

Subject: Leaves of Absences	Number: 2-19
	Date Issued: January 1, 2000 Date Revised:
Responsible Department: DAS—Human Resources	Approved:

Purpose

To establish uniform policies and procedures applicable to leaves of absence.

Procedures

General Provisions

Employees requesting leave shall complete a Leave of Absence Request form 48 hours in advance of the leave, except in an emergency or in the event of illness or injury. The request must be approved by the employee's supervisor before leave is actually taken.

Sick Leave

Sick leave shall be administered in accordance with the provisions of FMC Section 2-1508, Sick Leave and Special Leave, and applicable federal and state statutes. Sick leave shall be accumulated at the rate of one working day for each completed calendar month of employment. Sick leave shall accumulate during the probationary period but may not be used until the employee has completed six months of employment. Department directors may establish their own requirements for verifying sick leave absences for illness or injury; however, the following minimum requirements shall apply to all City employees:

1. A supervisor may require a doctor's verification of illness, which must be signed by a doctor or an R.N. under a doctor's direction, for any period of absence; however, it shall be mandatory for any employee absent for more than seven (7) calendar days due to illness or non-job related injury to present verification of said illness or injury, which must be signed by a doctor or an R.N. under a doctor's direction, upon return to work. (The physician's statement in this section, or any other statement providing the same information may be used.)
2. When a sick leave absence exceeds 15 calendar days, the employee must file with his department no later than three (3) calendar days following the 15-day period, a statement from the employee's physician regarding the estimated length of disability. If the length of absence exceeds the stated estimated period of disability, a new statement must be filed within three (3) calendar days following the expiration of the original estimated date of return.
3. The issue of whether an employee has a right to unfettered use of all accumulated sick leave prior to retirement or termination has caused much controversy before the Retirement Board and City Council. As a matter of clarification, sick leave is a privilege

and not a right. When the use of extended sick leave is predicted, the employee's physical condition will be evaluated to determine the nature and duration of disability. When the physical evaluation indicates that the employee suffers from a permanent or long-term disability that will interfere with the performance of his duties, it will be the responsibility of the department director to initiate action to transfer, return, terminate or modify duties of the employee in accordance with the appropriate section of the Fresno Municipal Code.

4. Employees must use accumulated sick leave before leave without pay for illness will be granted.
5. In the event of a work stoppage in the form of a sick-out identified by the Chief Administrative Officer, it shall be the policy and procedure of all supervisors to require a doctor's verification of all employees who claim to be ill or injured and request such leave. The City shall retain the discretion to allow or disallow paid sick leave and may request the employee to be examined by a doctor of the City's choosing. the doctor's verification shall consist of the following:
 - a) The employee's name;
 - b) The name and address of the doctor;
 - c) A statement by the physician that the employee is under the care of the physician, and that the illness/injury prevents the employee from performing his/her duties;
 - d) Statement of the specific date(s) the doctor recommends the employee stay off work;
 - e) Date(s) employee was seen by doctor; and
 - f) The verification must be signed by the physician. A signature stamp or nurse's signature will not suffice.

Special Leave

Where special leave charged against sick leave accumulation is used during the hospitalization of a member of the immediate family or for the emergency care of a member of the immediate family, as outlined in Section 2-1508(d) of the Fresno Municipal Code, a verification by the attending physician that the member's presence was required shall be presented to the department immediately upon return to work by the employee.

Military Leave

The following sections are quoted from the Military and Veterans Code, Division 2, Part 1, Chapter 7:

Section 395 (in part):

Any public employee who is a member of the reserve corps of the armed forces of the United States or of the National Guard or the Naval Militia shall be entitled to a temporary military leave of absence while engaged in military duty ordered for purposes of active military training, encampment, naval cruises, special exercises or like activity as such member providing that the period of ordered duty does not exceed 180 calendar days including time involved in

going to and returning from such duty and provided that military leave of absence is not authorized for periods of inactive military duty.

Section 395.01:

Any public employee who is on temporary military leave of absence and who has been in the service of the public agency from which the leave is taken for a period of not less than one year immediately prior to the day on which the absence begins shall be entitled to receive his salary or compensation as such public employee for the first 30 calendar days of any such absence. Pay for such purposes shall not exceed 30 days in any one fiscal year. For the purposes of this section, in determining the one year of public service of said public employee in the recognized military service shall be counted as public agency service.

Section 2-1512.1 of the Fresno Municipal Code states that every employee shall be entitled to military leave of absence as provided for in the Military and Veterans Code of California, Division 2, Part 1, Chapter 7.

The following requirements apply to military leave:

1. A completed City of Fresno "Request for Leave of Absence" form shall be submitted to, and signed by, the department director.
2. Formal active duty orders shall be attached to the form. Formal orders are those orders directed to the employee that state type of duty, reporting date, length of duty, duty station, and permanent order numbers, and that bear an authorized signature.
3. A military memorandum addressed "To Whom It May Concern" and signed by or for the commander, will allow an employee to commence military leave. However, formal orders must be submitted within thirty days after such leave is taken. Failure to so submit formal orders shall cause such leave to be converted to vacation leave, or to leave without pay, unless extenuating circumstances cause the formal orders to be unavailable within the 30-day limit, and an explanatory letter signed by or for the commander is submitted to, and approved by, the Chief Administrative Officer.
4. Pursuant to California Military & Veterans Code Section 395.01, the City may adjust an employee's work days so that the employee is not scheduled to work during periods of "inactive duty such as scheduled reserve drill periods."
5. Vacation Leave

Vacation shall be accumulated and administered in accordance with Section 2-1510 of the Fresno Municipal Code. Vacation leave requests must be signed by the employee and the department director. Employees must use accumulated vacation leave before a leave of absence without pay will be authorized, except that employees on military leave may not be required to take vacation leave in order to attend military duty.

Administrative Leave

For those Management Group employees occupying positions in those classes listed in any current salary resolution or ordinance or attachment thereto, which by reason of indication by an asterisk or other designation, are not entitled to payment of or equivalent compensatory time off for the overtime work, shall be entitled to administrative leave. Such administrative leave shall not exceed 48 hours per year, except where amounts may be approved by the Chief Administrative Officer. Please see Administrative Order 6-13 for details.

Leave of Absence Without Pay

Department directors are authorized to grant leave of absence without pay for periods of ten consecutive working days or less. Leave of absence without pay is otherwise administered in accordance with Section 2-1505 of the Fresno Municipal Code. Employees exempt from overtime shall not be subject to deductions of Leave Without Pay in increments of less than a work day or shift. Employees with medical restrictions may be placed on a part-time basis and will receive the pro-rated salary during the time of restriction.

Other Types of Leaves

All other types of leaves not specifically mentioned above will be administered according to the appropriate section under Article 15 of the Fresno Municipal Code.

Unauthorized Absence as Resignation

In accordance with Fresno Municipal Code Section 2-1512.7, an employee who, without prior authorization, is absent or fails to discharge his regularly assigned duty for three consecutive days, or two shifts in the case of a member of the City fire-fighting force, shall be deemed to have resigned effective as of the end of the day on which he last performed any of the duties of the position. The employee shall not be deemed to have so resigned if he renews the performance of his regularly assigned duties at the commencement of his next regular working day or on-duty shift following the expiration of the aforementioned period of absence or failure to discharge duties. Upon written request of the employee, the appointing authority may reinstate the employee on finding there is good cause for the absence or failure to perform duties, such as bonafide illness, injury, or circumstances beyond the control of the employee, and that the employee is ready and able to resume the discharge of his duties.

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

The employee named below has requested leave under the provisions of the Federal Family and Medical Leave Act and/or the California Family Rights Act. Your assistance in completing this form is appreciated.

1. Employee's name: _____
2. Patient's name (if other than employee): _____
3. Date condition commenced: _____
4. Probable duration of condition: _____
5. Regimen of treatment to be prescribed. (Indicate number of visits, general nature and duration of treatment, including referral to other providers of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.):
 - A. By Physician or Practitioner: _____
 - B. By any other health care provider: _____

IF THIS CERTIFICATION RELATES TO THE CARE OF AN EMPLOYEE WITH A SERIOUS HEALTH CONDITION, COMPLETE ITEMS 6, 7 & 8 AND PROCEED TO COMPLETE ITEMS 13 - 15.

IF THIS CERTIFICATION RELATES TO CARE FOR AN EMPLOYEE'S FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION, SKIP ITEMS 6, 7 & 8 AND PROCEED TO ITEMS 9 THRU 15 ON REVERSE SIDE.

OTHERWISE CONTINUE BELOW.

EMPLOYEE'S STATUS

Check YES or NO in the boxes below, as appropriate.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is in-patient hospitalization of the employee required? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is employee able to perform work of any kind? (If "NO", skip to Items 13 - 15.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if not provided, after discussing with employee.) |

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

PAGE 2

FAMILY MEMBER STATUS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. . Is in-patient hospitalization of the family member (patient) required? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. After review of the employee's signed statement (see Item 13 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |

12. Estimate the period of time care is needed or the employee's presence would be beneficial:

13. Signature of Physician or Practitioner:

14. Date: _____

15. Type or Practice (Field of Specialization if any): _____

ITEM 16 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE

16. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

Employee Signature: _____

Date: _____

Note: Employee signature required only when requesting family leave (see item 16).