SUBJECT: Emergency Leave

A. Policy

Each regular, full-time employee may be allowed time off work with pay to attend to emergency situations. Such time off work shall be known as Emergency Leave and its use shall be subject to the provisions of the appropriate collective bargaining agreement or the City Code, and to the requirements of this policy.

B. Notification

Each employee who will be absent from work on Emergency Leave must notify the employee's supervisor as soon as it is reasonably possible. The employee shall state the reason and expected duration of such absence.

Amended 8/26/03

SUBJECT: Extreme Weather Conditions

A. Policy

It is the City's responsibility to provide certain emergency public services during periods of extreme weather conditions. Certain City employees may be required to work during these periods while other employees may be allowed to remain at home or to leave work. This policy will establish notification procedures and compensation of employees during such periods.

B. Notification of Employees

1. During normal work hours - Each employee required to continue regularly scheduled work or to remain at work after the end of the regular shift will be notified by the employee's supervisor. Employees not required to remain at work will be notified by their supervisor and allowed to leave their work site. No supervisor or department director shall issue such notification without the authorization of the City Manager.

2. After normal work hours - Each employee required to report for an overtime assignment will be contacted by the employee's supervisor. Other employees will be expected to report for regularly scheduled work unless specifically notified by telephone, text message or email.

C. Compensation

City employees who are required to work during an extreme weather emergency incident shall be compensated as stated below. The City Manager shall have the exclusive authority to set the beginning and end of the extreme weather emergency incident for purposes of compensation.

1. After normal work hours - Each employee who is required to perform overtime work during an extreme weather emergency incident shall be compensated in accordance with the provisions of the appropriate collective bargaining agreement, personnel policy or City ordinance.

2. During normal work hours - Each Management, CWA or FOP employee who performs regularly scheduled work during an extreme weather emergency incident shall receive his/her regular pay for such work and shall also earn one (1) hour of accrued paid leave for each hour of work performed during such incident. Such leave shall be known as Emergency Weather Leave. Employees must use or forfeit such leave within six (6) months after accrual. AFSCME employees shall be compensated as provided by their working agreement. Each employee who is unable to report for work, who has been notified not to report for work, or who has been allowed to leave work shall receive their regular pay during such incident and shall not be required to use any accrued leave. Each employee absent on any leave prior to and during the emergency shall be considered to have used such leave.

Amended 11/07/12

SUBJECT: Funeral Leave

A. Policy

Each full-time, regular employee who experiences the death of a member of the employee's immediate family shall be allowed time off work with pay.

B. Immediate Family

1. Management, Employees Council and AFSCME - The spouse, children, parent, parent-in-law, legal guardian, grandparent, brother or sister.

2. Fraternal Order of Police - The spouse, children, parent, parent-in-law, grandparent, brother or sister.

C. Duration

1. Management, Employees Council and AFSCME - Each employee may use up to a maximum of four (4) workdays of Funeral Leave for the death of the employee's spouse, child, parent, parent-in-law or legal guardian and up to three (3) workdays of Funeral Leave for the death of the employee's grandparent, brother or sister.

2. Fraternal Order of Police - Each employee may use up to a maximum of thirty-two (32) hours of Funeral Leave for the death of the employee's spouse, child, parent, or parent-in-law and up to twenty-four (24) hours of Funeral Leave for the death of the employee's grandparent, brother or sister.

D. Notice

Each employee who will be absent from work on Funeral Leave must notify the employee's supervisor as soon as is reasonably possible. The employee may be required to provide the supervisor with proof of death and relationship.

SUBJECT: Holidays

A. Policy

In recognition of certain people and events, the City has designated certain days on which employees will be either granted a paid leave of absence or will receive additional compensation for work performed. The days to be observed as holidays for each employee group are established by ordinance or collective bargaining agreement.

B. Compensation

1. Management

   a. Each employee who is required to work on a designated holiday will receive either two (2) times the employee's Hourly Base and Longevity Pay for each hour of work performed; or one (1) hour of Base and Longevity Pay plus one (1) hour of Compensatory Time for each hour of work performed. There shall be no other compensation or time off provided in relation to the holiday for any employee who is required to work.

   b. Each employee who is not required to work on a designated holiday will either receive the employee's Base Salary and Longevity pay for the day; or will be allowed to take an additional day off work with pay at the discretion of the employee's department director. There shall be no other compensation or time off provided in relation to the holiday for any employee who is not required to work.

2. FOP, AFSCME Local 1670 and Employees Council - Each employee shall be compensated in accordance with the provisions of the employee's collective bargaining agreement.

3. Temporary - An employee of this group may be given time off. However, the employee shall not receive any compensation for the holiday. Each employee required to work on a designated holiday shall receive the employee's regular Hourly Base pay for each hour of work performed.

Amended 8/26/03

SUBJECT: Hours of Work

A. Policy

The work schedule of each City employee shall be established by the employee's department director subject to the procedures contained in this policy and as approved by the City Manager.

B. Normal Work Day

1. Management -

a. Non-Supervisory - The Normal Work Day for each employee shall consist of seven and one-half (7 1/2) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

b. Supervisory - The Normal Work Day for each employee shall consist of eight (8) hours of work and shall coincide with the Normal Work Day of the employees supervised. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

2. CWA - The Normal Work Day for each employee shall consist of seven and one-half (7 1/2) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

3. AFSCME Local 1670 - The Normal Work Day for each employee shall consist of eight (8) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break and rest period during the Normal Work Day. Such meal break and rest period shall not exceed one-half (1/2) hour and fifteen (15) minutes respectively in length. Both of these work breaks shall be considered time worked.

Hours of Work

4. FOP Lodge No. 4 – The Normal Work Day for each employee shall consist of either eight (8) or ten (10) hours of work as designated by the Chief of Police. Each employee's starting and quitting times shall be established by the Chief of Police subject to the approval of the City Manager. Each employee may be allowed a meal break during the Normal Work Day if it does not interfere with the delivery of services. Such meal break shall not exceed one-half (1/2) hour in length. The meal break shall be considered time worked.

5. Temporary, Full-time – The Normal Work Day for each employee shall consist of eight (8) hours of work. Each employee's starting and quitting time shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break and rest period during the Normal Work Day. Such meal break and rest period shall not exceed one-half (1/2) hour and fifteen (15) minutes respectively in length. Both of these work breaks shall be considered time worked.

6. Part-time – There shall be no Normal Work Day for this group of employees. Each employee's starting time, quitting time and number of hours worked shall be established by the employee's department director. Each employee who is required to work more than four (4) consecutive hours shall be allowed a work break of at least one-half (1/2) hour which shall not be considered time worked.

7. The number of hours which constitute a Normal Work Day may be changed by the City Manager.

C. Normal Work Week

1. Management, CWA, AFSCME Local 1670 and Temporary, full-time employees. The Normal Work Week shall consist of five (5) Normal Work Days.

2. FOP Lodge No. 4 – The Normal Work Week may vary in number of days and hours worked. However, the average number of hours worked during a Normal Work Week will be forty (40) hours.

3. The number of Normal Work Days which constitute a Normal Work Week may be changed by the City Manager.

Hours of Work

D. Meal Breaks

1. Management and CWA – Each employee is allowed a one (1) hour meal break to be used near the middle of the workday. Each employee is expected to use this break as their own personal time and will not be allowed to work during it except under the following conditions:

   a. If the employee is required by his/her immediate supervisor to work during the break, the employee will be allowed to accrue one (1) hour of compensatory time or receive one (1) hour of overtime pay. Such compensatory time may be used at the end of the same workday.

   b. If the employee desires to temporarily change the time of his/her break, the employee must request permission from his/her supervisor to do so. No employee may work during his/her meal break without the expressed permission of the employee's supervisor. No employee may work during his/her meal break for the purpose of accruing compensatory time unless specifically requested to do so by the employee's supervisor.

2. AFSCME Local 1670 – Each employee is allowed a one-half (1/2) hour meal break at a time to be designated by the employee's supervisor. The meal break shall be strictly limited to one-half (1/2) hour with no additional time for travel, and employees shall not use City vehicles to travel to any other place for their lunch unless specifically authorized by their supervisor to do so.

Amended 8/26/03

SUBJECT: Sick Leave

A. Accrual

Each full-time, regular employee shall accrue sick leave as provided by the appropriate collective bargaining agreement or City ordinance. Part-time and temporary employees shall not accrue sick leave.

B. Usage

Each full-time, regular employee who is unable to report to work due to a personal illness or injury of the employee may be allowed to use accrued sick leave during such absence. Each employee who has exhausted all accrued sick leave shall not be paid for any absence due to a personal illness or injury. Each part-time or temporary employee who is unable to report for work due to a personal illness or injury may be allowed time off work without pay during such absence. The use of sick leave during absences caused by illness or injury of members of the employee's family is prohibited.

1. Notice - Each employee who will be absent from work due to a personal illness or injury must report such absence to the employee's supervisor not later than one-half (1/2) hour after the employee's scheduled starting time. Each employee who fails to provide the City with the required notice shall be considered to be absent from work without approval, shall receive no compensation while absent, and may be subject to termination from employment for such unapproved absence.

2. Medical Verification - Each employee who is absent from work on sick leave may be required to provide the City with a Physician's Medical Verification form documenting that the absence is the result of a personal illness or injury. (See page 4.6-6). This statement shall indicate the nature of the employee's illness, the expected date the employee may return to work, and any restrictions on the employee's ability to work.

   A copy of this form shall be placed in the employee's personnel file. Each employee who is absent three (3) or more work days shall provide the City with a physician's statement. Such verification must be obtained during the employee's absence. Verifications obtained by the employee subsequent to the employee's absence are unacceptable.

Amended 8/26/03

Sick Leave

a. First Offense – Each employee who is absent from work for three (3) or more days and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also receive a written reprimand to be placed in the employee's personnel file.

b. Second Offense – Each employee who is absent from work for three (3) or more days on two (2) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be suspended without pay for three (3) workdays.

c. Third Offense – Each employee who is absent from work for three (3) or more days on three (3) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be terminated from employment.

3. False Information – Each employee who knowingly falsifies information provided to the City regarding any personal illness, injury or absence related thereto shall receive no compensation while absent, and may be subject to termination from employment for such falsification of information.

C. Excessive Sick Leave Use

1. Excessive sick leave use shall be defined as the use of sick leave at a rate which exceeds the average usage rate of a City employee during the previous calendar year.

2. Annual Report – During the first quarter of each year, the City Manager's Office shall prepare and distribute a report to each department director identifying those employees whose sick leave use has exceeded the City-wide average during the previous calendar year.

3. Counseling – Each department director shall meet with each employee whose sick leave use exceeds the average usage rate of a City employee to determine if there is reason to believe that the employee may be abusing the sick leave benefit.

a. If the department director determines that the employee's use of sick leave has been proper and justified, there shall be no further action taken with the employee at that time.

Sick Leave

b. If the department director determines that there is sufficient reason to believe that the employee may be abusing the sick leave benefit, the department director shall initiate corrective measures to reduce the employee's sick leave usage rate.

4. Corrective Measures –

a. Explain and clarify policies and standards concerning the use of sick leave.

b. Provide the employee with written notification that the employee will be required to submit a Physician's Medical Verification form for each and every Sick Leave absence during the next six (6) months. See page 4.6-6.

c. The employee's supervisor shall closely monitor the employee's attendance record and may telephone the employee during future absences.

d. The employee's supervisor shall note on the employee's performance evaluation that the employee's attendance has been unsatisfactory, the acceptable standards for attendance and a schedule for improvement.

e. The department director shall explain disciplinary measures for failure to comply with this policy.

5. Disciplinary Measures –

a. First Offense – Each employee who is absent from work and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also receive a written reprimand to be placed in the employee's personnel file.

b. Second Offense – Each employee who is absent from work on two (2) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be suspended without pay for three (3) workdays.

c. Third Offense – Each employee who is absent from work on three (3) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be terminated from employment.

Sick Leave

d. Such disciplinary measures shall be executed in accordance with the City's discipline policy.

6. If the department director determines that the employee's excessive sick leave use is caused by a legitimate medical or psychological problem, the employee may be advised to seek professional help. The City Manager's Office can provide assistance in obtaining professional help.

D. Absence due to Pregnancy

1. Any pregnant female employee may be allowed time off work while temporarily, physically incapacitated from performing her duties. Such absence shall commence when the employee is declared by her physician to be physically incapacitated. The employee shall be allowed to remain absent from work until six weeks after the birth unless her physician verifies that she is still incapacitated. If her leave of absence is extended, she shall be reexamined by a physician on a regular basis until she is declared to be able to return to work.

2. Each regular, full-time employee on an approved leave of absence due to pregnancy may be allowed to use sick leave during such absence. Each part-time or temporary employee on an approved leave of absence due to pregnancy shall receive no pay for such absence.

E. Sick Leave Penalty Waiver

Each employee who wishes to request a waiver of the sick leave penalty must submit their request in writing to the City Manager's Office by December 31.

SAMPLE MEMORANDUM TO EMPLOYEE

REGARDING EXCESSIVE ABSENTEEISM

CITY OF NEWARK
Delaware

Date

TO: Employee

FROM: Department Director/Supervisor

SUBJ: Excessive Absenteeism

At our meeting on (date) we discussed your excessive use of sick leave and requirement to improve your attendance record in the next six months.

As a result of this counseling session, you will now be required to submit a copy of the attached "Physician's Medical Verification Form" for each future sick leave absence for a period of six months.

Failure to submit the proper medical verification form upon return to work shall result in the loss of pay for time off and written warning. Continued non-compliance shall result in a suspension for the second infraction and termination for the third infraction.

If you have any questions regarding this requirement, please let me know.

_____
(Employee Acknowledgement)

cc: Personnel File

CITY OF NEWARK, DELAWARE

PHYSICIAN'S MEDICAL VERIFICATION FORM

TO BE COMPLETED BY CITY DEPARTMENT

Name of Employee:_____

Position:_____

Department: _____

Physical Requirements of Position:_____

PHYSICIAN'S STATEMENT

1. Date of Illness/Injury:_____
2. Date(s) of Treatment:_____
3. Diagnosis/Nature of Illness/Injury:_____

_____

_____

4. Period of Incapacitation:_____
5. Treatment:_____

_____

6. Projected Date of Return to Work:_____

   _____ Full Duties _____* Light Duties

7. *Duration and Physical Limitations while on Light Duty:_____

_____

_____

8. Medical Prognosis (Long-Term or Chronic Medical Condition):_____

_____

_____

9. Degree of Permanency of any Presenting Disability:_____

_____

10. Attending Physician's Name:_____

Address:_____

_____

Phone No.:_____

Signature:_____ Date:_____

PLEASE RETURN COMPLETED FORM TO:

City of Newark
P.O. Box 390
Newark, DE 19715-0390

Attn:_____

Amended 8/26/03

SUBJECT: Unpaid Leave of Absence

A. Policy

Under normal circumstances, each City employee is expected to report for all work assignments. However, the City recognizes that certain situations may arise which prevent an employee from reporting for work. Unpaid Leaves of Absence may be granted for reasons other than physical or mental incapacitation but only after the employee exhausts all other paid leaves of absence.

B. Demonstration of Need

Each employee who requests an Unpaid Leave of Absence must demonstrate an extreme need for time off work before the leave is granted.

C. Approval

Each request for an Unpaid Leave of Absence must be submitted to the City Manager for approval. Each employee who fails to report for work as scheduled without the approval of the City Manager and who has not received approval for a paid leave of absence shall not receive pay for such absence and may be subject to disciplinary action up to and including termination from employment.

SUBJECT: Vacation

A. Policy

The City recognizes that occasional time off work produces benefits for both the City and each of its employees. Therefore, the right of employees to have time off work has been established by either collective bargaining agreement or ordinance. However, to insure that the City is able to meet its obligation to the citizens and taxpayers of this City to provide public services, it is necessary for the City to establish procedures to regulate the use of approved absences by its employees.

B. Accrual

Each regular employee shall accrue paid vacation time as provided by the appropriate collective bargaining agreement or City ordinance.

C. Usage

1. Regular employees - Each employee may be allowed to use paid vacation time accrued subject to the conditions listed herein. No employee may be allowed to use paid vacation time if such use results in an interruption of City services or an increase in City expenditures.

2. Each Temporary employee may be excused from scheduled work without pay to attend to personal business. Such time off must be requested and approved in advance by the employee's supervisor.

D. Notice

Each employee must submit a request for the use of paid vacation time or to take time off work without pay. Such request must be submitted to the employee's supervisor at least twenty-four (24) hours prior to the requested time off. The supervisor may require the request to be in writing.

E. Scheduling

The employee's department director may approve or deny requests for the use of vacation time based on departmental staffing needs.

Vacation

F. Draw (full-time, regular employees only)

A department director may require any or all employees of the department to draw for vacation time from among available time periods. Each department director who requires departmental employees to draw vacation times shall notify all concerned employees that they are required to draw, who they are drawing against, the order of the draw, and when the draw will occur.

G. Unapproved Use

No employee may use paid vacation time or take time off work without the approval of the employee's supervisor.

H. Use of Vacation Immediately Prior to Termination

1. Each employee who is eligible for the immediate receipt of retirement benefits shall be allowed to use accrued vacation time after the employee's last actual work day.

2. Each employee who is not eligible for the immediate receipt of retirement pension benefits shall not be allowed to use accrued vacation time after the employee's last actual work day.

I. Compensation for Accrued, Unused Vacation

1. Management and CWA – Each employee who terminates employment with the City shall receive compensation for all accrued, unused vacation time except as restricted below. Each employee who resigns voluntarily must notify the City in writing two (2) weeks prior to the date of termination. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.

2. AFSCME Local 1670 – Each employee who terminates employment with the City shall receive compensation for accrued, unused vacation time as follows:

   a. Voluntary resignation – Each employee who resigns voluntarily and provides the City with written notification at least two (2) weeks prior to the date of termination shall receive compensation for unused vacation time accrued through the previous calendar year. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.

Vacation

b. Involuntary termination – Each employee who terminates employment involuntarily shall receive compensation for all accrued, unused vacation.

3. F.O.P. – Each employee who terminates employment with the City shall receive compensation for accrued, unused vacation time as follows:

a. Voluntary resignation – Each employee who resigns voluntarily and provides the City with written notification at least two (2) weeks prior to the date of termination shall receive compensation for all unused vacation time. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.

b. Involuntary termination – Each employee who terminates employment involuntarily shall receive compensation for all accrued, unused vacation.

SUBJECT: Compensatory Time

A. Policy

The City recognizes that is often mutually beneficial to compensate employees for work performed in excess of their regular schedule by allowing them to take additional time off, known as Compensatory Time, in lieu of receiving Overtime Pay. To insure that the City is able to meet its obligation to the citizens and taxpayers of this City to provide public services, it is necessary for the City to establish procedures to regulate the accrual and use of Compensatory Time.

B. Accrual

1. Management and CWA - Each employee shall be allowed to accrue Compensatory Time as provided by the appropriate collective bargaining agreement or City ordinance. Such accrual shall be limited to a maximum of 150 hours after the adoption of this policy. Each employee whose Compensatory Time balance reaches 150 hours shall cease to accrue additional Compensatory Time and shall receive Overtime Pay for any work performed in excess of the employee's regularly scheduled work day or work week.

   Each employee whose Compensatory Time balance, as of the adoption of this policy, exceeds 150 hours shall be required to use Compensatory Time to reduce the balance to below 150 hours prior to being allowed to accrue further Compensatory Time.

2. AFSCME - Each employee shall be allowed to accrue Compensatory Time as provided by the current working agreement.

3. FOP - Each employee shall be allowed to accrue Compensatory Time as provided by the current working agreement. Such accrual shall be limited to a maximum of 160 hours. Each employee whose Compensatory Time balance exceeds 160 hours shall be required to reduce his/her balance to 160 hours as of the following December 31st.

4. Part-Time and Temporary Employees shall not be allowed to accrue Compensatory Time.

C. Usage

Each employee may be allowed to use any Compensatory Time previously accrued. No employee may be allowed to use accrued Compensatory Time if such use results in an interruption of City services or an increase of City expenditures.

Amended 8/26/03

Compensatory Time

D. Notice

Each employee must request the approval of the employee's supervisor prior to being allowed to use Compensatory Time. Such request must be submitted to the employee's supervisor at least twenty-four (24) hours prior to the requested time off. The supervisor may require the request to be in writing.

E. Scheduling

The employee's department director or his designee may approve or deny requests for the use of Compensatory Time based on departmental operational needs.

F. Unapproved Use

No employee may use Compensatory Time without the prior approval of the employee's supervisor.

G. Use of Compensatory Time Immediately Prior to Termination

1. Each employee who is eligible for the immediate receipt of retirement pension benefits shall be allowed to use accrued compensatory time after the employee's last actual work day.

2. Each employee who is not eligible for the immediate receipt of retirement pension benefits shall not be allowed to use accrued compensatory time after the employee's last actual work day.

H. Compensation for Unused Compensatory Time

Each employee who terminates employment with an unused Compensatory Time balance shall receive a lump sum payment equal to the employee's regular, hourly wage multiplied by the number of hours of unused Compensatory Time as of the effective date of separation.

Amended 8/26/03

SUBJECT: Family and Medical Leave

A. Policy

In accordance with the Family and Medical Leave Act, eligible employees will be allowed to be absent from work for up to a maximum of twelve (12) weeks during any twelve (12) month period for any one or more of the following reasons:

1. The birth of a child and in order to care for such child or the placement of a child with the employee for adoption or foster care. Leave for this reason may only be taken within the twelve (12) month period following the child's birth or placement with the employee; or

2. To care for an immediate family member of the employee if such immediate family member has a serious health condition; or

3. The employee has a serious health condition that prevents the employee from performing the functions of his/her position.

B. Definitions

1. "Immediate family members" – The employee's spouse, child or parent.

2. "12 month period" – A rolling 12 month period measured backward from the date leave is used and continuous with each additional leave day used.

3. "Spouse" – The employee's legally married domestic partner. If both the spouse and the employee are City employees, then their total leave for reasons A.1 and A.2 may not exceed an aggregate of 12 weeks during the 12 month period.

4. "Child" –

   a. Any biological, adopted, foster or step- child under 18 years of age; or

   b. Any biological, adopted, foster or step- child who is incapable of self-care because of a mental or physical disability.

5. "Serious health condition" – An illness, injury, impairment, or physical or mental condition that involves:

   a. Inpatient care; or

   b. Any period of incapacity requiring absence from work for more than three (3) calendar days and that involves continuing treatment by a health care provider; or

Family and Medical Leave

c. Continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or which, if left untreated, would likely result in a period of incapacity of more than three (3) calendar days; or

d. Prenatal care by a health care provider.

6. "Continuing treatment" –

a. Two or more visits to a health care provider; or

b. Two or more treatments by a health care practitioner on referral from, or under the direction of, a health care provider; or

c. A single visit to a health care provider that results in a regimen of continuing treatment; or

d. In the case of a serious, long-term or chronic condition or disability that cannot be cured, being under the continuing supervision of, but not necessarily being actively treated by, a health care provider.

7. "Parent" – The biological parent of an employee or an individual who stood in loco parentis to an employee when the employee was a child.

C. Eligibility

To be eligible for Family and Medical Leave, an employee must:

1. Have been employed by the City for twelve (12) months; and

2. Have worked at least 1,250 hours during the previous twelve (12) month period immediately preceding the start of the leave.

D. Substitution of Vacation, Compensatory Time or Sick Leave

An employee who is absent from work for more than five (5) work days during any twelve (12) month period will be required to use accrued, paid leaves as follows:

1. For leaves due to a reason specified in A.1. or A.2. above, the employee will be required to use accrued vacation and and/or compensatory time.

2. For leaves due to a reason specified in A.3. above, the employee will be required to use accrued vacation, compensatory time and/or sick leave.

Family and Medical Leave

E. Notification

1. An employee must provide the City with a minimum of thirty (30) calendar days notice of the intent to use leave for a foreseeable reason. A Request for Family and Medical Leave form must be completed and submitted to the employee's supervisor (4.11-5). If the reason for leave is unforeseeable, the employee should provide the City as much notice as possible.

2. Failure to provide the required advance notice for a foreseeable leave may result in a delay of the commencement of leave until thirty (30) calendar days after notice is received.

3. The City may designate as Family and Medical Leave the use of any paid leave of absence for any of the reasons in Section A above. The employee shall be provided written notice of such designation on U.S. Department of Labor form WH-381 "Employer Response to Employee Request for Family or Medical Leave" (4.11-5 to 4.11-6).

F. Medical Certification

1. For leaves taken because of A.2 or A.3 above, the employee must submit a completed U.S. Department of Labor form "Certification of Health Care Provider" to the City Manager's Office within fifteen (15) days after requested, or as soon as is reasonably possible (4.11-7 to 4.11-10).

2. The City may require a second medical opinion, periodic status reports, or a fitness-for-duty report to return to work.

3. All documentation related to the employee's or immediate family member's medical condition will be held in strict confidence.

G. Fringe Benefits

1. An employee who is absent on an unpaid Family and Medical Leave shall continue to receive group health insurance coverage through the City provided the employee continues to pay the City the required employee contribution for such coverage.

2. If the employee's required health insurance contribution is not paid within thirty (30) calendar days after it is due, the City may terminate such coverage.

Family and Medical Leave

3. An employee who chooses or is unable to return to work after exhausting all Family and Medical Leave rights shall be required to reimburse the City for the premium cost of any health, dental, life, dependent life, and long-term disability insurance coverage provided by the City to the employee while the employee was absent on unpaid Family and Medical Leave.

4. An employee who is absent on an unpaid Family and Medical Leave shall continue to pay the City the employee's pension contribution.

5. If the employee's required pension contribution is not paid, the employee will not accrue credited service toward a retirement pension benefit while on leave.

6. Any employee who is on an unpaid Family and Medical Leave for more than fifteen (15) calendar days during any month shall not accrue sick leave or vacation for that month.

H. Job Protection

1. If the employee returns to work after using Family and Medical Leave, the employee will be reinstated to the employee's former position.

2. The employee has no right to return to the employee's position if the position is eliminated or if the employee is terminated for reasons unrelated to the use of Family and Medical Leave.

3. If the employee fails to return to work after exhausting all Family and Medical Leave rights, the employee may be terminated from employment.

Family and Medical Leave Act of 1993

Employer's Response to Employee Request for Family or Medical Leave

Date: _____

To: _____
(*Employee's Name*)

From: _____
(*Name of Appropriate Employer Representative*)

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:
(*Date*)

☐ **The birth of a child, or the placement of a child with you for adoption or foster care; or**

☐ **A serious health condition that makes you unable to perform the essential functions for your job; or**

☐ **A serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care.**

You notified us that you need this leave to begin on _____ and that you expect
(*Date*)
leave to continue until on or about _____.
(*Date*)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (*Check appropriate boxes; explain where indicated*)

1. You are [ ] eligible [ ] not eligible for leave under the FMLA.

2. The requested leave [ ] will [ ] will not be counted against your annual FMLA leave entitlement.

3. You [ ] will [ ] will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (*insert date*) (*must be at least 15 days after you are notified of this requirement*), or we may delay the commencement of your leave until the certification is submitted.

4. **You may elect to substitute accrued paid leave for unpaid FMLA leave. We [ ] will [ ] will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (*Explain*)**

5. **(a)** **If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: (*Set forth dates, e.g. the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee*)**

(b) **You have a minimum 30-day (*or indicate longer period, if applicable*) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We [ ] will [ ] will not pay your share of health insurance premiums while you are on leave.**

(c) **We [ ] will [ ] will not do the same with other benefits (*e.g. life insurance, disability insurance, pension, etc.*) while your are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave, you [ ] will [ ] will not be expected to reimburse us for the payments made on your behalf.**

6. **You [ ] will [ ] will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.**

7. **(a) You [ ] are [ ] are not a "key employee" as described in § 825.217 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.219 of the FMLA regulations.**

(b) We have determined that restoring you to employment at the conclusion of FMLA leave [ ] will [ ] will not cause substantial and grevious economic injury to us. (Explain (a) and/or (b) below. See § 825.219 of the FMLA regulations.

8. **While on leave, you [ ] will [ ] will not be required to furnish us with periodic reports every _____ (*indicate interval of periodic reports, such as appropriate for the particular leave situation*) of your status and intent to return to work (see § 825.309 of the FMLA regulations.) If the circumstances of your leave change and you are not able to return to work earlier than the date indicated on the reverse side of this form, you [ ] will [ ] will not be required to notify us at least two work days prior to the date you intend to report to work.**

9. **You [ ] will [ ] will not be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in § 825.308 of the FMLA regulations*).**

SUBJECT: MILITARY LEAVE

A. Policy

Serving in a branch of the United States military is one of the highest forms of service to one's country. The City supports its employees who volunteer for military service. As an expression of that support and to lessen the burden that military service places upon City employees who choose to serve, it is the policy of the City of Newark to temporarily compensate any current, regular, full-time employee who is involuntarily ordered to active military service.

B. Amount of Compensation

The City shall pay any current, regular, full-time employee who is involuntarily ordered to active military service the difference between the employee's regular base and longevity pay and the employee's total military compensation.

C. Term of Temporary Compensation

The City shall continue to compensate an employee in accordance with this policy for up to a maximum of one year after the employee begins military leave.

D. Other Benefits

All City sponsored group insurance coverage for the employee shall cease while the employee is absent on military leave. This does not prohibit the employee from exercising any right to continued group insurance coverage as provided by the Uniform Services Employment and Re-Employment Rights Act of 1994 (USERRA). The employee shall not accrue sick or vacation leave while absent on military leave.

SUBJECT: Light Duty Assignments

A. Policy:

The Assistant to the City Manager is authorized to temporarily permit a disabled employee to be placed on a light duty assignment provided such assignment is available, practical and serves the needs of the City. This policy is not intended to address those situations wherein an employee has been deemed permanently disabled from performing the employee's regularly assigned duties.

B. Definitions:

1. Disabled or Disability - Any verifiable physical or mental condition which prevents the employee from performing the employee's regularly required duties.

2. Disability Leave – Any absence from work due to a disability which prevents the employee from performing the employee's regularly required duties.

3. Light Duty – Temporary alternatives to the employee's regularly required duties.

C. Employee Request:

1. Any disabled employee may request to be assigned to Light Duty. Such request must be in writing, explain the circumstances of the disability, and be submitted to the Assistant to the City Manager through the employee's department director.

2. Each request for Light Duty must be accompanied by a Physician Verification Form completed and signed by the employee's physician. This form shall include the following :

   a. A statement that the employee is temporarily prohibited from performing the employee's regularly assigned duties due to a disability.

   b. An estimated date when the employee will be able to resume the performance of the employee's regularly required duties or the date of the employee's next medical evaluation.

   c. A list of restrictions or limits on the performance of physical tasks by the employee.

Light Duty Assignments

D. Department Director Request:

A department director may request that a disabled employee be placed on Light Duty by submitting a written request to the Assistant to the City Manager. Such request must be accompanied by a Physician Verification Form as in C2 of this policy.

E. Duration of Assignment:

A Light Duty assignment may be available to a disabled employee for a maximum of sixty (60) calendar days during any twelve (12) month period. Extension of this time limit may only be granted for extenuating circumstances by the Assistant to the City Manager. If no Light Duty assignment is available, the disabled employee shall be placed on leave.

F. Light Duties Assigned:

Tasks assigned to an employee on Light Duty shall, in all cases, comply with the restrictions provided by the employee's physician. Such tasks may, however, include duties normally performed by other Position Classification Descriptions, employee groups, or in other departments. The performance of any "Light Duty" task which would require the payment of Out-of-Grade pay shall be deemed to be unavailable to the employee for the purpose of this policy.

G. No Overtime:

Each employee placed on Light Duty shall be prohibited from performing extra duty or overtime assignments.

SUBJECT: Leave Donations

A. Policy

The City recognizes that its paid leave policies do not always provide adequate income protection to an employee who is unable to work. In such instances, the City Manager may allow employees to contribute accrued, unused vacation or compensatory time to a seriously ill or disabled employee who is unable to work and who has exhausted all accrued paid leaves of absence.

B. Eligible Employees

Seriously ill or disabled employees who have exhausted all accrued paid leaves of absence are eligible to receive and/or request the donation of leave time from fellow employees.

C. Types of Leave Eligible for Donation

Accrued vacation and compensatory time may be donated. Future accruals may not be donated. All other paid leaves including but not limited to Sick Leave, personal days, and Safety days are not eligible for donation.

D. Leave Donation Request Form

Each employee who wishes to donate leave must submit a Leave Donation Request form to the City Manager's Office indicating the number of hours and type of leave to be donated. If approved by the City Manager, the Leave Donation Request form will be forwarded to the Finance Department to be processed.

E. Value of Leave Donated

The City recognizes that the cash value of one hour of leave varies dependant upon the base salary and longevity rate of each employee. All leave time donated shall be converted to its cash value by multiplying the donor's current hourly base and longevity rate by the number of hours donated. The cash value of the donation shall be divided by the recipient's current hourly base and longevity rate to determine the number of hours of leave time to be credited to the recipient.

F. Use of Donated Leave

The recipient may use any leaves, both accrued and donated, to prolong employment with the City or to bridge a gap until the recipient is able to return to work. If the recipient is unable to use all donated leaves prior to termination from employment, the recipient or recipient's beneficiary shall be compensated for all unused, donated leave.

LEAVE DONATION REQUEST FORM

TO: City Manager

FROM: _____

I hereby request permission to donate accrued paid leave time to the recipient indicated below.

Vacation Hours Donated _____

Compensatory Time Hours Donated _____

Recipient Name _____

_____ _____

Donor Signature **Date**

APPROVED:

_____

City Manager

FOR PERSONNEL USE ONLY:

Donor Hourly Rate _____

Hours Donated **X** _____

Cash Value **=** _____