



## **Family Medical Leave Act (FMLA)**

The Family Medical Leave Act (FMLA) entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave for certain specific reasons. An employee must request the FMLA qualifying leave in writing by completing the “*Diocese of Owensboro Employee Request for Leave – FMLA*” and must document the reason for the leave. The pastor and the employer will determine if the days requested qualify as FMLA. Any questions regarding FMLA may be directed to the Diocese of Owensboro’s Human Resource Department.

### **To be eligible:**

- An employee must have worked at least 12 months for the Diocese.
- An employee must have worked at least 1,250 hours in the preceding twelve months, prior to the start of the FMLA leave.
- When the leave is foreseeable, the employee should give their pastor or employer a 30-day notice and complete applicable FMLA paperwork.

### **Eligible employees may take FMLA leave for the following reasons:**

- An employee’s birth of a child or in order to care for your child, or placement of a child for adoption or foster care - up to 12 weeks;
- An employee’s own serious health condition which renders an employee unable to perform the functions of their job - up to 12 weeks;
- An employee’s need to care for an immediate family member, which includes an employee’s spouse, child, or parent with a “serious health condition” - up to 12 weeks;
- An employee’s military active duty status, notification of an impending call, or order to active duty status - up to 26 weeks;
- An eligible employee is caring for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next-of-kin of the service member – up to 26 weeks.

Any leave taken under one or more of these circumstances will be counted against the employee’s total entitlement to FMLA leave for the leave year.



Employees who have a break in employment due to their military obligations shall be taken into consideration when determining whether an employee has been employed for 12 months or has the required 1,250 hours of service to qualify for FMLA.

Employees on FMLA will continue to receive the Diocese's employee benefits provided they meet the specific requirements of such benefit programs. The employee portion of the expense of these benefits will be the responsibility of the employee during their FMLA and self-pay payments should be submitted timely.

Sick Leave, paid or unpaid, may be designated as an FMLA leave by the employee and Sick Leave time off as FMLA leave shall run concurrently with the sick time off and is counted as FMLA leave.

Under FMLA, if sick time is available, it will be paid first, and once it is exhausted, the employee has the option to use available vacation time. After sick time (and elected vacation time) are used, the employee will then go into unpaid leave status.

Regular employees not eligible for FMLA may request an unpaid family emergency or medical leave. The employee should request leave in writing stating the circumstances and the expected length of time away from the job. It is understood that a request does not guarantee leave will be granted.

Leave beyond 12 weeks (or 26 weeks if applicable) will not be granted except for extreme circumstances. Regular employees not eligible for FMLA may request from their pastor or employer an unpaid family emergency or medical leave.

The Diocese measures the 12-month period in which the leave is taken by the rolling 12 month period, measured backward from the date of any and all FMLA leave with one exception. For leave to care for a covered service member, or for the spouse, son, daughter, or parent of a covered service member, the 12-month period begins on the first day the employee takes FMLA leave to care for a covered service member and ends 12 months after that date. For leave to care for an eligible employee, the 12-month period begins on the first day the employee takes FMLA leave and ends 12 months after that date. FMLA for the birth or adoption of a child or foster care must be concluded within 12 months of the birth or placement.

If an employee requests FMLA leave due to a serious illness of their own, the employee may be required to furnish medical Certification that they are fit to resume work. Employees failing to provide the Return to Work Certification, when required, may not be permitted to resume work until it is provided.

Failure to return to work on the determined return to work day without prior approval of the pastor or employer will be considered a voluntary resignation by the employee.



Serious Health Condition means an illness, injury, impairment or physical or mental condition which involves:

Inpatient Care, meaning an overnight stay in a hospital, hospice or residential medical-care facility, including any period of incapacity (inability to work or perform regular daily activities) or any subsequent treatment in connection with such inpatient care; or

Continuing treatment by a health care provider, this includes:

- (1) A period of incapacity lasting more than three consecutive, full calendar days and any subsequent treatment of period of incapacity relating to the same condition, that also includes treatment two or more times by or under the supervision of a health care provider (in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or one treatment by a health care provider (an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (Prescription medication, physical therapy); or
- (2) Any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; or
- (3) Any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (at least twice per year) to a health care provider, and may involve occasional episodes of incapacity. A visit to a health care provider is not necessary for each absence; or
- (4) A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; or
- (5) Any absence to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated.



## **Adoption/Maternity/Paternity**

All regular employees will receive two (2) weeks of paid maternity or paternity leave. Regular part-time employees will receive pay in proportion to the part-time hours scheduled. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child. To be entitled to this pay, a written request must be made in advance of the leave to your pastor or employer. Eligible employees may request an additional ten (10) weeks unpaid leave of absence under FMLA for the birth/adoption of a child. This leave can be taken within a twelve (12) month period beginning at the birth/placement of the child and expiring twelve (12) months from the date of birth/adoption. Refer to the FMLA policy in this handbook for further details.

Employees who are not eligible for FMLA leave may be granted an additional four (4) weeks unpaid leave of absence for the birth/adoption of a child. Refer to the FMLA policy for further details. Accrued leave must be used in place of the remaining unpaid leave, if applicable. This leave must be taken immediately following the birth/placement of the child.

This policy will be in effect for births, adoptions or placements of foster children occurring on or after the effective date of this handbook.



**Diocese of Owensboro  
Employee Request for Leave  
Family Medical Leave Act (FMLA)**

**Date:** \_\_\_\_\_

**Parish or Employer Name:** \_\_\_\_\_

**This serves as my request for leave under the Family and Medical Leave Act. I am requesting leave for the following reason:**

\_\_\_ The birth of a child, placement of a child with me for adoption or foster care.

\_\_\_ A serious health condition of my own.

\_\_\_ A serious health condition of my spouse/child/parent that requires my care.

\_\_\_ I am the spouse/son/daughter of a covered military member in active duty status or has been notified of an impending call or order to active status.

\_\_\_ I am the spouse/son/daughter/parent or next of kin of a covered service member with a serious injury or illness.

\_\_\_ I am the spouse/son/daughter/parent or next of kin of a covered service member under a call or in active duty and I must handle certain qualifying exigencies.

I understand that I must provide additional information if requested of me by my employer to support my reason for leave.

I would like for my FMLA leave to begin on \_\_\_\_\_, and I am requesting \_\_\_\_\_ days of leave or \_\_\_\_\_ weeks of leave or \_\_\_\_\_.

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Employee printed Name Employee Signature

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Diocese of Owensboro Approval Date

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Diocese of Owensboro Non-Approval Date