



Family and Medical Leave Act of 1993 Hill AFB Guidelines and Procedures

1. The following are Hill AFB Guidelines and Procedures for the Family and Medical Leave Act of 1993 (FMLA), which must be utilized in conjunction with 5 CFR (Code of Federal Regulations) Part 630, Subpart L, Family and Medical Leave (available at <http://www.access.gpo.gov/nara/cfr/>). It entitles most federal employees a total of up to 12 administrative workweeks of leave without pay (LWOP) during any 12-month period for certain family and medical needs.

2. Most federal employees under appropriated funds, as defined in 5 USC (United States Code) § 6381(1), who have completed at least 12 months of qualified service, are covered. Employees on intermittent appointment or temporary appointment of one year or less are excluded.

3. Covered employees with an approved request are entitled to:

a. the amount necessary up to a total of 12 administrative workweeks of LWOP during any 12-month period, beginning on the date the leave begins, for one or more of the following qualifying events:

(1) birth of a son or daughter of the employee and in order to care for such son or daughter.

(2) placement of a son or daughter with the employee for adoption or foster care.

(3) in order to care for the employee's spouse, son, daughter, or parent, due to their serious health condition, all as defined in 5 CFR § 630.1202 (serious health conditions are also described on page 4 of Form WH-380 - see paragraph 4b below).

(4) because of a serious health condition, as defined in 5 CFR § 630.1202 (serious health conditions are also described on page 4 of Form WH-380 - see paragraph 4b below), which makes the employee unable to perform one or more of the "essential functions" of his or her position (determined by the supervisor, see also the position description).

b. protection of employment and benefits, as described in 5 CFR § 630.1208 and 1209. If elected, Federal Employees Health Benefits continue for up to 365 days in a nonpay status. Utilizing the **Benefits Summary for Civilian Employees on LWOP** (Attach 1 or the most current version at <http://www.afpc.randolph.af.mil/dpc/best/menu.htm>), the employee may elect termination of health benefits or retention of health benefits with a designation of how the employee's share of the premiums will be paid. Follow the mailing instructions and also send a copy to the Entitlements Section, Civilian Personnel, OO-ALC/DPCE.

c. substitute accrued or advanced annual or sick leave for unpaid leave under FMLA consistent with current law and regulations governing the use of annual or sick leave and when requested in advance. Leave donated to the employee under the Voluntary Leave Donation Program may also be substituted under FMLA or used separately. Substitution of paid leave for unpaid leave under FMLA cannot be done retroactively.

4. Employee Responsibilities.

a. Invoke entitlement by requesting leave under FMLA. Utilize block 5 of **OPM Form 71, Request for Approved Absence*** (Office of Personnel Management Form, Attach 2), in addition to completing blocks 1 through 7b. Include LWOP and/or substituted paid leave. Other types of leave may not be substituted retroactively. See paragraph 6 below if use will be intermittent. Provide the completed OPM Form 71 to the immediate supervisor as follows

(1) If foreseeable, in not less than 30 days prior to start date. The applicable medical certification or evidence described below in paragraph b or c must also be provided within 15 days of the date the entitlement is invoked.

(2) If events beyond the control of the employee prevent the employee from making the request 30 days in advance, make the request as soon as is practicable for the circumstances involved prior to the absence. In emergency situations, notice from an employee's personal representative (spouse, domestic partner, family member, or other responsible party) as designated in writing by the employee will suffice until the employee is able to contact the supervisor and within 15 days of the emergency notice provide the leave form and medical certification. If despite the employee's diligent, good faith efforts, the medical certification cannot be provided within 15 days of contact, it must be provided not later than 30 days.

b. For the purpose of 3a(3) & (4) the employee must also provide acceptable medical certification on **Form WH-380, Certification of Health Care Provider*** (U.S. Department of Labor Form, Attach 3) to satisfy the mandatory requirement to furnish medical certification (IAW 5 CFR § 630.1207) completed by a qualified health care provider, as defined in 5 CFR § 630.1202. Also, under 3a(4) it is necessary to provide the health care provider with information on the "essential functions" of the employee's position (determined and provided by the supervisor, see also the position description). Report status and intent to return to duty periodically. Failure to provide medical certification may result in unauthorized absence without leave (AWOL) charges and may form the basis for disciplinary action.

c. For the purpose of 3a(1) & (2) the employee must provide evidence that is administratively acceptable.

d. An employee may not retroactively invoke his or her entitlement to FMLA leave; however, if an employee and their personal representative are physically or mentally incapable of invoking the employee's entitlement to FMLA leave during the entire period of absence from work for a qualifying event, the employee may retroactively invoke his or her entitlement. Invoke entitlement within two workdays after returning to work and within 15 days of invoking the entitlement provide the medical certification. Include documentation of the incapacity that prevented the employee from invoking FMLA during the entire period of absence. In addition, provide acceptable documentation explaining the inability of the representative to contact the agency and invoke the employee's entitlement to FMLA during the entire period of absence.

e. If an extension of the original leave period is requested, or the circumstances described in the original medical certification change significantly, or receipt of information casts doubt upon validity of the original medical certification, the employee may be required to provide an updated medical certification on Form WH-380.

f. To remain entitled to FMLA under 3a(3) & (4), an employee or the employee's family member must comply with any requirement from the agency to submit to examination (though not treatment) to obtain a second or third medical certification at the agency's expense from a health care provider designated by the agency.

5. Supervisory responsibilities.

a. Confirm that the employee is invoking his or her entitlement to FMLA. If provided verbally, provide an OPM Form 71 and request that the employee complete it as described above in paragraph 4a.

(1) If the purpose is under 3a(4), provide a copy of the position description to the employee and indicate which are the "essential functions" or fundamental job duties of the position (see 29 CFR § 1630.2(n)) as determined by the supervisor.

(2) Annotate the OPM Form 71 appropriately as follows: **provisionally approved**, "pending receipt of acceptable evidence or medical certification of a qualifying event within 15 days" or "pending a determination regarding the documentation received;" **approved**, based on the receipt of acceptable evidence or medical certification for a qualifying event; **disapproved**, "evidence or medical certification is not based on a qualifying event" and when determined after the fact, "your absence has been charged as AWOL," unless other leave has been authorized. See also paragraph 6 below regarding intermittent use.

b. Regarding the medical certification, if the validity is in doubt, reasonableness of the amount of leave or treatment is in doubt, it is incomplete, or it is not received, the supervisor will contact their Employee Management Relations (EMR) Specialist in Civilian Personnel for further direction (see also 5 CFR § 630.1207 (d)). The supervisor will also contact their specialist if an alternate position is considered (see paragraphs 3b & 4f above).

c. Provide a copy of the annotated OPM Form 71 to the EMR Specialist by mail to OO-ALC/DPCE or fax to 586-3233.

d. Up to 30 consecutive days of LWOP are documented in the timekeeping system. Initiate a Request for Personnel Action for LWOP of 30 consecutive days or more and another for return to duty as appropriate.

e. The supervisor will monitor the amount of leave used under FMLA, maintain these records within the Employee's Supervisory Record, and ensure FMLA leave does not exceed 12 administrative workweeks during any 12-month period beginning on the date the leave begins. An employee is not entitled to 12 additional workweeks of FMLA leave until the previous 12 month period ends and an event occurs that entitles the employee to another period of FMLA leave (may include a continuation of a previous situation).

f. Supervisors safeguard medical certifications (IAW 5 CFR § 293.106) within the Employee's Supervisory Record from unauthorized access, use, modification, destruction or disclosure. Ensure the records are secured whenever they are not in use or under the direct control of authorized persons. Maintain certifications in accordance with needs described in paragraph e above and then destroy.

g. If the employee requests an extension of the original leave period, or the circumstances described in the original medical certification change significantly, or receipt of information casts doubt upon validity of the medical certification, the employee may be required to provide an updated medical certification on Form WH-380. When these situations arise supervisors will contact their EMR Specialist for further direction.

6. Intermittent Leave Usage. Supervisors may authorize intermittent leave usage or a reduced work schedule: under 3a(3) & (4) when medically necessary; under 3a(1) & (2) if mutually agreed.

a. If the use of FMLA leave is required on an intermittent basis, the employee must indicate this in the notice of leave and obtain approval from the supervisor. The employee must consult with the supervisor and make a reasonable effort to schedule leave and treatment so as not to disrupt unduly the operations of the agency.

b. The employee may be temporarily placed in another position, for which qualified and at same pay, to better accommodate recurring periods of leave if required by the immediate supervisor. The branch chief or equivalent will determine whether the alternative position meets the criteria set forth in 5 CFR § 630.1204(d) and will document this decision in the FMLA file maintained within the Employees' Supervisory Records.

7. Miscellaneous.

a. An employee who takes leave under FMLA for his or her own serious health condition will report to the Civilian Dispensary, Building 249, upon returning to work.

b. If the employee is not fully recovered when he or she returns to work, other leave may be requested and considered in accordance with applicable policies and procedures. If the employee will be unable to return to work, the supervisor will contact their EMR Specialist for further direction.

c. Disciplinary action may be taken against an employee who provides false certification of the need for leave.

d. Employees may file a grievance under the agency's grievance procedures or negotiated grievance procedures if he or she believes that the agency has not fully complied with the rights or requirements of the FMLA.

3 Attachments

1. Benefits Summary for Civilian Employees on LWOP
2. OPM Form 71, Request for Approved Absence*
3. Form WH-380, Certification of Health Care Provider*

*These forms may also be obtained at <http://www.opm.gov/oca/leave/index.asp>



Updated 27 Jun 03

Benefits Summary for Civilian Employees on Leave Without Pay (LWOP)

(Full and Limited Service)

This benefits summary does not apply to employees who enter LWOP for military active duty.

Employees can request, and supervisors approve, LWOP for a variety of reasons. Read on to discover how LWOP impacts your benefits.

FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB)

What happens to my health insurance when I enter a LWOP (nonpay) status? During a period of LWOP you may elect, *in writing*, to terminate your FEHB coverage or to continue it for a maximum of 365 days. A period of LWOP can also impact the tax treatment of your FEHB premium and may permit you to change your participation in premium conversion. You must notify the Benefits and Entitlements Service Team (BEST) in writing, via the attached FEHB Options While in Nonpay Status Election form, whether you wish to continue or terminate your FEHB enrollment. *If you do not return the election form, your enrollment will continue and you will be responsible for the premiums.*

If I continue my FEHB enrollment while on LWOP, what are my options for paying the premiums? You may elect to pay the premiums on a current basis or incur a debt. Payment on a "current basis" means sending a check directly to your servicing Defense Finance and Accounting Service (DFAS) payroll office each pay period while on LWOP. An election to incur a debt means you agree to pay the resulting debt via payroll deduction after you return to duty.

May I change my premium conversion participation election based on LWOP? Yes. Entering a LWOP status and returning to duty from LWOP are both qualifying life events for the purpose of changing your premium conversion participation status. You may change from participating to not participating, or vice versa.

Does LWOP affect the tax treatment of my FEHB premium? It can. If you are currently participating in premium conversion, your premiums are withheld from your salary on a "before-tax" basis. If you elect to pay your premiums on a current basis while on LWOP, your payments will be "after-tax." If you elect to incur a debt and have the premiums deducted from your salary after you return to duty, they will be on a "before-tax" basis. If you are not participating in premium conversion, premiums will be paid on an "after-tax" basis regardless of whether you pay on a current basis or incur a debt -- unless you change your premium conversion status from "not participating" to "participating" upon entering into LWOP, or upon returning to duty.

How do I change my premium conversion participation status? Complete the FEHB Premium Conversion Waiver/Election Form and mail or fax it to the address/fax numbers listed below. The form is located on our website at www.afpc.randolph.af.mil/dpc/best/fehb.htm.

Is there a time limit for changing my premium conversion participation status? Yes. Premium conversion elections may be submitted 31 days prior to but no later than 60 days after the effective date of entering into LWOP, or within 60 days of returning to duty from the LWOP status.

May I use EBIS or the BEST phone automated system to cancel my enrollment? We recommend against using these systems to stop your enrollment, for the following reasons.

-- Using the BEST phone system or EBIS to stop your health insurance results in a "cancellation" of the enrollment. With a cancellation, you are not eligible for the 31-day automatic extension of coverage or the conversion privilege. When you return to work you will have to wait until the next open season or permissible life event to reenroll. In addition, canceling your enrollment will count as a break in the current

continuous coverage you need to be eligible to take your health insurance into retirement. Finally, if you are participating in premium conversion, you may NOT cancel your coverage except during an annual open season or upon a qualifying life event (QLE).

-- If you "terminate" your enrollment by using the attached election form, you will be eligible for the 31-day automatic extension of coverage during which you and your covered family members may convert to an individual policy. You may reenroll in any FEHB plan within 60 days of returning to work. In addition, termination is not considered a break in the continuous coverage necessary for continuing FEHB into retirement.

What is the effective date of a termination or cancellation of FEHB coverage? If you elect to terminate now, the termination will be effective retroactive to the last day of the pay period premiums were withheld from your pay. A cancellation is effective at the end of the pay period in which you use EBIS or the BEST phone system to stop your enrollment. If you elect to continue coverage for the maximum of 365 days in a nonpay status, the enrollment will terminate at the end of the pay period in which the 365th day falls.

Is there any way to continue health insurance after it terminates? Yes. Whether you elect to terminate your coverage now or it terminates automatically after 365 days in a LWOP status, you will have a 31-day automatic extension of coverage (at no cost). During the 31-day period, you may apply to convert to an individual policy. If you cancel your coverage, as discussed above, you lose both the 31-day extension and the right to convert.

How do I apply for conversion to an individual policy? You must write to your health plan carrier, within 31 days of the termination of your health insurance, and request information on converting to an individual, nongroup contract. The carrier will provide you with an application for conversion and information on benefits and costs. Additional information on the conversion process may be found in Part B on the reverse side of the Standard Form 2810 (Notice of Change in Health Benefits). BEST will provide you with the SF 2810 if you elect to terminate your coverage now, or when it terminates at the end of 365 days in a nonpay status.

I plan to continue my FEHB enrollment during LWOP. What happens if I separate from employment prior to completing 365 days LWOP? What happens if I separate after completing 365 days LWOP? If you separate prior to or on the 365th day of LWOP, your FEHB enrollment will terminate based on the separation and your servicing CPF will provide you with an SF 2810. You will have a 31-day automatic extension of coverage during which you may convert to an individual policy or apply for Temporary Continuation of Coverage (TCC). If you separate from employment, your CPF should provide you with our brochure "Benefits Summary for Separating Employees," or you may obtain it by visiting our Separating Employees Page at www.afpc.randolph.af.mil/dpc/best/sep-emp-info.htm. (Click on "Full Services" or "Limited Services," as applies to you.) While there, be sure to look at the following items: "Temporary Continuation of Health Benefits Coverage," "Termination, Extension or Conversion of Your Life Insurance Coverage," and "Withdrawing Your TSP After You Separate."

A separation from employment after the 365th day of LWOP is immaterial. Your health insurance will be terminated based on completion of 365 days LWOP, with the 31-day extension of coverage and conversion to individual policy option.

I am not currently enrolled in health insurance. May I enroll upon returning to duty from LWOP? If you were not enrolled at the time you entered on LWOP, you may enroll upon return to pay status *only* if a qualifying event occurred while you were on leave without pay.

FLEXIBLE SPENDING ACCOUNTS (FSA)

What happens to my FSA account when I am placed in a LWOP status? If you go on LWOP, contributions will not be made. There are other options, though, such as prepaying the allotment (which will increase the per pay period amount deducted).

How can I get more information about the effect of LWOP on my FSA account? SHPS, Inc., the 3rd party administrator of the program, has full responsibility for the FSA program, which includes counseling employees on the program as well as processing enrollments. You can find more information on their

website at www.fsafeds.com, or you can speak with an SHPS customer representative at 1-877-372-3337 (TTY: 1-800-952-0450). Don't wait...if you have an active FSA account and plan on entering a LWOP status soon, contact SHPS today!

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)

What happens to my life insurance when I enter a LWOP status? Your life insurance coverage continues, at no cost to you, for the first 12 months of nonpay status. The 12 months may be continuous or broken by periods of less than four consecutive months of pay status. Your coverage will stop at the end of the day on which you complete 12 months in a nonpay status, subject to a 31-day temporary extension of coverage and conversion privilege. Exception: if you are in a nonpay status because you are receiving workers compensation benefits, your life insurance coverage will continue, if you are otherwise eligible, and your continued coverage is not free. The Department of Labor will withhold premiums from your compensation payments.

I'm receiving benefits from the Department of Labor, Office of Workers' Compensation Programs (OWCP). Do I still have life insurance? To continue life insurance benefits as an OWCP compensation, you must have carried FEGLI for the 5 years of service immediately before the beginning date of compensation or, if you had it less than 5 years, for the full period(s) of service during which you were eligible to be insured.

How will I know if I am eligible to convert to an individual policy? When your insurance terminates because you have reached 12 months in a nonpay status, BEST will provide you with an SF 2819 (Notice of Conversion Privilege). The SF 2819 represents notice of the loss of life insurance coverage and the right to convert.

How do I apply for conversion to an individual policy? You will need to complete Part C of the SF 2819 and contact BEST to request an SF 2821 (Agency Certification of Insurance Status). Send both the SF 2819 and SF 2821 to the Office of Federal Employees' Group Life Insurance (OFEGLI) at **P.O. Box 2627, Jersey City NJ 07303-2627**. (This is a new address – do not use the address on the back of the forms.) You must mail the SF 2819 to OFEGLI within 31 days of the date FEGLI terminates or the date you receive the SF 2819, whichever is later. In the event you do not receive the SF 2821 from BEST, please call for a status; however, do not delay sending the SF 2819 to OFEGLI. Send the form anyway while you await the SF 2821.

What if I return to work after my life insurance has been terminated? Your previous coverage will be reinstated.

What happens to my life insurance if I separate from Federal employment? FEGLI coverage terminates (stops) at the end of the day on which you separate from Federal service, subject to a 31-day temporary extension of coverage and conversion privilege. Exception: If you are retiring, transferring to another federal agency, or receiving worker's compensation, you may be eligible to continue your coverage.

THRIFT SAVINGS PLAN (TSP)

Can I contribute to my regular TSP account if I am in a LWOP status? No. Employee contributions to TSP accounts must be made as deductions from civilian basic pay. Consequently, if you are in a nonpay status for one or more pay periods, you cannot contribute to your TSP account for these periods. In addition, FERS employees will not receive agency contributions.

Can I make a TSP contribution election if I am in a nonpay status? Yes. You may make a contribution election (using the BEST phone system or EBIS web application) any time during a TSP Open Season. The election will be processed, even though no contributions can be made to your account while you are in nonpay status. As soon as your pay resumes, your TSP contributions will be deducted based upon your most recent contribution election.

What if I have a TSP loan and I am placed in LWOP status? While in a nonpay status your normal loan payments will not be made via payroll deduction because you aren't earning salary. You can suspend loan payments for up to one year, with interest accruing during that time. Suspension of payments may require

reamortization of the loan on return to duty. There's good news, though. With the implementation of the new TSP record keeping system on 16 Jun 03, you can now make payments by personal check or money order while in a nonpay status. Make the check payable to the Thrift Savings Plan and send it in with the Loan Payment Coupon. The coupon can be downloaded from the TSP web site at www.tsp.gov/forms/oc02-7.pdf.

What must I do to have my TSP loan payments suspended? You must submit a copy of the SF 50 (Notification of Personnel Action) documenting your LWOP status, to the Accounts Maintenance Branch, Thrift Savings Plan Operations Office, National Finance Center, P.O. Box 61820, New Orleans LA 70161-1820. If the initial SF 50 is for less than one year, you will also need to provide any subsequent SF 50(s) which extend the period of your LWOP. Failure to provide the SF 50(s) may have adverse tax consequences. When you return to duty, you must notify TSP of same, and they'll automatically reamortize your loan. However, if you don't keep your loan payments up to date, and you are in a nonpay status more than a year, the loan will be closed out and a taxable distribution will be declared. You will be liable for income taxes on the amount reported to the IRS, and depending upon your age and employment status, you may also be liable for a 10% early withdrawal penalty. The TSP Service office will send you the appropriate tax form by Jan 31 of the following year. The taxable distribution accounts for the portion of your loan and interest you failed to repay to your TSP account.

If I return to a pay status and resume loan payments, will the loan repayment period be extended by the time in LWOP status? No. You must still repay your loan within the required time frames of 5 years for general purpose loans and 18 years for residential loans. Unless you repay your loan in full by the required deadline, TSP will close your loan by declaring a taxable distribution of the outstanding balance of the loan.

Can I receive a TSP loan while I am in a nonpay status? No. You must be in a pay status to apply for a loan.

TSP CATCH-UP CONTRIBUTIONS

May I enroll to make TSP catch-up contributions while in a LWOP status? No. One of the eligibility requirements for catch-up contributions is that you be in a pay status. Another is that you must be age 50 or older.

What happens to my TSP catch-up contributions when I enter a LWOP status? During LWOP, catch-up contributions will stop (same as regular TSP contributions). They will not automatically resume on return to duty. However, catch-up contributions aren't tied to open seasons like regular TSP contributions. So when you return to duty, you may make a new TSP catch-up election. The new election can be for any amount per pay period.

When I entered LWOP, the catch-up program was not yet implemented. Can I enroll on return to duty? Good question. We expect the systems will be ready to accept enrollments in September 2003, although that date is not yet firm. If the program has been implemented by the time you return to duty, then yes, you may enroll and begin making catch-up contributions, if you meet the eligibility requirements. We recommend you access the BEST Homepage often for updates on the status of the TSP catch-up program.

Please annotate your elections on the attached form and return it to BEST at the address at the bottom of the form.

Receipt acknowledgement: _____
Employee Signature Date

**AIR FORCE PERSONNEL CENTER
BENEFITS AND ENTITLEMENTS SERVICE TEAM (BEST)**

**HQ AFPC/DPCMB
550 C Street West Ste 57
Randolph AFB TX 78150-4759**

**U.S. TOLL-FREE NUMBER: 1-800-997-2378 LOCAL: (Commercial) 527-2378
U.S. TOLL-FREE TDD NUMBER: 1-800-382-0893 LOCAL: (Commercial) 565-2276
AFTER SEPARATION: 1-800-540-4047 LOCAL: (Commercial) 527-2399**

**OVERSEAS: Dial an MCI or AT&T Toll-Free Direct Access Number (obtain from CPF)
OVERSEAS TDD: Dial an MCI or AT&T Direct Access TDD Number (obtain from CPF)**

BEST Fax Number: DSN 665-2936 or Commercial 210-565-2936

**BEST Web Site: <http://www.afpc.randolph.af.mil/dpc/BEST/menu.htm>
AFPC Web Site: <http://www.afpc.randolph.af.mil/dpc>**

**Thrift Savings Plan Operations Office
Accounts Maintenance Branch
P.O. Box 61820
New Orleans LA 70161-1820**

Return Both Pages of This Acknowledgement Form

FEHB OPTIONS WHILE IN NONPAY STATUS ELECTION FORM

Employee Name _____ SSN _____ Date _____
(Print Legibly)

Each pay period you are enrolled in the FEHB program, you are responsible for payment of the employee share of the premium. When you enter nonpay status, or your pay is insufficient to cover the premium, you must:

- Terminate the enrollment; *or*
- Continue the enrollment and agree to pay the premium on a current basis or incur a debt.

TERMINATING THE ENROLLMENT: If you elect to terminate your enrollment, the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to an individual contract with your insurance carrier. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must reenroll within 60 days if you want FEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM: If you elect to continue your coverage, you must elect to pay the premiums directly to Defense Finance and Accounting Service (DFAS) on a current basis or to incur a debt for the amount of the unpaid premiums. If you elect to pay the premiums directly to DFAS, these payments will be made with “after-tax” monies even if you were participating in premium conversion while in a pay status since health premium deductions can only be treated as pre-tax payments if they are deducted from pay. If you elect to pay directly, contact your local payroll customer service representative to obtain the DFAS address where the check or money order should be sent, and who to make the check payable to. Include on the check your name, social security number, a note that the payment is for “FEHB premium” and the pay period for which the payment is being made.

If you elect to incur a debt, the repayment of the debt will be deducted from your pay after you return to duty, and if you are participating in premium conversion at the time the deduction is made, it will be treated as a pre-tax payment. You can change your premium conversion participation when you return to a pay status. It does not matter whether you participated in premium conversion at the time the debt was incurred. If you are participating when the debt repayment deductions are made from your pay, they will be afforded pre-tax treatment.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment with the Federal government. By electing to continue coverage, you agree the amount due will be withheld from salary by deducting the regular premium and an additional premium per pay period until the debt is paid. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), or any other source normally available for the recovery of a debt due the United States government.

Upon the completion of 365 days of continued coverage during LWOP, your coverage will terminate with a 31-day extension of coverage, at no cost, and the option to convert to an individual, nongroup contract.

Please check the appropriate space(s) below, sign, and mail both pages of this notice to HQ AFPC/DPCMB, 550 C Street West Ste 57, Randolph AFB TX 78150-4759, or fax them to DSN 665-2936 or (210) 565-2936.

After reading and understanding the above, I elect to:

- Continue the enrollment

(Check one):

_____ Submit direct payments to DFAS on a current basis

_____ Incur a debt

Signature _____ Date _____

- Terminate the enrollment

Effective Date of LWOP _____
(Date)

Signature _____ Date _____

Request for Leave or Approved Absence

1. Name (Last, first, middle) _____ 2. Employee or Social Security Number _____

3. Organization _____

4. Type of Leave/Absence					5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		Total Hours
	From	To	From	To	
<input type="checkbox"/> Accrued annual leave					
<input type="checkbox"/> Restored annual leave					
<input type="checkbox"/> Advance annual leave					
<input type="checkbox"/> Accrued sick leave					
<input type="checkbox"/> Advance sick leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory time off					
<input type="checkbox"/> Other paid absence (specify in remarks)					
<input type="checkbox"/> Leave without pay					

I hereby invoke my entitlement to family and medical leave for:
 Birth/Adoption/Foster care
 Serious health condition of spouse, son, daughter, or parent
 Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks _____

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature _____

7b. Date signed _____

8a. Official action on request

Approved

Disapproved

(If disapproved, give reason. If annual leave, initiate action to reschedule.)

8b. Reason for disapproval _____

8c. Signature _____

8d. Date signed _____

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

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

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **Not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 07/31/04

1. Employee's Name

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "**serious health condition**" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. 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:

5. a. 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**² if different):

b. Will it be necessary for the employee to take 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)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ 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 therefor, or recovery therefrom.

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

b. 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:

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

7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?

b. 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)?
If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

A “**Serious 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 a 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).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

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.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.
