

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued: 7/24

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WRITTEN BY Peggy Lawton	REVISED BY Jody Kruskie		AUTHORIZED BY Telly Delor

I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall ensure leaves of absence are granted in accordance with the Labor Agreements between SCCCMH and AFSCME Local 3385 and Chapter 20.

III. DEFINITIONS:

- A. Certification: A statement from a qualified health care provider explaining the employee's or family member's serious health condition. To include:
1. Date on which the condition began.
 2. Probable duration of the condition.
 3. Supporting facts regarding the condition.
 4. A statement that the employee's own health condition makes it impossible for him/her to work (this must include a list of which essential/material functions of the job the employee is unable to perform).
 5. A statement of the employee's ability to return to work with detailed restrictions, if any, and, if appropriate, what alternative job for which the employee is qualified and could perform (when caused by the employee's own illness) and any other pertinent information.
 6. A statement that the employee is needed to care for a spouse, parent, or child.
- B. Leave of Absence: Time away from one's job as defined in Article 27: Leave of Absence (i.e. leaves for illness, maternity, education, or union position).

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IV. STANDARDS:

- A. Certification is required for all leaves, with the exception of educational or union leaves unrelated to health issues.
- B. Educational leave of absence must include a detailed reason explaining the need for such leave. Final approval shall not be granted until actual enrollment is verified, and if the educational leave is related to Agency business/mission. Upon graduation or completion of course(s) or in the event of early termination of educational curriculum, the employee will notify the Employer and return to work within two (2) business days. Working days begin the day after the last final examination or the last class session, whichever is later. Failure to do so may result in progressive discipline, which could include termination.
- C. Leaves for “other reasons”, unless addressed by Federal Law (e.g. FMLA) are not permitted. If staff think they have a unique emergent need for reasons other than those specified in Article 27, they may submit a special request to the SCCCMH Human Resources Director for consideration. Special problems and requests for exceptions should be directed through [Administrative Procedures #01-002-0040, Policy Exceptions](#).
- D. For disability leaves: Second Opinions - If the agency is not satisfied with the initial certification, it may require a second opinion at its own expense. In the event of conflicting opinions, a third provider may be retained, also at agency’s discretion and expense, to render a binding decision.
- E. Employees must use any accrued leave time available at the time of the leave and that which accrues during that leave.
- F. For any leave of absence request that is not approved, the employee has the option to appeal the decision to the next higher level within five (5) working days. That individual will review all pertinent information and forward a decision within five (5) working days in writing to the employee.
- G. On an ongoing basis but no more frequently than every 30 days, and at the employer’s request, the employee should keep the employer apprised of any changes to the circumstances of an employee’s situation and provide re-certifications. Should an employee or the employee’s family member have a health care professional’s visit, documentation should be obtained at that time. If there is a change in condition, documentation should be sought. Required documentation must be submitted within 15 days of the request, however, if this would pose an undue burden on the employee, the employee should submit a request for an exception to be granted.
- H. Leaves of absence (including extensions) may be granted in accordance with the respective union contracts (see Article 27) with program coverage considerations.
- I. The Agency reserves the right to notify employees currently on Union Leave of Absence that they will be required to return to work due to the needs of the agency with no less than 30 calendar days notice. It is not the intention of the Agency to do so on a regular basis, but will do so if it is

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necessary to maintain the integrity of service delivery within the Agency. If an employee has been approved for an “up to one year” union leave of absence, the employee must re-report every 90 calendar days to ensure continued leave is approved.

- J. Following an approved personal medical leave of absence (for up to one year), it is the expectation of the Authority that the employee either return to work with the clearance from a health care professional or the employee’s employment ends. Should there be extenuating circumstances that require the employee to continue to be absent from work, a request to consider an extended leave, not to exceed two (2) years, may be submitted for consideration and will not be unreasonably denied. The employee shall submit a request that specifically explains the continued health condition, the prognosis for return to work, which should be reasonable given the circumstances for each employee case. Each instance will be handled on a case by case basis, and sets no precedent for future requests. An extended date of return to work must be established with a “to be determined but no later than a certain date.” See Union Contracts.
- K. Employee on any type of Leave of Absence will surrender any SCCCMH property prior to the start of the Leave of Absence, as indicated within administrative procedures [#06-001-0115 Personnel: Resignation/Retirement/Termination Process](#).

V. PROCEDURES:

Employee/Designee

1. Submits to HR Labor/Employee Relations Manager a request 60 days in advance, but no less than 30 days, using form [#0815 Request for Leave of Absence Memorandum](#). For disability leave refer also to [Administrative Procedure #06-001-0045, Disability Plan Process](#). Timeframe exceptions may be made for emergency/unforeseeable situations.

HR Labor/Employee Relations Manager

2. Reviews request with supervisor and determines how to proceed.
3. Reviews the request to ensure any accrued time requested is available.
4. Requests any needed documentation to be forwarded including:
 - a. Certification of Health Care Provider for Employee’s Serious Health Condition: <https://www.dol.gov/whd/forms/WH-380-e.pdf>
 - b. Certification of Health Care Provider for Family Member’s Serious Health Condition: <https://www.dol.gov/whd/forms/WH-380-F.pdf>
 - c. Proof of acceptance/enrollment for educational
 - d. Any additional information required to verify/approve requested leave.

HR Director/Designee

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5. Approves or disapproves the request

HR Labor/Employee Relations Manager

6. Sends a confirming memorandum to staff summarizing the leave request.

Note: Any Educational Leave will require submission of formal notice of completion of classes.

Supervisor

7. Makes arrangements to meet with employee on or before the last day of work before the start of the leave of absence to obtain SCCCMHA property, as outlined within administrative procedures #06-001-0115 Personnel: Resignation/Retirement/Termination Process and completes form #0705 Property Receipt Record.

For Extension Requests

Employee

8. Submits request to extend personal medical leave with documentation of continued health condition, the prognosis for return to work, which should be reasonable, any extenuating circumstances, and a date of return.

Leadership Designee

9. Reviews request and documentation, and determines if approved or not approved.

VI. REFERENCES:

- A. Form [#0815 Request for Leave of Absence Memorandum](#)
- B. Administrative Procedure [#06-001-0115 Personnel: Resignation/Retirement/Termination Process.](#)
- C. Administrative Procedure [#06-001-0045 Disability Plan Process](#)

VII. EXHIBITS:

- A. Leave of Absence Confirmation Memorandum

VIII. REVISION HISTORY:

Dates issued 10/82, 10/87, 11/88, 06/91, 10/93, 03/94, 11/95, 04/97, 08/97, 11/97, 09/98, 09/01, 04/03, 10/08, 08/09, 08/11, 01/14, 01/15, 03/16, 03/17, 05/19, 07/20, 05/21, 07/22, 07/23.

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ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH

Program Operations
3111 Electric Avenue
Port Huron, MI 48060
Phone: (810)985-8900 ☎ FAX: (810)985-7620

MEMORANDUM

TO:

FROM: Jody Kruskie, Labor/Employee Relations Manager

DATE:

SUBJECT: Leave of Absence Confirmation

The purpose of this correspondence is to confirm the status of your leave of absence request. As we discussed, your leave will begin on (or around) . Your tentative date of return to work will be .

To summarize:

Leave of Absence Begins:
Date of Disability:
Short Term Disability Begins:
Short Term Disability Ends:
Paid/Unpaid Leave Begins:
Paid/Unpaid Leave Ends:
Return to Work Full Time:

As we discussed, if/when your leave becomes unpaid you will be responsible for payment of benefit coverage. Also, your return to work slip is due immediately upon a decision made by your medical professional. Please forward this to my attention.

Per Article 27, Section 10 of the Union contract, "If the approved contract leave is unpaid and not also a leave under the Family & Medical Leave Act, seniority and eligible service recognition shall be frozen (not accrue) and adjusted upon return...One exception to this is if the approved unpaid leave is for ten (10) business days or less in total length, the employee will continue to accrue seniority but not other benefits."

Just a reminder, you will need to complete timecards for your entire leave. If and when you are on an approved long term disability leave you will no longer be required to submit a timecard.

If you have any questions, please feel free to call me at 966-7837.

cc: Account Clerk
Chief Financial Officer
HR Director
Chief Operating Officer
Medical/Confidential File (as appropriate)
Personnel File (as appropriate)