

# Need Time?



## Guide to the Family and Medical Leave Act

## OVERVIEW

When an employee or loved one experiences a serious health condition that requires time off from work, the Family and Medical Leave Act (FMLA) may be able to help. This guide, complete with the appropriate forms, provides useful information that will assist both supervisors and employees in understanding the FMLA process. The guide will also cover the Paid Parental Leave (PPL) and the Federal Employees Family Friendly Leave Act (FEFFLA).

Although this guide may answer most questions about FMLA, PPL, and FEFFLA, the CNIC FMLA representative is a good source for any unanswered questions.

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# **Family and Medical Leave Act**

## **(FMLA)**

## **PURPOSE**

FMLA requires CNIC to provide up to 12 workweeks of unpaid job-protected leave to “eligible” employees for certain family and medical reasons. This law assists employees in balancing job and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons.

## **ELIGIBILITY**

Employees are eligible if they have worked for a government agency for at least 12 months of service. The 12 months of service are not required to be 12 recent or consecutive months. Flex-continuing employees who have completed at least 12 months of service are eligible for FMLA. Intermittent employees and employees with a “not-to-exceed” date of 1 year or less, must have worked 1250 hours in the previous 12 months.

## **REASONS FOR TAKING LEAVE**

An employee will be entitled to a total of 12 administrative workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- The birth of a son or daughter of the employee and the care of such son or daughter;
- The placement of a son or daughter with the employee for adoption or foster care;
- The care of a spouse, son, daughter, or parent of the employee, if such spouse, son, daughter, or parent has a serious health condition; or
- A serious health condition of the employee that makes the employee unable to perform any one or more of the essential functions of his or her position.
- Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

An administrative workweek is defined as the scheduled tour of duty within the workweek. For example, for an hourly employee scheduled to work 80 hours in a pay period (40 hours per week), the hours of FMLA is 480 (12 X 40), equaling 12 weeks. For an employee scheduled to work 40 hours in a pay period (20 hours per week), the hours eligible for FMLA is 240 (12 X 20), equaling 12 weeks.

## **LEAVE ENTITLEMENT**

CNIC has elected 12 workweeks of unpaid leave in a 12-month period calculated as “rolling 12 months”. The definition of “rolling 12 months” is simply saying, from any given month, go back 12 months. Ex. “rolling 12 months” for September 2020 would be the total between October 2019 and September 2020. The rolling 12-month period begins on the date an employee first takes leave for a family or medical need and continues for 12 months. An employee is not entitled to 12 additional workweeks of leave until the previous 12-month period ends and an event or situation occurs that entitles the employee to another period of family or medical leave. (This may include a continuation of a previous situation or circumstance.)

The entitlement to leave for the birth or placement for adoption or foster care expires at the end of the 12-month period beginning on the date of birth or placement regardless of the actual leave start date.

## **QUALIFYING EXIGENCY LEAVE**

Qualifying exigencies arise when the spouse, son, daughter, or parent of an employee is on covered active duty in the Armed Forces or has been notified of an impending call or order to covered active duty. Covered active duty includes duty of a member of a regular component of the Armed Forces during deployment to a foreign country, and duty of a member of a reserve component of the Armed Forces during deployment to a foreign country under a call or order to active duty in support of specified contingency operations.

An employee is entitled to use qualifying exigency leave for the following purposes with proper documentation:

- Short-notice deployment
- Military events and related activities
- Childcare and school activities
- Financial and legal arrangements
- Counseling
- Rest and recuperation\*
- Post-deployment activities

\*Rest and recuperation (R & R) leave is to spend time with a covered military member who is on short-term R & R leave during the period of deployment. Eligible employees may take up to 5 days of FMLA for each instance of R & R.

## **INTERMITTENT LEAVE OR REDUCED LEAVE SCHEDULE**

Leave may be taken intermittently or on a reduced leave schedule when medically necessary. Intermittent leave is leave taken in non-consecutive time periods rather than a single span of time.

## **PAY & LEAVE**

An employee may elect to use annual leave and/or sick leave for any unpaid leave under the FMLA. The employer cannot require its employees to take more leave than necessary to address their need for leave, and FMLA leave may only be counted against an employee's FMLA entitlement for leave taken, not for time that is worked for the employer. For example, if an employee is on FMLA leave but is taking calls or sending emails from home, the time spent on those work tasks cannot be counted against the employee's FMLA leave entitlement. FMLA leave will be tracked using the smallest increments of time used for other forms of leave, for example, hours, half days, days, etc.

## **NOTIFICATION TO THE EMPLOYER**

An employee must invoke his or her entitlement to family and medical leave. The employee must provide advance leave notice no less than 30 days before leave or in emergencies, as soon as "foreseeable". An employee may not retroactively invoke his or her entitlement to family and medical leave. However, if an employee and his or her personal representative are physically or mentally incapable of invoking the employee's entitlement to FMLA leave *during the entire period* in which the employee is absent from work for an FMLA-qualifying purpose, the employee may retroactively invoke his or her entitlement to FMLA leave within 2 workdays after returning to work. In such cases, the incapacity of the employee must be documented by a written medical certification from a health care provider.

In addition, the employee must provide documentation acceptable to the employer explaining the inability of his or her personal representative to contact the employer and invoke the employee's entitlement to FMLA leave during the entire period in which the employee was absent from work for an FMLA-qualifying purpose. An employee may take only the amount of family and medical leave that is necessary to manage the circumstances that prompted the need for leave.

The employer may not put an employee on family and medical leave and may not subtract leave from an employee's entitlement to leave unless the employer has obtained confirmation from the employee of his or her intent to invoke entitlement to leave. An employee's notice of his or her intent to take leave may suffice as the employee's confirmation.

### **MEDICAL CERTIFICATION**

CNIC requires medical certification to support a request for leave because of serious health conditions for employee's spouse, son, daughter, or parent who has a serious health condition, or for the serious health condition of the employee. The employer may waive the requirement for an initial medical certificate in a subsequent 12-month period if the leave is for the same chronic or continuing condition.

The written medical certification must include:

- The date the serious health condition began;
- The probable duration of the serious health condition or specify that the serious health condition is a chronic or continuing condition with an unknown duration and whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity;
- The appropriate medical facts within the knowledge of the health care provider regarding the serious health condition, including a general statement as to the incapacitation, examination, or treatment that may be required by a health care provider;
- A statement that the employee is unable to perform one or more of the essential functions of his or her position or requires medical treatment for a serious health condition, based on written information provided by the employer on the essential functions of the employee's position or, if not provided, discussion with the employee about the essential functions of his or her position; and

For the purpose of leave taken to care for a spouse, son, daughter, or parent of the employee:

- A statement from the health care provider that the spouse, son, daughter, or parent of the employee requires psychological comfort and/or physical care; needs assistance for basic medical, hygienic, nutritional, safety, or transportation needs, or in making arrangements to meet such needs; and would benefit from the employee's care or presence;
- A statement from the employee on the care he or she will provide, and an estimate of the amount of time needed to care for his or her spouse, son, daughter, or parent.

For the purpose of leave taken in the case of certification for intermittent leave or leave on a reduced leave schedule or planned medical treatment:

- The dates (actual or estimates) on which such treatment is expected to be given;
- The duration of such treatment, and the period of recovery, if any, or specify that the serious health condition is a chronic or continuing condition with an unknown duration and whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.

The information on the medical certification shall relate only to the serious health condition for which the current need for family and medical leave exists. The employer may not require any personal or confidential information in the written medical certification other than what is required.

If an employee submits a completed medical certification signed by the health care provider, the employer may not request new information from the health care provider.

If the employer doubts the validity of the original certification provided, the employer may require, at their own expense, that the employee obtain the opinion of a second health care provider designated or approved by the employer concerning the information certified.

If the employee is unable to provide the requested medical certification before leave begins, or if the employer questions the validity of the original certification provided by the employee and the medical treatment requires the leave to begin, the employer will grant provisional leave pending final written medical certification.

The employee must provide the written medical certification required, signed by the health care provider, no later than 15 calendar days after the date the employer requests such medical certification. If it is not possible to provide the requested medical certification within 15 calendar days after the date requested by the employer, the employee must provide the medical certification within a reasonable timeframe under the circumstances involved, but no later than 30 calendar days after the date the employer requests the medical certification.

If, after the leave has commenced, the employee fails to provide the requested medical certification, the employer may:

- Charge the employee as absent without leave (AWOL); or
- Allow the employee to request that the provisional leave be charged as leave without pay or charged to the employee's annual and/or sick leave account, as appropriate.

To ensure the security and confidentiality of any written medical certification, these records must be stored separately from an employee's other personnel files. Only those who administer this leave should have access to the information in these medical records.

*The link to the most current forms can be found in appendix.*

### **JOB PROTECTION**

Any employee who takes leave shall be entitled, upon return to the employer:

- The same position held by the employee when the leave commenced; or
- An equivalent position with equivalent benefits, pay, status, and other terms and



conditions of employment. An equivalent position must be in the same commuting area and must carry or provide at a minimum the same or substantially similar duties and responsibilities, which must entail substantially equivalent skill, effort, responsibility, and authority.

### **HEALTH AND LIFE BENEFITS**

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" at the level and under the condition that coverage would have been provided had the employee been continuously employed during the leave. **Employee is responsible for continuing to pay the employee portion of the premiums.**

Life and Long Term Disability (LTD) reinstatement will require a Statement of Health approval if premiums are not paid during the leave.

### **UNLAWFUL ACTS BY EMPLOYERS**

FMLA makes it unlawful for an employer to:

- Interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA;
- Discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceedings, related to the FMLA.

FMLA does 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.

### **NOTIFICATION TO EMPLOYEE**

As previously stated, an employee must invoke his or her entitlement to family and medical leave. The employee must provide advance leave notice no less than 30 days before leave or in emergencies, as soon as "foreseeable".

Within five business days of employee notifying the employer, the FMLA designee for the employer must provide written communication of the employee's eligibility, their rights and responsibilities under FMLA (see example communication in appendix). Along with this written communication, the appropriate Certification of Health Care Provider form must be given to the employee.

There are three outcomes that result from a request:

- **Approved** - After reviewing and approving the employee's Health Care Provider form, the FMLA designee must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. This leave entitlement is supported by the certification condition start and end date as noted by the physician.
- **Additional Information Required** - Additional information may be needed if the certificate is not complete or if it contains insufficient information. This information is due seven days from the date indicated in the notification.
- **Not Approved** - After reviewing all of the submitted information, if the FMLA leave

request does NOT meet the requirements, please provide written communication of specific reason such as:

- The FMLA does not apply to your leave request, or
- You have exhausted your FMLA Leave entitlement in the applicable 12-month period.

Again, the employee must be notified within **five business days** of receipt of completed documentation.

### **FMLA RECORDS**

The FMLA designee must start a separate file on the employee to track the FMLA documents and communication. This file must be kept separate from the employee's official personnel file and kept in a secure place. Only FMLA designee(s) should have access to this file.

### **NOTIFICATION TO SUPERVISOR/HR/TIMEKEEPER**

Once the employee's FMLA request has been approved, you must notify the employee's supervisor, the local HR, and the timekeeper of the start and end date. If sick leave or annual leave is used concurrently with family and medical leave, the employee must submit their leave request forms to their supervisor for approval.

The local HR will add FMLA dates in the HR System once informed of employee's first day of leave and the date of the employee's return.

The timekeeper will add FMLA hours in the timekeeping system along with any applicable annual or sick leave.

*Example of communication to Employee/HR/Supervisor/Time Keeper can be found in the Appendix.*

# **PAID PARENTAL LEAVE (PPL)**

## **PURPOSE**

The Paid Leave Act was included in the National Defense Authorization Act for Fiscal Year 2020 and entitles certain Department of Defense (DoD) employees to 12 administrative workweeks of Paid Parental Leave (PPL) in connection with the birth, adoption, or foster care placement of a child that occurs on or after October 1, 2020.

## **ELIGIBILITY**

To be eligible for PPL, the employee must be eligible for the Family and Medical Leave Act (FMLA) under title 5 (see eligibility under FMLA).

## **LEAVE ENTITLEMENT AND USAGE**

PPL is defined as paid time off that is granted to cover periods of time within the 12-month period commencing on the date of birth or placement to an employee who has a current parental role in connection with the child whose birth or placement was the basis for granting unpaid FMLA leave.

PPL is limited to 12 administrative workweeks in connection with a birth or placement of a child with the employee for adoption or foster care. An employee must first invoke FMLA unpaid leave for the birth of a child or placement of a child in order to receive PPL. PPL is taken in lieu of FMLA unpaid leave.

The pay an employee receives when using PPL will be the same pay the employee would receive if the employee were using annual leave. For employees who use leave on an hourly basis (including fractions of an hour), the 12-week PPL entitlement will be converted to hours based on the employee's schedule. For example, for a part-time employee who works 40 hours over a biweekly pay period (20 hours per week), the entitlement will be 240 hours (12 weeks x 20 hours). For flex employees, the leave entitlement will be based on the average number of hours worked in the prior 6-month period.

If two covered employees work for the same employer and are parents of the same newly born or placed child, each employee would have their own separate FMLA leave entitlement based on the birth/placement event. However, the use of PPL is reserved for periods when the employee is engaged in activities directly related to the care of the child whose birth or placement triggered the leave entitlement.

## **DOCUMENTATION**

Prior to using PPL, an employee should request, in writing, their intention to use PPL. The employer may grant PPL prior to receiving an employee's written PPL request based on an employee's communications with a supervisor or management. Under these circumstances, the granting of PPL is considered provisional and the employee's written request should be provided as soon as possible.

Prior to substituting PPL, an employee must sign a work obligation, agreeing to work for the employer for not less than 12 weeks. If an employee is not able to physically sign the obligation, they can communicate this work agreement through email or text message.

If an employee is physically or mentally incapable of signing a work obligation agreement, the employee may, within 5 workdays of the employee's return to duty status, sign a work agreement

and make an election to substitute PPL for FMLA unpaid leave on a retroactive basis.

*PPL Request Form can be found in appendix.*

### **WORK OBLIGATION**

Prior to using PPL, an employee is required to enter a written service agreement to work for the employer (i.e., the agency employing the employee at the time paid parental leave starts) for 12 weeks after the day on which paid parental leave concludes. The 12-week work obligation refers to a period during which the employee is in a duty status. Any periods of paid or unpaid leave or time off, or other periods of nonduty status (e.g., furlough or absence without leave) will not count toward the 12-week work obligation.

The 12-week work obligation starts on the first scheduled workday after PPL concludes.

If the employee fails to complete the 12-week work obligation following use of PPL, the employee will be required to make a reimbursement, equal to the total amount of any employer contributions, paid by the employer for health insurance coverage. The employer may waive the reimbursement requirement due to unusual circumstances.

The employee is not considered to have failed to complete the 12-week work obligation if the employee moves within DoD to another DoD Component, without a break in service. Additionally, the employee is not required to make a reimbursement if the employee is unable to return to work for the required 12 weeks because of the continuation, recurrence, or onset of a serious health condition (including mental health) of the employee or the child whose birth or placement was the basis for the PPL; or any other circumstances beyond the employee's control.

If the employee uses less than 12 workweeks of PPL during the 12-month period following the birth or placement of a child, the employee is still responsible for the 12 workweek obligation starting on the first scheduled workday after PPL concludes.

*Agreement to Complete 12-Week Work Obligation form can be found in appendix.*

# **Federal Employee Family Friendly Leave Act (FEFFLA)**

## **PURPOSE**

FEFFLA requires CNIC to allow the NAF employee the use of sick leave for the following reasons:

- Family care - to give care or otherwise attend to a family member having an illness, injury, or other condition, which, if the employee had such a condition, would justify the use of sick leave by an employee
- Bereavement - for purpose relating to the death of a family member, including making arrangements for or attending the funeral of such family member

The term “family member” means spouse and parents thereof; children, including adopted children, and spouses thereof; parents; brothers and sisters, and spouses thereof; and an individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

The term “children, including adopted children, and spouses thereof” as used covers adult sons and daughters, and spouses thereof.

The term “illness, injury or other condition” includes physical or mental illness; pregnancy and childbirth; and medical, dental, or optical examination or treatment.

The FEFFLA authorizes the use of up to 40 hours of sick leave per leave year. In addition, a covered full-time employee who maintains a balance of at least 80 hours of sick leave may use an additional 64 hours of sick leave per year for these purposes, bringing the total amount of sick leave available for family care or bereavement purposes to a maximum of 104 hours per year.

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# Appendix



## FMLA COMMUNICATION TO EMPLOYEE EXAMPLE

Dear Employee,

Per your request, a review was completed for leave under the FMLA using supporting documentation you have provided. Your FMLA leave request is APPROVED. All leave taken for this reason will be designated as FMLA leave.

Provided there is no deviation from your leave schedule, your FMLA leave is effective on 09/22/2020 and will end 12/22/2020 (12 weeks). Any other time taken before or after these dates must be approved by your supervisor.

Upon your return, you will be required to present a return to work certification from your physician to be restored to employment. If such certification is not received in a timely manner, your return to work may be delayed until certification is provided.

You are currently enrolled in health insurance (employee only), Basic and Optional Life Insurance, Long Term Disability, 401(k)\* and Retirement\*.

You may use any Annual/Sick Leave (AL/SL) concurrently with your FML. If you choose to do so, your benefits will automatically be deducted from your pay. You must submit your request for paid leave form accordingly to your supervisor/timekeeper.

If you do not use AL/SL, you must submit your benefit premiums bi-weekly to the HQ Benefits team.

	<u>Bi-weekly</u>
Aetna Medical and Dental	\$
Basic Life	\$
<u>Optional Life</u>	<u>\$</u>
Total	\$

\* If you choose **not** to use SL/AL, Retirement and 401(k) contributions will stop and will resume upon your return. Upon your return, you will need to contact your Retirement Specialist to discuss any missed contributions to the retirement plan while you were on approved leave.

Make check payable to CNIC and mail to:  
The Department of the Navy  
Commander Navy Installations Command  
Fleet and Family Readiness N941B  
5720 Integrity Drive  
Millington, TN 38055

If the circumstances of your leave change and you are able to return to work earlier than the date indicated above, you will be required to notify us at least two workdays prior to the date you intend to report for work.

Your supervisor will be notified of your FML approval.

### **FMLA COMMUNICATION TO SUPERVISOR/HR/TIMEKEEPER EXAMPLE**

Supervisor - Employee's name has requested FMLA which has been APPROVED. Provided there is no deviation from the leave schedule, FMLA is effective 09/22/2020 through 12/22/2020 (12 weeks). Any other time taken before or after these dates must be approved by you her supervisor.

The employee has been notified that she may use her SL/AL concurrently with her FML but must provide the supervisor/timekeeper with a leave request form for processing.

Upon return, the employee will be required to present a return to work certification from their physician to be restored to employment. If such certification is not received in a timely manner, the return to work may be delayed until certification is provided.

The employee has been instructed to how to pay for their benefit premiums while out.

HR – The FMLA dates above must be reflected in HR System.

## **PPL LEAVE ENTITLEMENT EXAMPLES**

**Example 1.** An employee has not previously invoked FMLA. On October 12, 2020, their qualifying birth event occurs. They invoke FMLA unpaid leave on October 12, 2020 and substitute PPL on the same date. In this example, the FMLA period is from October 12, 2020 – October 11, 2021. The one-year period based on the birth/placement event is also from October 12, 2020- October 11, 2021. The employee would be entitled to substitute 12 weeks of PPL during this period.

**Example 2.** An employee has not previously invoked FMLA. On October 12, 2020, their qualifying birth event occurs. The employee takes six weeks of sick leave for their recovery from childbirth. They do not invoke FMLA during this time since it is not necessary to do so. The employee invokes FMLA leave on November 23, 2020 and substitutes PPL, starting on the same date. In this example, the FMLA period is from November 23, 2020- October 11, 2021. Even though the employee did not invoke FMLA on the day of the birth event, the FMLA period must end 12 months after the birth event. The employee would be entitled to substitute 12 weeks of PPL between November 23, 2020-October 11, 2021.

**Example 3.** An employee invoked FMLA to care for a sick family member on April 20, 2020 and used two weeks of FMLA leave. On October 12, 2020, their qualifying birth event occurs. On October 12, 2020, they invoke FMLA unpaid leave based on the birth of their child and substitute 10 weeks of PPL. In this example, FMLA leave and the substitution of PPL is limited to 10 weeks, since the employee already used two weeks of FMLA leave, and they may not exceed a total of 12 weeks of FMLA leave during the FMLA period. The FMLA period is from April 20, 2020-April 19, 2021. The one-year period based on the birth/placement event is from October 12, 2020 – October 11, 2021. On April 20, 2021, a new FMLA period begins and the employee may invoke FMLA and substitute two weeks of PPL for FMLA leave at this point, since they have two additional weeks of PPL still available. The remaining PPL must be used from April 20, 2021 – October 11, 2021.

## **PPL INITIAL COMMUNICATION TO EMPLOYEE**

Dear Employee,

On October 8, 2020 you informed us that you would like to invoke Paid Parental Leave (PPL) for the birth of your child born after 10/01/2020. In order to be approved for PPL you must meet the FMLA requirements. You have worked for CNIC/Federal Government for at least 12 months, therefore the tenure eligibility requirement has been met.

You have a right under the PPL to use up to 12 administrative workweeks of paid leave in a 12-month period calculated as a “rolling” 12-month period.

In order for us to determine whether your absence qualifies as FMLA leave, you must return the attached Certification of Health Care Provider for Family Member’s Serious Health Condition (WH-380-F) form completed by your physician and returned to us by October 29, 2020 (15 days from the day you were notified). If sufficient information is not provided in a timely manner, your leave may be denied.

This leave does require you to make your share of the premium payment for continuation of any benefits while you are on leave.

Once we obtain the information from you as specified above, we will inform you, within five business days, whether your leave will be designated as FMLA leave and count towards your PPL leave entitlement.

Employees utilizing PPL are required to work for the employer for 12 workweeks after the day on which the PPL concludes. If the employee fails to complete the 12-week work obligation following use of PPL, the employee will be required to make a reimbursement equal to the total amount of any employer benefit contributions which were paid by the employer.

Do not hesitate to contact me with any questions or concerns.

*Certification of Health Care Provider for Employee’s Serious Health Condition (WH-380-E) or Certification of Health Care Provider for Family Member’s Serious Health Condition (WH-380-F) form enclosed/attached.*

## **PPL APPROVAL COMMUNICATION TO EMPLOYEE**

Dear Employee,

Your request for PPL has been approved effective October 1, 2020 – December 24, 2020. Your work schedule is Monday - Friday, 8 hours per day. Therefore, you will be paid 480 PPL hours for this timeframe.

This leave does require you to make your share of the premium payment of any benefits while you are on leave, which will be deducted from your PPL pay.

Employees utilizing PPL are required to work for the employer for 12 workweeks after the day on which the PPL concludes. If the employee fails to complete the 12-week work obligation following use of PPL, the employee will be required to make a reimbursement equal to the total amount of any employer contributions paid by the employer. Please complete the Agreement to Complete 12-Week Work Obligation form and return to me.

Your supervisor/HR/Timekeeper has been notified of your approved leave.

Do not hesitate to contact me with any questions or concerns.

**PPL APPROVAL COMMUNICATION TO SUPERVISOR/HR/TIMEKEEPER**

Supervisor - Employee name has requested a PPL, which has been APPROVED. Provided there is no deviation from their leave schedule, PPL and pay is effective 10/01/2020 through 12/24/2020 (12 weeks).

HR Specialist – The PPL dates above must be reflected in HR System

Time Keeper - The employee works Monday - Friday, 8 hours per day. Therefore, the employee will be paid 480 PPL hours for this timeframe. See attached Request for Leave or Approve Absence form.

### **Agreement to Complete 12-Week Work Obligation**

I, \_\_\_\_\_ understand that the usage of paid parental leave requires that I complete a 12-week work obligation at the agency employing me at the time I conclude using paid parental leave granted in connection with the birth or placement (for adoption or foster care) of my child. I agree to return to work and complete the required 12 weeks of work. I understand that 12 weeks of work will be converted to hours of work based on my work schedule, consistent with OPM regulations at 5 CFR 630.1705.

I understand that the required 12-week work obligation is fixed and not proportionally reduced if I use less than 12 weeks of paid parental leave. I understand that only actual work periods when I am on duty (during my scheduled tour of duty) will count toward the 12-week work obligation. I understand that periods of leave (paid or unpaid) and time off (including holiday time off) do not count towards the completion of the 12-week work obligation.

I understand that only work performed after use of paid parental leave concludes counts toward the 12-week work obligation. I understand that any period(s) of work during intermittent usage of paid parental leave (i.e., work performed prior to the conclusion of the use of paid parental leave) does not count toward the 12-week work obligation.

I understand that if I fail to return to work and fully complete the required 12-week work obligation, any agency that employed me during a period of time in which I used paid parental leave may require a reimbursement equal to the total amount of any Government contributions paid by that agency, on my behalf, to maintain my health insurance coverage under the CNIC medical plans, during that period of time, unless I meet statutory conditions that bar application of such a reimbursement requirement. If I do not meet those conditions and if my agency determines that reimbursement must be made, I understand that it must seek collection of the full amount and that there is no authority for a partial waiver of the amount owed.

I understand that if I separate from the employing agency to which the 12-week work obligation is owed before completing that obligation, such separation is considered to be a failure to meet that obligation. I understand that, in that circumstance, I will not be allowed to complete the work obligation at a later time. (Note: An intra-agency reassignment without a break in service will not be considered a separation.)

If an affected agency determines that the reimbursement requirement applies, I agree to make the required reimbursement to that agency and to permit offset of Federal payments to recover the amount owed. However, I reserve the right to challenge the agency decision through any applicable administrative or judicial process and to seek return of any amounts erroneously collected from me.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Note: Employee's paid parental leave request must be attached to this work obligation agreement.

# Paid Parental Leave Request Form

Paid Parental Leave (PPL) Request Form		
<b>Identifying Information</b>		
Employee name		
Phone numbers (personal and work)	Email addresses (personal and work)	
Name of organization (agency, office, division, branch, etc.)		
<b>Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave</b>		
Reason FMLA leave is being requested:		
<input type="checkbox"/> Birth of a child	<input type="checkbox"/> Placement for adoption	<input type="checkbox"/> Foster care placement
	Anticipated	Actual
Date of birth or placement		
Date use of PPL begins		
Date use of PPL concludes		
Date of planned return to duty (after use of other types of leave)		
Requested method of using PPL: <input type="checkbox"/> Continuous use <input type="checkbox"/> Intermittent use*		
*Reason(s) intermittent leave is being requested:		
*Describe plans for using PPL on an intermittent basis:		
<b>Employee Certifications (initial each box)</b>		
<input type="checkbox"/> I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.		
<input type="checkbox"/> I will provide documentation to support this request, as directed by my agency.		
<input type="checkbox"/> I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that my agency could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation).		
<input type="checkbox"/> If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date.		
<input type="checkbox"/> I attest that I am entering into the required work obligation agreement.		
<input type="checkbox"/> I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.		
Employee's signature		Date



# References

## **Family Medical Leave Act**

### **OPM**

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/factsheets/family-and-medical-leave>

### **5300 CNIC NAF**

Operations (CNICINST 5300.2)

### **Department of labor**

FMLA forms - <https://www.dol.gov/agencies/whd/fmla/forms>

#### ***Certification of Healthcare Provider for a Serious Health Condition***

- **Employee's serious health condition, form WH-380-E** – use when a leave request is due to the medical condition of the employee.
- **Family member's serious health condition, form WH-380-F** – use when a leave request is due to the medical condition of the employee's family member.

#### ***Certification of Military Family Leave***

- **Qualifying Exigency, form WH-384** – use when the leave request arises out of the foreign deployment of the employee's spouse, son, daughter, or parent.

## **Paid Parental Leave**

<https://www.chcoc.gov/content/paid-parental-leave-federal-employees-interim-regulations>

## **Federal Employees Family Friendly Leave Act**

<https://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/reports/federal-employees-family-friendly-leave-act/>

