

IRVINGTON TOWNSHIP
LEAVE OF ABSENCE PROCEDURE and FORMS

To: All Employees
From: Musa A. Malik, Business Administrator
Re: Sick Leave, FMLA, NJFLA, Domestic Violence Leave and Disability

Please note this may not apply to certain uniform personnel.

Leaves of absence for reasons other than civic duties (e.g. jury duty), military duty, or work-related injury/illness are granted on an individual basis at the sole discretion of the Township, but always taking into consideration the purpose of the leave, the employee's work record, and the needs of the Township at that particular time. A leave of absence may be granted as a result of illness, pregnancy, or for any other reason of a personal nature not specifically covered under other policies, such as Workers' Compensation. The employee's department director, immediate supervisor (if not the department director), the Township Attorney (or his/her designee) and the Business Administrator will approve or deny the request for a leave as a committee. All leaves are granted without pay, unless the staff member chooses to use his/her allotment of paid time off to receive salary during his/her absence. All requests for a Leave of Absence must be accompanied by a medical certification stating the reason(s) for the leave. All returns from a leave must be accompanied by a medical certification clearing the staff member to return to full duty.

Once approved and pursuant to State and federal law (and Union contract if applicable), all job protection entitlements will apply until such time as they expire. Once a staff member has exhausted his/her protected status, he/she will be asked to return to work. If he/she is unable, the Township may determine to replace the staff member.

This policy applies to request for time off from work exceeding ten (10) scheduled working days. Any approved leave is considered an excused absence. Staff members who are absent in excess of ten (10) scheduled working days without requesting a leave of absence will be deemed Absent Without Leave (AWOL) and subject to disciplinary action. The maximum time which may be granted for a leave of absence is six (6) months, inclusive of any State or federal law (or any Union contract) afforded time, unless additional leave periods are afforded to the staff member via his/her collective bargaining contract. Any staff member who cannot return after six (6) months will be replaced in their position.

All leaves relative to the New Jersey SAFE Act, must follow the procedure outlined therein. (See attached)

Benefit Status While on Personal Leave of Absence

When a staff member is on a leave for which he/she is utilizing paid time off, deductions for health benefits will be made from the gross wages due the staff member. However, for staff members who have no paid time off (or whose paid time off may be exhausted during his/her leave) the Township will not provide benefits contributions beyond thirty (30) calendar days. Staff will be billed for their medical benefit contributions beyond the thirty (30) day period. If a staff member is unable to make his/her benefit contributions, this may result in a loss of insurance coverage for the staff member.

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Any staff member who will have an absence of ten (10) or more working days, not due to civil service in another matter (e.g. jury duty), military service or workers' compensation, must request a leave of absence for the period in question. Any leave of absence other than that which is due to domestic violence, as articulated by the New Jersey statute, or a maternity leave, must be accompanied by a medical certification, unless the collective bargaining agreement to which the staff member is a party allows for other types of leave not necessitating such a document (e.g. sabbatical leave).

Approval of a Leave of Absence is a three (3) step process:

1. You must complete the Leave of Absence Application (either FMLA or NJFLA) and provide supporting medical documentation, including a physician certificate;
2. A committee consisting of your immediate supervisor and/or director, a representative from legal and the Business Administrator will review your request to determine whether to approve/deny same (unless it is a claim for NJFLA, which is controlled by the State); and
3. You will receive an Employer Response to the Leave of Absence Application advising you of your approval/denial.

You must be entitled to receive a leave which is predicated upon hours worked up to the date you are requesting your leave. For medical related leaves, staff will usually be entitled to twelve (12) weeks, unless there are circumstances which will result in less time allowed or no time allowed. The Township follows the FMLA and although you might receive up to twenty six (26) weeks of Temporary Disability from the State, the Township does not have to recognize any time past the twelve (12) weeks, inasmuch as benefits and the guarantee of your position. If your leave extends beyond the twelve (12) weeks but does not reach six (6) months, the Director of your Department and the Business Administrator will review your circumstances and make a decision based on job performance, prognosis, and other contributing factors, such as the needs of your department. Please note: the six (6) month limitation on leaves of absence apply to all leaves under FMLA and does not apply to any leaves running consecutively that put a staff member beyond the six (6) month period (e.g. FMLA followed by NJFLA).

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**EMPLOYER RESPONSE TO EMPLOYEE REQUEST FOR
FAMILY OR MEDICAL LEAVE**

To: _____ Title: _____ Department: _____
Employee's Name

From: _____
(Director and Authorized Representative)

On, _____, you notified the Township of Irvington of your need to take family/medical leave due to one of the following reasons:

- The birth of a child, adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions of you job; or
- A serious condition affecting your spouse, child or parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect your leave to continue until on or about _____.

Except as explained below, you have a right under the FMLA for up to twelve (12) weeks of unpaid leave in a twelve (12) month period for the reason listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same condition as if you continued to work, and you must be reinstated to the same or and equivalent job with the same pay, benefits, and terms and conditions of employment on your return form leave.

This is to inform you that:

1. You are eligible not eligible for leave under FMLA
2. The requested leave will will not be counted against your annual FMLA leave entitlement
3. 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 the grounds that such restoration will cause substantial and grievous economic harm to the Township of Irvington as discussed in 825.218.
4. While on leave, you will will not be required to furnish us with periodic reports every _____ (indicate interval) of your status and intent to return to work.