

KETCHIKAN GATEWAY BOROUGH  
FAMILY AND MEDICAL LEAVE PACKET

REVISION DATE

April 15, 2014



**Certification of Health Care Provider**  
(Family and Medical Leave Act of 1993)  
(Alaska Family Leave Act)

**This form is to be completed when family leave is needed for an EMPLOYEE'S own "serious health condition".**

Employee's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Release of Medical Information:** I authorize the release of any medical information necessary to provide the information requested on this form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SERIOUS HEALTH CONDITION:**

1. The attached sheet describes what is meant by a "**serious health condition**<sup>1</sup>" under the Family and Medical Leave Act. Does the **employee's condition** qualify under any of the categories described? If so, please check the applicable category.

- \_\_\_\_\_ (1) Hospital Care
- \_\_\_\_\_ (2) Absence Plus Treatment
- \_\_\_\_\_ (3) Pregnancy
- \_\_\_\_\_ (4) Chronic Conditions Requiring Treatments
- \_\_\_\_\_ (5) Permanent/Long-Term Conditions Requiring Supervision
- \_\_\_\_\_ (6) Multiple Treatments (Non-Chronic Conditions)
- \_\_\_\_\_ None of the above.

Date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

2. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

**TREATMENTS:**

3. Will the employee be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

If Yes: Number of treatments: \_\_\_\_\_

Interval between treatments: \_\_\_\_\_

Dates of treatments: \_\_\_\_\_

Period of recovery: \_\_\_\_\_

4. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

<sup>1</sup> Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

5. If a **regimen of continuing treatment** by the employee is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

**INCAPACITY:**

6. Is the employee **presently incapacitated**<sup>2</sup> ?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ If yes, give the probable duration: \_\_\_\_\_

7. If the condition is a **chronic condition** (condition #4) or **pregnancy**, are **episodes of incapacity likely**?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ If yes, give the probable duration of episodes: \_\_\_\_\_

\_\_\_\_\_ If yes, give the probable frequency of episodes: \_\_\_\_\_

8. Will it be necessary for the employee to **work on a reduced schedule** as a result of the condition?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ If yes, give the probable duration: \_\_\_\_\_

**ABILITY TO WORK:**

9. Is the employee **able to perform work** of any kind?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

10. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ If yes, please list the essential functions the employee is unable to perform:

11. If neither 9 nor 10 applies, is it necessary for the employee to be **absent from work for treatment**?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
(Signature of Health Care Provider)

\_\_\_\_\_  
(Type of Practice)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone number)

<sup>2</sup> **Incapacity**, for purposes of FMLA, is defined to mean the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

# ATTENDING PHYSICIAN'S RETURN to WORK RECOMMENDATIONS

KETCHIKAN GATEWAY BOROUGH, 1900 First Avenue, Ketchikan, AK 99901 907-228-6625 Fax: 247-6625

To be completed by attending physician

Employee Name	Appointment Date																																																																											
Next Office Visit Scheduled For	Date of Injury																																																																											
<p>I saw and treated this patient on _____ <b>and:</b></p> <p><input type="checkbox"/> 1. Recommend patient return to work with no limitations on _____</p> <p><input type="checkbox"/> 2. Patient is unable to return to work at this time. Patient will be re-evaluated on _____</p> <p><input type="checkbox"/> 3. Patient may return to work capable of performing the <b>degree</b> of work checked below with the following <b>limitations:</b></p>																																																																												
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<p><input type="checkbox"/> <b>Sedentary Work</b> - Means lifting 10 lbs maximum and occasionally lifting and/or carrying such articles as files, ledgers, small tools, and supplies. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.</p> <p><input type="checkbox"/> <b>Light Work</b> - Means lifting 30 lbs maximum with frequent lifting, and or/ carrying objects weighing up to 20 lbs. Frequent bending, stooping, or squatting may be required. No overhead lifting.</p> <p><input type="checkbox"/> <b>Medium Work</b> - Means lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 35 lbs. Frequent bending, stooping, or squatting may be required. Occasional lifting overhead of no more than 20 lbs.</p> <p><input type="checkbox"/> <b>Heavy Work</b> - Means lifting 75 lbs maximum &amp; frequent lifting and/or carrying of objects weighing up to 50 lbs. Frequent bending, stooping, or squatting may be required. Occasional lifting overhead of no more than 30 lbs.</p> <p><input type="checkbox"/> Other limitations and/or restrictions: (attach a separate sheet if necessary)</p> <p><input type="checkbox"/> 4. These restrictions are in effect until _____</p>	<p>Normal workday for this patient is _____ hours.</p> <p>a. Stand/Walk  <input type="checkbox"/> None <input type="checkbox"/> 1-4hrs <input type="checkbox"/> 4-8 hrs <input type="checkbox"/> 8-12hrs</p> <p>b. Sit  <input type="checkbox"/> None <input type="checkbox"/> 1-4hrs <input type="checkbox"/> 4-8 hrs <input type="checkbox"/> 8-12hrs</p> <p>c. Drive  <input type="checkbox"/> None <input type="checkbox"/> 1-4hrs <input type="checkbox"/> 4-8 hrs <input type="checkbox"/> 8-12hrs</p> <p>2. Patient may use hands for repetitive:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">N/A</th> <th style="width: 10%;">Frequently</th> <th style="width: 10%;">Occasionally</th> <th style="width: 10%;">Not at all</th> </tr> </thead> <tbody> <tr> <td>Power Grip</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Push/Pull</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fine Manipulation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>3. 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# Family and Medical Leave Act of 1993 Information Sheet

For purposes of FMLA, "**serious health condition**" means an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

1. **Hospital Care**

**Inpatient care**<sup>1</sup> (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care 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**<sup>2</sup> **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 treatment**<sup>3</sup> **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 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 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), or kidney disease (dialysis).

<sup>1</sup> Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

<sup>2</sup> Treatment includes examination to determine if a serious health condition exists and evaluation of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>3</sup> 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, or other similar activities that can be initiated without a visit to a health care provider.

## Frequently Asked Questions Regarding Family Leave; Federal Regulations; and the Alaska Statutes

### Overview of the Acts

**The Family and Medical Leave Act of 1993 (FMLA)** provides a job-protected absence for up to 12 weeks in a 12-month period to eligible employees for a qualifying condition. The **National Defense Authorization Act (NDAA)** amended the FMLA effective January 16, 2009. Two new leave rights were added relating to military service: entitlement for 12 weeks of leave for eligible employees because of “any qualifying exigency” and an entitlement for up to 26 weeks of leave for eligible employees related to a service member who is recovering from a serious illness or injury sustained in the line of duty on active duty. Other revisions adopted in the final rule adopted by the U.S. Department of Labor made changes to FMLA in the areas of: employer notice obligations, medical certification, nonconsecutive periods of service as it applies to the eligibility threshold, addition of non-designation of FMLA leave penalties, revisions to the definition of serious health condition, changed light duty to *not* count toward a FMLA entitlement, and clarified that an employee can voluntarily settle past FMLA claims without court or departmental approval but prohibits an employee from waiving prospective FMLA rights.

**The Alaska Family Leave Act of 1992 (AFLA)** provides a job protected absence for up to 18 weeks in a 24-month period to eligible employees for a qualifying serious medical condition. It also provides a job protected absence for up to 18 weeks in a 12-month period to eligible employees for pregnancy, childbirth or adoption.

When an employee is eligible under both Acts, the entitlements run concurrently.

### General Information

The federal Family and Medical Leave Act (FMLA) and Alaska Family Leave Act (AFLA) place additional requirements on the state and provide additional benefits to our employees. However, FMLA and AFLA supplement rather than replace other laws, contractual requirements, and our own policies and practices regarding leave. Thus, FMLA and AFLA must be applied in harmony with all related statutes, regulations, and guidelines. Requirements such as calling a supervisor within 15 minutes after scheduled starting time to report leave (or 15 minutes before the start of shift, or whatever the office practice might be) are unchanged by FMLA and AFLA.

Because FMLA and AFLA supplement other provisions, the following principle applies: the employee is entitled to the most generous benefit provided by any applicable source. Whenever provisions under FMLA are more generous, apply the federal regulations. Whenever provisions under AFLA are more generous, apply the state regulations. Whenever an applicable collective bargaining provision is more generous, apply that provision.

On the other hand, the employer does have some decisions to make and options to choose. Refer to the [Alaska Administrative Manual, 280.360 – 280.450](#). The State of Alaska's decisions are also reflected in the question and answer sections that follow. The decisions reflect the following: where there is an entitlement under more than one federal or state law or regulation or collective bargaining agreement, the use of leave will be considered as use for all entitlements and the leave time will run concurrently.

FMLA has very specific notice requirements for the posting of notices, for notifying an employee of specific rights and obligations at the time the supervisor is made aware of an employee's intent to use family leave, and when an employee's family leave entitlement is invoked. Although this FAQ addresses some questions, careful review of the full requirements is encouraged ([29 CFR Part 825, Subpart C](#)).

Implementation of FMLA and AFLA added material to, and required the establishment of, employee medical files. All information with regards to an employee's medical history (past and current) shall be kept in these

medical files. These files must be kept separate from the employee's personnel or other files, as is required by the Americans with Disabilities Act, and must be kept confidential. This means the medical files must be kept in a locked cabinet separate from the one(s) containing other employee, leave, or payroll files. The Division of Personnel is responsible for maintaining the official medical file.

We have adopted the following convention throughout this document to distinguish the use of leave for pregnancy, childbirth, placement for adoption, etc., from leave for a serious health condition. The former is referred to as "parental leave" and the latter as "medical leave." A provision that applies to either (or both) leave type is referred to as "family leave." The meaning of each of these terms is different under the FMLA and AFLA. Specific references to the federal and state laws use "FMLA" and "AFLA" respectively. Table 1 compares major differences in provisions between FMLA and AFLA and reflects state policy adopted through the Alaska Administrative Manual.

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

