
MEMORANDUM



The Maryland-National Capital Park and Planning Commission
Department of Human Resources and Management
Suite 404, 6611 Kenilworth Avenue, Riverdale, MD 20737

Family and Medical Leave Act

Directions for Application and Approval of Leave Requests

EMPLOYEES

An employee must complete an “Application for Family, Medical or Military Leave” form and give this form to the employee’s supervisor. An M-NCPPC document titled “Family and Medical Leave Act Administration” for a summary of the FMLA’s entitlements and requirements. The following forms are available for use of the Family Medical Leave Act (FMLA):

	Form #	Form Description
1.	WH-380-E	Certification of Health Care Provider for Employee’s Serious Health Condition
2.	WH-380-F	Certification of Health Care Provider for Family Member’s Serious Health Condition
3.	WH-381	Notice of Eligibility and Rights & Responsibilities (Management form)
4.	WH-382	Designation Notice to Employee of FMLA Leave (Management form)
5.	WH-384	Certification of Qualifying Exigency for Military Family Leave
6.	WH-385	Certification for Serious Injury of Illness of Covered Service member – for Military Leave

Note: There is no WH-383 form.

Employees may refer to the explanation provided of the FMLA for designation of paid and unpaid leave under the FMLA in the Merit Rules Sections 1470, 1633 and 1642. Additional information including the information provided in the Department of Labor’s model poster notice can be found in the Employee Benefits Handbook. A copy of the book can be found on inSite under Resources/Benefits/Forms & Documents or on the internet site www.mncppc.org. On the left side of the website, click on *Benefits* under *Quick Links*.

Employee’s Own Serious Health Condition

If an employee requests leave to care for his/her serious health condition, **WH-380-E** should be completed. All employees are required to submit a return to work note certification from your treating physician that confirms that you are released from medical and are able to perform the essential functions of your job.

Employees out of the office for more than 30 days are required to submit a fitness-for-duty certification through Secure Care.

Family Member’s Serious Health Condition

If an employee requests leave to care for a seriously ill child, spouse, or parent, or for the birth or adoption of a child, **WH-380-F** should be completed. The employee may be required to prove the relationship to a family member. The following is a list of generally accepted documents demonstrating a relationship between an employee and family member

Family Member	Documents Demonstrating a Relationship
Spouse	Marriage license
Adoption	Court Order
Foster Care	Court Order
Parent	Employee’s birth certificate
Grandchild	Child and grandchild’s birth certificate and tax documents where employee was primary caretaker of the grandchild

In Loco Parentis	Court order for custody, tax documents demonstrating a dependent relationship; other requirements as needed for a specific case
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A parent means a biological, adoptive, step or foster father or mother or any other individual who stood in loco parentis to the employee when the employee was a child. This term does not include parents “in law.”

Since Health & Benefits may already have a copy of the listed document(s) on file, the documentation may be able to be verified with a phone call to the Department Head or designee. In all cases, the employee has the allowed 15 calendar days to provide documentation to support the relationship status and provisional approval for FMLA will be granted during this period. Ineligible family members include but are not limited to aunt, uncle, cousin and in-laws.

Family Member in Military – Qualifying Exigency

If an employee requests leave to spend time with a family service member, **WH385** should be completed. Proof may be required that the family member is in the military and is a family member.

Family Member in Military - Serious Injury or Illness of Service member

If an employee requests leave to care for a seriously ill or injured family service member, **WH-384** should be completed. Proof may be required that the family member is in the military and is a family member. For next of kin to a service member, documents may be required that demonstrate the blood relative relationship.

Health Care Providers

A health care provider must be authorized to diagnose and treat physical or mental conditions in the state or country in which the services are rendered and performed within the scope of his/her practice as defined under State/Country law. The appropriate completed Certification of Health Care Provider form should be returned to the Department Head or designee.

Use of Paid Leave

An employee using accrued leave must designate in writing, using the “Application for Family, Medical or Military Leave” form, the order and amount of leave the employee intends to use. If an employee does not designate use of leave, applicable leaves will be used in the following order: 1) sick, 2) annual, 3) compensatory, 4) personal or 5) other leave programs.

DEPARTMENT

The Department Head or designee must complete both of the following forms within five (5) business days of knowledge that an employee either is using or intends to use FMLA leave:

1. WH-381 – Notice of Eligibility and Rights & Responsibilities
2. WH-382 – Designation Notice to Employee of FMLA Leave

These forms can be found on inSite (the Commission’s intranet) under Resources/Benefits/Forms & Documents or the Commission’s internet site (www.mncppc.org) under *Benefits* under *Quick Links*. The employer response forms will be pre-populated with information pertinent to use of FMLA with the Commission.

The appropriate Certification of Health Care Provider form shall be maintained according to the Merit System Rules and Regulations for confidential medical records and should be sent to the Health and Benefits Office, Department of Human Resources and Management.

QUESTIONS

Questions regarding either the FMLA or the attached forms may be directed to Gertie Johnson, Senior Benefits Specialist (301-454-1684). Inquiries may also be mailed to the attention of the Health & Benefits Office at the address above.