

KANSAS CITY AREA TRANSPORTATION AUTHORITY EMPLOYEE REQUEST FOR FAMILY OR MEDICAL LEAVE

Date of Request:

Employee Name:

Social Security #

Date of Hire:

Dept:

Mailing Address:

Daytime Telephone #:

1. Please indicate the approximate date the condition commenced, the probable duration of the condition and the duration of the patient's present incapacity if different:

2. Start Date of Leave Requested:

3. Date Leave Ends:

4. Patient's Name:

Diagnosis:

5. Which of the following categories covers the patient's condition?

- 1. Inpatient Hospital Care
- 2. Period of incapacity of three or more days while under treatment
- 3. Pregnancy
- 4. Chronic/episodic condition requiring treatments over an extended period of time
- 5. Permanent/Long-term condition requiring supervision
- 6. Multiple treatments for a non-chronic condition with incapacity of three or more consecutive calendar days

6. To cover this leave period, indicate what leave and the number of hours of each status are you requesting to run currently with your FMLA?

_____ Leave without Pay

_____ Accrued Sick Leave

_____ Accrued Vacation

7. Is this request for an **intermittent or reduced work** schedule? ___Yes ___No

If yes, please indicate 1) the intermittent or reduced schedule you are requesting and 2) the probable duration.

1)

2)

8. Is this a leave request to care for an **immediate family member**? ___Yes ___No

9. Provide her/his name and relationship to KCATA employee:

Name/Relationship: _____

10. Explanation of the extent to which the employee is needed to care for ill spouse, child or parent:

11. If this request for leave is for the placement of your child, please give an agency contact person's name & title with address and telephone number to verify placement:

Contact Person & Title: _____

Address: _____

Telephone: _____

****Important Note to Employee:***

Leave requests for the serious health condition of an employee, an employee's spouse, child or a parent must be accompanied by a verifying medical certificate from the attending physician (See Attached Form). It is the employee's responsibility to secure a completed certification form from their physician prior to taking medical leave or in an unplanned emergency situation, as soon as the necessity for leave arises.

I hereby authorize the KCATA to contact my physician to verify the reason for my requested leave or to obtain any medical records or information necessary to process this request.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the KCATA.

Employee Signature _____ Date _____

PHYSICIAN'S MEDICAL CERTIFICATION FOR LEAVE

TO: KCATA, MO
1200 East 18th Street
(816) 346-0296

Attention: Human Resources
Fax: (816) 346-0329

1. KCATA Employee Name: _____

2. Patient Name(if different): _____

Diagnosis:

7. Which of the following categories covers the patient's condition? (Refer to fact sheet)

1. Inpatient hospital Care.
2. Period of incapacity of three or more days while under treatment
3. Pregnancy.
4. Chronic or episodic condition requiring treatments over an extended period of time.
5. Permanent/Long-term condition requiring supervision.
6. Multiple treatments for a non-chronic condition with incapacity of three or more consecutive calendar days.

4. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity if different):

5. Is employee able to perform work of any kind at this time? ___Yes ___No

If yes, please state the current restriction(s) that apply to the employee performing his/her job.

INTERMITTENT LEAVE (Question 6 must be completed if intermittent leave is requested)

6. Will it be necessary for the employee to work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in item 6 below)? Yes No

If yes, give the schedule you are prescribing and the probable duration:

Is the patient available to return to work for a partial part of their scheduled work day after a treatment?

7. If the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity?

8. Does or will the patient require assistance by our employee for basic medical, psychological, hygiene, nutritional, safety or transportation needs?

Yes No

9. Estimate the period of time (or give schedule) when care is needed or the employee's presence would be beneficial to the patient:

Signature of Attending Physician: _____

Date:

Type of Practice/ Field of Specialization

Physician Address:

Physician Contact Telephone Number:

FAMILY MEDICAL LEAVE FACT SHEET

A "**Series 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., an overnight stay*) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment³ two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders 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 treatment⁴** 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 single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity²** 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 health 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 Incapacity² 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), and kidney disease (dialysis).

Note: Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

- 2 "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.
 - 3 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.
 - 4 A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.
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KANSAS CITY AREA TRANSPORTATION AUTHORITY

Family and Medical Leave Policy

KCATA has adopted a Family and Medical Leave Policy, as required by the Family and Medical Leave Act of 1993 (FMLA). KCATA's FMLA Policy is governed by all provisions of the Family and Medical Leave Act.

I. GENERAL PROVISIONS

Eligible employees (as defined in Section II) are allowed up to a maximum of 12 weeks of leave in a rolling 12-month period in certain family and medical situations, which are described in Section III. The rolling 12-month period is measured backwards from the date the employee uses any FMLA leave. Family and Medical Leave may be taken continuously, on an intermittent basis, or on a reduced schedule basis, as described in Section V.

In order to receive Family and Medical Leave, the employee must comply with the notification, certification, and scheduling requirements which are set forth in Section IV.

Certain KCATA-provided benefits will be affected by Family and Medical Leave. The benefits and the effect of the leave on the benefits are discussed in Sections VI and VII. Return to work issues are covered in Section VIII.

II. ELIGIBLE EMPLOYEES

In order to be eligible for Family and Medical Leave, the employee must have been employed by KCATA for at least 12 months (which need not be continuous), have actually worked at least 1,250 hours for KCATA during the 12-month period immediately preceding the date the Family and Medical Leave would begin, and work in an office or worksite where 50 or more employees are employed within 75 miles of that office or worksite.

III. SITUATIONS FOR WHICH FAMILY AND MEDICAL LEAVE MAY BE GRANTED

KCATA will grant Family and Medical Leave in the following cases:

1. The birth of a child of the employee.
2. The adoption of a child by the employee.
3. The placement of a child in the foster care of the employee.
4. To care for a child, spouse, or parent of the employee who has a serious health condition.

5. For the treatment of a serious health condition which prevents the employee from performing the essential functions of his or her job (which includes on-the-job injuries or illnesses covered by the worker's compensation laws).

Leave to care for a child after birth or placement with the employee for adoption or foster care must be completed within 12 months after the date of the birth, placement, or adoption.

If a husband and wife both work for KCATA, their combined leave for the following situations is limited to a total of 12 weeks during any 12-month period:

1. For the birth of a child or to care for the child after birth;
2. For the placement of a child with the employee for adoption or foster care, or to care for the child after placement; and
3. For the care of the employee's parent who has a serious health condition.

A "child," for purposes of this policy, includes a child who is under age 18 or an older child who is incapable of caring for themselves due to a physical or mental disability, and who is related to the employee as a biological, adopted, foster or step child, or legal ward.

A "serious health condition," for purposes of this policy, is an illness, injury, impairment, or physical or mental condition which involves:

1. Inpatient care in a hospital and any period of incapacity, recovery and follow-up treatment in connection with such inpatient care;
2. Continuing treatment by a health care provider for any period of incapacity of more than three consecutive calendar days which involves: (a) treatment two or more times by a health care provider; or (b) treatment on at least one occasion by a health care provider followed by a regimen of continuing treatment under the supervision of the health care provider;
3. A period of incapacity due to pregnancy or for prenatal care;
4. A period of incapacity or treatment for a chronic serious health condition which: (a) requires periodic visits to a healthcare provider for treatment; (b) continues over an extended period of time; and (c) may cause episodes of incapacity (e.g., asthma, diabetes, epilepsy);
5. A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective and for which the employee is under the continuing supervision of a health care provider (e.g., Alzheimer's, severe strokes or the terminal stages of a disease);

6. Any period of absence to receive multiple treatments by a health care provider 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 (e.g., chemotherapy or radiation for cancer, physical therapy for severe arthritis, dialysis for kidney disease).

Family and Medical Leave does not include routine physical, eye or dental examinations. In addition, the taking of over-the-counter medication such as aspirin, antihistamines or salves; or bed rest, drinking fluids, exercise, and other similar activity which may be initiated without a visit to a healthcare provider is not by itself sufficient to constitute a regimen of continuing treatment to allow the employee to take leave under this policy. Therefore, the following are not normally considered "serious health conditions" for the purposes of this policy: the common cold, the flu, ear aches, upset stomach, minor ulcers, headaches other than migraine, and routine dental or orthodontia problems.

IV. NOTIFICATION, CERTIFICATION AND SCHEDULING REQUIREMENTS

An employee who needs Family and Medical must fulfill certain notification, certification, *and* scheduling requirements as described below.

A. Notification to Director of Human Resources

When the need for leave is foreseeable, such as for birth, adoption, foster placement, or planned medical treatment, the employee must provide at least 30 days notice to the Director of Human Resources or the leave may be delayed or denied.

When the need for leave is not foreseeable, the employee must notify the Director of Human Resources as soon as practicable (i.e., within one or two days) once the employee knows that a leave will be needed.

In all cases, the employee must furnish a written statement to the Director of Human Resources requesting the leave on the "Request for Leave of Absence Form" ("Form"), which sets forth the reason and the anticipated beginning date of the requested leave. If the length of time needed for the leave is known, then this information should also be included in the request.

If the actual period of time needed for the leave is longer or shorter than the requested period of leave, then the employee should notify the Director of Human Resources as soon as he or she knows of this fact. The employee must notify the Director of Human Resources of the date s/he will be able to return to work within a reasonable period of time before returning to work.

B. Certification Requirements

In cases involving the serious health condition of the employee or his/her child, spouse, or parent, KCATA requires that written certification of the serious health condition from a health care provider be provided. The written medical certification form may be obtained from the Director of Human Resources.

It is the responsibility of the employee to obtain medical certification from the doctor and to ensure that the completed medical certification is returned to the Director of Human Resources within 15 calendar days of the leave request (which 15-day period may be extended by KCATA in extraordinary circumstances as long as the employee has made a diligent, good faith effort to meet the 15-day deadline). The information contained in the certification will be considered confidential.

KCATA reserves the right to require a second medical opinion (at the expense of KCATA) by a health care provider of KCATA's choosing, if KCATA has reason to doubt the validity of a medical certification. If the first and second medical certifications conflict, then a third opinion may be required by KCATA (at the expense of KCATA), by a physician mutually agreed upon by KCATA and the employee.

C. Scheduling Planned Medical Treatment

When leave is needed for planned medical treatment due to the employee's own medical condition or the serious health condition of a qualifying family member, the employee must try to schedule treatment so as to not unduly disrupt operations of the KCATA. The scheduling of the planned medical treatment should be discussed with the Director of Human Resources, prior to the actual scheduling of the treatment so that we can agree on a schedule that best suits our mutual needs.

D. Periodic Reports of the Employee's Status and Intent to Return to Work

During the course of leave under this policy, KCATA may require employees to provide periodic reports regarding their status and intent to return to work. Such reports may be requested at such reasonable intervals as KCATA determines.

In addition, KCATA may require periodic recertification of the serious health condition on which the leave is based. Such recertifications may normally be requested every 30 days, and in some cases, more often (e.g. if there is a question about the validity or medical necessity of the leave).

V. INTERMITTENT LEAVE OR REDUCED LEAVE

In certain cases, an eligible employee entitled to Family and Medical Leave under the provisions of this policy may take that leave on an intermittent or reduced leave schedule. An intermittent leave schedule is one in which the employee may take the allowable leave in blocks of days or

hours at a time, as needed. A reduced leave schedule is one in which the employee's daily or weekly work hours are temporarily reduced as needed.

Leave will be granted intermittently or on a reduced leave basis:

1. In the case of the serious health condition of the employee or of the child, spouse or parent of the employee, provided that it is medically necessary and that medical certification from a physician is obtained; and
2. In the case of the birth, adoption, or foster placement of a child, provided that KCATA agrees in advance to the arrangement.

During intermittent or reduced schedule leave, KCATA may temporarily transfer the employee to another job of equivalent rate of pay and benefits to better accommodate the employee's leave and the needs of KCATA.

VI. EFFECT OF LEAVE ON EMPLOYER-PROVIDED BENEFITS

A. Medical/Health Insurance

During the period of leave governed by this Policy, the employee's current hospitalization insurance will continue provided that the employee continues to pay his or her portion of the insurance premium as he or she did prior to the commencement of leave. KCATA will pay the portion of the insurance premium which it normally paid prior to the leave.

If the employee does not return to work for KCATA at the conclusion of the leave, then the employee will be obligated to reimburse KCATA for its portion of medical/health insurance which KCATA paid during the leave, unless the reason the employee does not return is due to:

1. The continuation, recurrence, or onset of a serious health condition which would entitle the employee to leave under this Policy; or
2. Other circumstances beyond the employee's control, i.e., the employee is laid off while on leave or the employee is needed to provide care to a covered family member with a serious health condition.

Circumstances beyond the employee's control do not include a situation where an employee desires to remain with a parent in a distant city even though the parent no longer requires the employee's care, or a decision not to return to work in order to stay with a newborn child.

If an employee fails to return to work because of the continuation, recurrence, or onset of a serious health condition, thereby precluding KCATA from recovering its share of health benefit premium payments made on the employee's behalf during a period of Family and Medical Leave, KCATA retains the right to require medical certification of the serious health condition of the employee, or the family member. Such certification, if requested by KCATA, must be provided

within 30 days. Failure to provide such certification in a timely manner will enable KCATA to recover the health benefit premiums it paid during the period of unpaid Family and Medical Leave.

B. Sick Leave and Vacation Accruals During Family and Medical Leave

No additional sick days, vacation, or other paid time off will be credited to the employee for periods of time when the employee is on an unpaid leave of absence.

C. Other Benefits

Any other benefit which the employee earned before the leave began will be restored to the employee when he or she returns to work.

VII. USE OF PAID LEAVE AS FAMILY AND MEDICAL LEAVE

An employee on Family and Medical Leave is required to take any available paid time off (including, without limitation, sick days, personal days, vacation, worker's compensation, etc.) as part of Family and Medical Leave. Once all available paid time off has been exhausted, the remaining portion of the employee's Family and Medical Leave will be unpaid. In other words, paid time off runs concurrently with Family and Medical Leave if the absence qualifies as an FMLA absence. For example, if an employee has two weeks of vacation available, then a 12-week Family and Medical Leave would include 2 weeks of paid time off (charged to the employee's vacation balance) and 10 weeks of unpaid time off, all of which will count towards the employee's 12-week FMLA allowance.

If an absence from work is for an FMLA reason, it will be considered an FMLA absence and charged against the employee's 12-week FMLA leave allowance even if the time off might qualify for a non-FMLA absence (such as vacation, etc.) *and* even if the employee would prefer to have it considered as a non-FMLA absence.

VIII. RETURN TO WORK

An employee must provide a release to return to work from his/her health care provider at or before the time he/she is able to return to work. If the employee is released to work with no restrictions, the employee will be reinstated to the same position that the employee occupied prior to the leave, or to an equivalent position. If the employee is released to return to work with restrictions, KCATA will review such situations on a case-by-case basis to determine if reasonable accommodation of the restrictions can be made.

The taking of leave under this policy does not entitle the employee to any greater likelihood of being restored to the employee's position, or an equivalent position, than the rights the employee otherwise would have had if leave were not taken. For example, if the employee would have been terminated due to performance or if the employee's job would have been eliminated at or after the time the employee takes Family and Medical Leave, KCATA still has the right to take those actions.

IX. NON-RETALIATION

It is KCATA's policy to fully comply with its obligations under the FMLA and will not discipline, discharge, or discriminate against any employee for exercising his/her rights under the FMLA.