

**ANNOUNCING
FAMILY MEDICAL LEAVE
FOR RACINE COUNTY EMPLOYEES
NOW ADMINISTERED BY FMLASOURCE**

EFFECTIVE NOVEMBER 1ST, 2009- We are pleased to announce that Family Medical Leave and Wisconsin Family Medical Leave will be administered by FMLASource on behalf of Racine County. Employees will not have a lapse in service and communications regarding their FMLA, which will come directly from FMLASource. Employees will be able to download forms and check on the status of their leave directly from the FMLASource website. Employees who don't have internet access will be mailed the forms. Employees will still be required to contact their supervisor and follow proper call in procedures for any absences.

FAMILY MEDICAL LEAVE ACT OF 1993

FMLA provides up to 12 weeks of unpaid, job protected leave to "eligible" employees for certain family and medical reasons. You are eligible if you have worked for Racine County for at least one year and for 1,250 hours over the previous 12 months.

Wisconsin FMLA provides up to 2 weeks for your own serious health condition, up to 2 weeks for a family members illness and up to 6 weeks for birth, adoption, foster care or placement leave. You are eligible if you have worked for Racine County for more than 52 consecutive weeks preceding the request and worked 1,000 hours during the preceding 52 weeks.

■ **Reasons for Taking Leave**

Unpaid leave must be granted for any of the following reasons:

- To care for your child after birth, or placement for adoption or foster care;
- To care for your spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes you unable to perform your job.
- In situations of qualifying exigency to be with an employee's spouse, parent or child if said person is an active servicemember or has an impending call to active duty in support of a contingency operation.
- For the care of an injured service member if the servicemember is the employee's spouse, child, parent, or "next of kin". This type of FMLA can be elected once to be taken for up to 26 weeks in a 12-month period.

■ **Advance Notice and Medical Certification**

You may be required to provide advance leave notice. Medical certification will be required. Taking leave may be denied if requirements are not met:

- You ordinarily must provide 30 days advance notice when the leave is foreseeable.
- Racine County requires medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness-for-duty report to return to work.

■ **Job Benefits and Protection**

- For the duration of FMLA leave, Racine County must maintain your health coverage under any "group health plan" providing the employee pays the employee's share of the premium.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

- Any time you are missing work due to your own serious medical condition or the care of a family member’s condition or other qualifying reasons, please contact FMLASource and:
 - Contact your Supervisor or Human Resources Representative.
 - Follow proper call in procedures for your department.
 - Call 1-877-GO2-FMLA or log on to www.fmlasource.com
 - Your information will be verified by a Benefit Specialist who will initiate the Family Medical Leave process and answer any questions you may have.
 - You will be notified of the status of your FMLA claim once it has been processed.

Employees should follow the procedures below for W/FMLA

Racine County	877-GO2-FMLA
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- Follow proper call-in procedures for your department
 Contact FMLASource to notify of need for leave via:
 Website: www.FMLASource.com
 Phone: 1-877-GO2-FMLA (1-877-462-3652)
 Fax: 1-877-309-0218 (initial request form)
 E-mail: FMLACenter@FMLASource.com

- Receive Medical Certification form (2 page form) from FMLASource or downloaded from the internet

- Take Medical Certification form to physician for completion

- Verify physician completed Medical Certification form

- Verify FMLASource received correctly completed Medical Certification form directly from physician

- Receive FMLA decision letter from FMLASource

- If approved for leave:
 - Intermittently—contact your supervisor and follow your department’s procedures for requesting time off.
 Contact FMLASource within 48 hours to report FMLA hours used.
 - Continuously—contact your supervisor and FMLASource to report your return to work date

- If denied for leave:
 - Contact FMLASource