Administrative Rule or contractual leave entitlement.

Return to Work

When an employee takes leave for his/her own serious health condition, the supervisor must require a treatment provider's release for the employee to return to work. The employee shall be reinstated to the same position held when the leave began or one of like paygrade, pay, benefits and other conditions of employment.
An employee must return to work on the date specified and mutually agreed upon by the parties. Failure to return to work on the date designated, unless extended, will be treated as any other unauthorized absence.

Records Compliance

The appointing authority shall maintain employee medical certification records in a confidential medical file detailing compliance with FMLA, OFLA and City

Administrative Rules to include;

1. An employee's requests for family medical leave;
2. written record of notice;
3. dates leave is taken;
4. timesheets and other related payroll earnings records.

Timeframe for Leave

For purposes of determining an employee's remaining FMLA and OFLA leave benefit, a calendar year period (January through December) shall be used.

Designation of Leave

It is the responsibility of the employer to designate leave, paid or unpaid, as FMLA/OFLA qualifying and to give notice to the employee. Generally, such designation must occur before the leave commences.

Additional Leave

Employees who require additional leave from work beyond the 12 weeks provided within this rule may request the use of any remaining accrued paid leave or unpaid leave, but such additional leave is granted solely at the discretion of the bureau director unless otherwise required by law. If additional leave is granted, the provisions of state and federal law governing family medical leave do not apply, including, but not limited to, continued City-paid benefits unless the employee continues in a pay status during the extension. Employees may also contact supervisors regarding Catastrophic Leave or Long-Term Disability or request a medical layoff.

Catastrophic Leave

See Administrative Rule on Catastrophic Leave.

Long-Term Disability

Employees should apply for long-term disability at the onset of their family medical leave if it appears that they will need it after 60 days. If you have any questions or concerns, please contact Benefits Risk Management 503. 823.6123.

Medical Layoff for Non-Work Related Medical Reasons

See Administrative Rule on Medical Layoff.

Attachments

The attachments to this administrative rule, except for Attachment B, are not considered part of the binding Human Resources Administrative Rule.

References

Family Medical Leave Act 29 USC 2601-2654 and Federal Regulations Part 825; Oregon Revised Statute 659.479-659.494; Americans with Disabilities Act 42 USC 2101 et seq; Fair Labor Standards Act 29 USC 216(b); BOLI regulations.

Administrative Rule History	Adopted by Council March 6, 2002, Ordinance No. 176302 Effective April 5, 2002 Revised October 15, 2002 Revised July 28, 2003 Revised July 1, 2004

Attachment A
CHECKLIST FOR FMLA/OFLA LEAVE

Supervisor/Manager:

- Receives notice from employee of need for leave in either oral or written form
  - 30 days notice of need for foreseeable leave
  - As soon as possible (1-2 days) if need for leave is unforeseeable

- Sends Employee Family Medical Leave Packet:
  - Application for Leave
  - Medical Certification (if leave is for employee's own or a family member's serious health condition)
  - FMLA/OFLA Fact Sheets
  - Family Medical Leave Notice to employee, including:
    - Leave counted against annual FMLA entitlement
    - Request for medical certification
    - Required substitution of accrued paid leave (Employee is required to exhaust appropriate accrued leave prior to going on unpaid leave, except that employee cannot be required to use compensatory time and may reserve up to 80 hours of vacation/compensatory time*
      - Parental leave (employee must exhaust accrued sick leave and vacation leave prior to taking unpaid leave. Employee may elect to use accrued compensatory time)
      - Employee's own serious health condition (employee must exhaust accrued sick leave and vacation leave prior to taking unpaid leave. Employee may elect to use accrued compensatory time)
      - Serious health condition of a family member (employee must exhaust accrued dependent care sick leave and vacation leave prior to taking unpaid leave. ** Employee may elect to use accrued compensatory time)
      - Sick child leave (employee must exhaust accrued dependent care sick leave and vacation leave prior to taking unpaid leave. Employee may elect to use accrued compensatory time)

        Note: *Compensatory time used does not count against 12 week entitlement

        **The Human Resources Administrative Rules and collective bargaining provisions may allow employees to use more than 40 hours of dependant care sick leave to care for a family member with a serious health condition, if they have exhausted all other forms of leave
    - Employer maintenance of health care benefits
    - Request release to return to work if leave is for employee's own serious health condition
    - Right to job reinstatement at end of leave

Employee:

- Provides medical certification before leave begins if leave foreseeable and gives 30 days notice
- If leave taken without 30 days notice, employee has 15 days from employer request for certification
- Returns completed Application for Leave and Medical Certification to Bureau HR Coordinator or FMLA Coordinator

Bureau HR Coordinator or FMLA Coordinator:

- Reviews completed Application for Leave and Medical Certification (Reviews with designated ER Coordinator and/or City Attorney's office as appropriate)

- Determines if leave request meets eligibility requirements
  - Employee has worked for the City for at least 12 months and worked at least 1250 hours in the prior 12 month period (FMLA)
  - Employee has worked for the City for at least 6 months immediately preceding the leave and has worked for an average of at least 25 hours per week during that time (OFLA)
  - OFLA Parental leave only: Employee has worked for the City for at least 6 months immediately preceding the leave

- Employee has _____hours FMLA/OFLA leave time remaining in calendar year

- Determines if leave is for a qualifying reason
  - Birth of a child
  - Placement of a child (adoption or foster care)
  - Leave to complete legal process necessary for adoption or foster care
  - Employee's own serious health condition (a physical or mental condition requiring inpatient care or long term home care, a terminal illness or a condition that involves a period of incapacity for more than 3 days and requires treatment by a health care provider)
  - A family member's serious health condition (FMLA: spouse (including common law spouse, but not domestic partner); parent (biological or individual "in loco parentis"); son or daughter (biological, adopted, foster and stepchild; legal ward; or child of employee standing "in loco parentis" relationship. Child must be under 18 year old unless incapable of self-care because of physical or mental impairment.) OFLA: same as FMLA, but includes same sex domestic partner; parent-in-law. City Code: includes domestic partner)
  - Sick child
  - Any period of disability due to pregnancy or the birth of a child
  - Transition periods spent moving a family member from one residential care facility to another
  - Treatment for a chronic serious health condition

- Determines need for additional information or a second or third opinion if medical certification inadequate

- Notifies employee of final approval or denial of FMLA/OFLA

- Notifies supervisor of final approval or denial of FMLA/OFLA

- Provides copies of application for leave and other forms to supervisor, payroll, benefits and employee medical file

- Notifies timekeeper to:
  - Appropriately code time sheets to reflect FMLA/OFLA, once approved
  - Track FMLA/OFLA hours via monthly report until leave is exhausted or employee returns, and to notify Human Resources Coordinator or Site Team Manager and Benefits Office if leave is exhausted
  - Provide copies of timesheets and monthly report to Benefits Office

- Follows up with employee to:
  - Periodically check in for status update
  - Confirm return date
  - Ensure employee provides release upon return to work if one was requested

- Notifies Benefits Office employee has returned to work, their status and hours

- In cases where employee has exhausted leave and cannot return, strategize with supervisor (i.e. Medical Layoff, Catastrophic leave, Long-Term Disability etc.)

- Transfer all documents with medical information about the employee to appropriate, locked medical files in the bureau

Employee is responsible for providing sufficient information to place the employer on notice that he/she needs leave, and to provide medical certification, periodic status updates, notice of intent to return to work, and release to return to work.
If there are questions regarding any of the above contact your Bureau Human Resources Coordinator or FMLA Coordinator, the designated Labor Relations Coordinator or the City Attorney's office.

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Attachment B
DEFINITION OF SERIOUS HEALTH CONDITION

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e. overnight stay in a hospital, hospice, or residential medical 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 two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider of health care services (e.g., physical therapist) under order of, or on referral by, 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 the health care provider.

3. Pregnancy

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

4. Chronic Conditions Requiring Treatments

A chronic condition which:

(1) Requires periodic visits 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 single 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 heath 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), kidney disease (dialysis).

7. An illness, disease or condition that poses an imminent danger of death, is terminal in prognosis, or requires constant care (OFLA).

Attachment C
FMLA GLOSSARY OF TERMS

1. Constant Care

Care wherever performed, whether at home or any nursing home, institution, hospice, or health care facility. Where the family member is receiving long-term physical care at a nursing home, institution, hospice or other health care facility, leave shall apply only to those periods of transitions, or when the family member requires transportation or other assistance in obtaining care from a physician.

2. Domestic Partner

A "domestic partner" is defined as:

1. Shares the same regular and permanent residence for one year
2. Have a close personal relationship, and are each other's sole domestic partner
3. Not married to anyone
4. Each eighteen (18) years of age or older
5. Not related by blood, closer than would bar marriage in the state of residence
6. Mentally competent to consent to contract when domestic partnership began
7. Responsible for each other's common welfare
8. Jointly responsible for "basic living expenses". Basic living expenses mean the cost of basic food, shelter and any other expenses. The individuals need not contribute equally or jointly to the cost of these expenses, as long as they agree that both are responsible for the cost.

3. Essential Functions/ Essential Job Functions

An employee is "unable to perform the functions of the position" where the health care provider finds that the employee is unable to work at all or is unable to perform any one of the essential functions of the employee's position within the meaning of the Americans with Disabilities Act (ADA) 42 USC 12101 et seq., and the regulations at 29 CFR 1630.2(n).

4. Extended Period of Time

5. Fitness-for-duty Certificate

A statement of an employee's ability to return to work certified by a health care provider.

6. Hospice Care

Medically necessary and/or symptom controlling treatment administered to a patient who is terminally ill. Treatment must be rendered by a state licensed agency and may be on an inpatient or outpatient basis

7. Incapacity

"Incapacity," for purposes of family medical leave, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

8. Intermittent Leave

Leave taken in separate periods of time due to a single illness/injury, rather than for one continuous period of time, and may include leave of periods from an hour or more to several weeks.

EXAMPLE: Leave taken on an occasional basis for medical appointments, or leave taken several days at a time spread over a period of six months.

9. Loco Parentis

Individuals with day-to-day responsibilities to care for and financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

10. Medical Intervention (Treatment)

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

11. Periodic Visits

Sporadic or episodic care associated with a single illness/injury

12. Restorative Surgery

Surgical treatment that is curative in nature.

Attachment D
GUIDE TO FAMILY MEDICAL LEAVE QUALIFYING QUESTIONS

QUESTIONS FOR SUPERVISOR TO ASK EMPLOYEE TO DETERMINE WHETHER ABSENCE QUALIFIES FOR FAMILY MEDICAL LEAVE DUE TO A SERIOUS HEALTH CONDITION.

Employee has been off work for more than 3 consecutive days. On the 4th day, supervisor should inquire:

You've been absent for 4 days. I need to ask you some questions to determine if your time off qualifies for Family Medical Leave because of a serious health condition.

- **Have you been absent due to illness?**
- **If yes, "Is the absence for your illness or a family member's illness?"**
- **If a family member, "Which family member?"**
- **Have you (or family member) been seen by a doctor?**
- **If yes, "Have you (or family member) seen the doctor on more than one occasion?**
- **If seen only once, "Did the doctor prescribe any treatment? (Ex: prescription, physical therapy)**
- **Do you have plans or an appointment to see your doctor again (or a different doctor)?**
- **When do you expect to return to work?**

If the employee's answers suggest that the absence may be for a serious health condition, tell the employee that you will send a family leave packet, including a medical certification form to be filled out by his or her doctor. Let the employee know that upon receipt of a completed medical certification you will determine whether the absence qualifies as family leave and let them know.

Serious Health Condition: Employee or covered family member

- Inpatient care, including any period of incapacity, or any subsequent treatment in connection with such inpatient care; or
- Continuing treatment by a health care provider, including any period of incapacity:
    - of more than 3 consecutive days plus subsequent treatment or incapacity relating to the same condition;
    - due to pregnancy, or for prenatal care;
    - due to a chronic serious health condition;
    - which is permanent/long-term or for which treatment may not be effective; or
    - absence to receive multiple treatments for restorative surgery due to accident/injury, or for a condition that would likely result in incapacitation of more than 3 days if left untreated.

Attachment E
BUREAU FMLA COORDINATORS

Public Safety

BOEC	Betty Ferchland	823-4650
Fire	Vincent Woods/Tammy Willet	823-3753 / 823-3906
Police	Dolly Boals	823-0339

Public Utilities

BES	Nena Enyinwa (Downtown/WPCL)	823-7106
	Sandra Lillard (WWT)	823-2441
PDOT	Marla Geist	823-1763
Maintenance	Marla Geist	823-1763
Water	Jerri Widner	823-7797

Community Services/Administration

Auditor	Diane Betcher	823-4567
City Attorney	Kim Sneath/Ana Kalmanek	823-4047
BHCD	Deena Pierott	823-2377
OSD	Jessica Yang	823-7787
Licenses	Ed Medrano/Rachel Summer	823-5153 / 823-5160
Cable	David Olson/Mary Beth Henry	823-5290 / 823-5414
OMF	Elizabeth Mitchell	823-5875
BDS	Debbie Khoja	823-7351
Planning	Faye Doty	823-7721
ONI	Sarah Keele/Paul Stewart	823-2294 / 823-3040
Parks	Joey Nolasco	823-5110

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