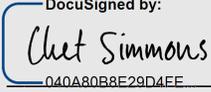


**City of Los Alamitos  
Administrative Regulation**

Regulation:	<b>4.21</b>	
Title:	<b>Family Care, Medical Leave, Pregnancy Disability Leave, and CFRA Bereavement Leave</b>	
Authority:	<b>City Manager</b>	 <p>DocuSigned by: <i>Chet Simmons</i> 040A80B8E29D4EE</p>
Date:	<b>February 11, 2026</b>	
Revised:		

**1. Purpose:**

Legislation, at both the state and federal Levels, guarantees employees the right to unpaid, job-protected leave for certain family and medical reasons. This Policy sets forth the City of Los Alamitos' (hereinafter "City") Policy related to family and medical leaves. Rights and obligations which are not specifically set forth below are set forth in the regulations implementing the federal Family and Medical Leave Act ("FMLA"), the California Family Rights Act ("CFRA") and Pregnancy Disability Leave ("PDL"). Unless otherwise provided by this Policy, "leave" under this Policy shall mean leave pursuant to the FMLA, CFRA, and / or PDL. Unless otherwise provided by law, the City will run each employee's FMLA and CFRA leaves concurrently.

**2. Definitions:**

- A. 12-Month Period – means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.
- B. Single 12-Month Period – means a 12-month period which begins on the first day the eligible employee takes FMLA leave to take care of a covered service member and ends 12 months after that first date.
- C. Bereavement Leave – means covered employees who have worked at least 30 days for the City are eligible to receive five (5) days of leave to be taken within three (3) months of a qualifying death.
- D. Child – Under the FMLA, "child" means a child under the age of 18 years, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care, and includes a biological, adopted, foster or step-child. A child is "incapable of self-care" if he/she requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living or instrumental activities of daily living, such as caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning shopping, taking public transportation, paying bills, maintaining a residence, or using telephones and directories.

Under the CFRA, “child” means a child, including a child who is 18 years of age or older who is capable of self-care. An employee’s child means a biological, adopted, foster, step-child, legal ward, a child of a domestic partner, or a person to whom the employee stands in loco parentis.

- E. Covered Active Duty – means 1) in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country, and 2) in the case of a member of a reserve component of the Armed Forces, duty during the deployment of a member of the Armed Forces to a foreign country under a call or order to Active Duty under certain specified provisions.
- F. Covered Service Member – means 1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or 2) a Veteran who is undergoing medical treatment, recuperation, or therapy, for serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five (5) years preceding the date on which the Veteran undergoes that medical treatment, recuperation, or therapy.
- G. Designated Person – means any individual related by blood or whose association with the employee is the equivalent of a family relationship. The designated person may be identified by the employee at the time the employee requests the leave. An employer may limit an employee to one designated person per 12-month period for family care and medical leave.
- H. Date of Reinstatement – means a definite date of reinstatement mutually agreed upon by the City and employee at the beginning of the leave.
- I. Domestic Partners – another adult with whom the employee has chosen to share their life in an intimate and committed relationship of mutual caring and with whom the employee has filed a Declaration of Domestic Partnership with the Secretary of State, and who meets the criteria specified in California Family Code section 297. A legal union formed in another state that is substantially equivalent to the California domestic partnership is also sufficient. This term shall have the same meaning as “Spouse” for purposes of CFRA leave.
- J. Family member – for FMLA leave means an employee’s child, parent, and spouse. “Family member” for CFRA leave means an employee’s child, parent, parent-in-law, spouse, domestic partner, grandchild, grandparent, and sibling.
- K. Grandchild – means a child of the employee’s child.
- L. Grandparent – means a parent of the employee’s parent.

M. Health Care Provider – means any of the following:

1. A Doctor of Medicine or osteopathy who is authorized to practice medicine or surgery by the State of California;
2. An individual duly licensed as a physician, surgeon, or osteopathic physician or surgeon in another state or jurisdiction, including another country, who directly treats or supervises treatment of a serious health condition;
3. Podiatrists, Dentists, Clinical Psychologists, Optometrists, and Chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-Ray to exist) authorized to practice in California and performing within the scope of their practice as defined under California State law;
4. Nurse Practitioners, Nurse-Midwives, Clinical Social Workers, and Physician Assistants who are authorized to practice under California State law who are performing within the scope of their practice as defined under California State law;
5. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts;
6. Any health care provider from whom an employer or group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

N. Medically Necessary – means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule.

O. Next of Kin of a Covered Service Member – means the nearest blood relative other than the covered service member's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purpose of military caregiver leave under the FMLA.

P. Outpatient Status – with respect to a covered service member, "Outpatient Status" means the status of a member of the Armed Forces assigned to either: 1) a military medical treatment facility as an outpatient; or 2) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Q. Parent – means a biological, foster or adoptive parent, parent-in-law, a stepparent or legal guardian, or an individual who stood in loco parentis (in place of a parent) to an employee when the employee was a child.

R. Parent-in-law – means the parent of a spouse or domestic partner of the employee.

S. Qualifying Exigency Leave – means leave while the employee’s spouse, son, daughter, or parent (the “covered military member”) is on Active Duty or call to Active-Duty status in the National Guard or Reserves in support of a contingency operation, which may include one or more of the following qualifying non-medical exigencies:

Short-notice deployment, attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, attending post-deployment reintegration briefings and arranging for parental care.

Under the CFRA only, eligible employees may take leave for a variety of “qualifying exigencies” arising out of the fact that an employee’s domestic partner is on active duty or call to Active-Duty status in the National Guard or Reserves in support of a contingency operation. Leave for this purpose does not apply to FMLA leave and will not run concurrently with leave under the FMLA.

T. Serious Health Condition – means an illness, injury, impairment, or physical or mental condition that involves:

1. Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, or perform other regular daily activities due to the serious health condition, treatment involved, or recovery therefrom). A person is considered “inpatient” when a health care facility admits them to the facility with the expectation that they will remain at least overnight, even if it later develops that such person can be discharge or transferred to another facility, and does not actually remain overnight; or

2. Continuing treatment by a health care provider – a serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

a) A period of incapacity (i.e. inability to work, or perform other regular daily activities) due to serious health condition of more than three (3) full consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves:

1) Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision by a health care provider, or by a provider of health care services (e.g., a 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 treatment under the supervision of the health care provider. This includes, for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. If the medication is over the counter, and can be initiated without a visit to a health care provider, it does not constitute a regimen of continuing treatment.
- b) Any period of incapacity due to pregnancy or for prenatal care. (This entitles the employee to FMLA leave, but not CFRA leave. Under California law, an employee disabled by pregnancy is entitled to Pregnancy Disability Leave ("PDL")).
  - c) Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic health condition is one 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 incapacity (e.g., asthma, diabetes, epilepsy, etc.). Absences for such incapacity qualify for leave even if the absence lasts only one (1) day.
  - d) A period of incapacity, 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.
  - e) 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 incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment.

U. Serious Injury or Illness –

1. In the case of a member of the Armed Forces, including a member of the National Guard or Reserves – means an injury or illness that was incurred by the member in the line of duty on Active Duty in the Armed Forces (or existed before the beginning of the member's Active Duty and was aggravated by service in the line of duty on Active Duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the members' office, grade, rank, or rating; or

2. In the case of a Veteran who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five (5) years preceding the date on which the Veteran undergoes that medical treatment, recuperation, or therapy – means an injury or illness that was incurred by the member in the line of duty on Active Duty in the Armed Forces (or existed before the beginning of the member’s Active Duty and was aggravated by service in the line of duty on Active Duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

V. Sibling – means a person related to the employee by blood, adoption, or affinity through a common legal or biological parent.

W. Spouse – means one of two persons to a marriage, regardless of the sex of the persons, and for purposes of CFRA leave, includes a registered domestic partner as defined above.

### **3. Employee Eligible for Leave:**

An employee is eligible for FMLA/CFRA leave if the employee:

Has been employed for at least 12 months (52 weeks) with the City; and has physically worked at least 1,250 hours during the immediate 12 months period (52 weeks) before the unpaid leave begins.

Employment periods prior to a break in service of seven (7) years or more will not be counted in determining whether the employee has been employed by the employer for at least 12 months (52 weeks), except for a break in service caused by military service obligation or written agreement to the contrary.

There is no qualification period for an employee for the purposes of PDL. An employee is eligible for PDL immediately upon hire.

### **4. Policy Reasons for Leave:**

Any full-time or part-time employee of the City who has been employed for at least 12 months (52 weeks) with the City and who has physically worked at least 1,250 hours during the immediate period before the twelve (12) month period begins, shall be granted, upon request, qualifying family care and medical leave without pay, of up to a maximum total of twelve (12) work weeks during a 12-month period (52 weeks) for the below-stated reasons.

Leave is only permitted for the following reasons:

- A. The birth of a child of an employee or to care for the newborn child of an employee (bonding leave) after birth;
- B. The placement of a child with an employee in connection with the adoption or foster care of a child (bonding leave);

- C. Leave to care for a parent, spouse, or child of an employee who has a serious health condition;
- D. Under the CFRA only, leave is permitted to care for a domestic partner, grandparent, grandchild, parent-in-law, sibling, or any Designated Person, who has a serious health condition. Leave for this purpose does not apply to FMLA leave and will not run concurrently with leave under the FMLA;
- E. Leave because of a serious health condition that makes the employee unable to perform any one or more of the essential functions of his or her position;
- F. Leave for a “qualifying exigency” arising out of the fact that an employee’s spouse, son, daughter, or parent is on covered Active Duty or call for Active Duty status;
- G. Under the CFRA only, leave for a variety of “qualifying exigencies” arising out of the fact that an employee’s domestic partner is on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation. Leave for this purpose does not apply to FMLA leave and will not run concurrently with leave under the FMLA;
- H. Leave to care for a spouse, son, daughter, parent, or “next of kin” who is a covered service member of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on Active Military Duty or existed before the beginning on the member’s Active Duty and was aggravated by service in the line of duty on Active Duty in the Armed Forces (this leave can run up to 26 weeks of unpaid leave during a single 12-month period)[under the FMLA only, not the CFRA].

Qualifying exigency leaves that are not medically related shall not be longer than the twelve (12) weeks available by law; only leaves for medical purposes can be extended using leave accruals.

While on leave under this policy, an employee may not engage in activities, including outside employment, which is contrary to and inconsistent with the reason the leave was approved.

Employees who misuse or abuse FMLA and / or CFRA leave or any other leave covered in the Policy, or do not comply with the provisions of this Policy, may be disciplined up to and including termination. Moreover, an employee who fraudulently obtains or uses FMLA / CFRA leave is not protected by the FMLA / CFRA job restoration or maintenance of health benefits provisions.

## **5. Amount of Leave:**

Eligible employees are entitled up to a total of 12 workweeks (or 26 workweeks to care for a covered service member) of unpaid FMLA / CFRA leave during any 12-month period

(52 weeks). When FMLA leave qualifies as both military caregiver leave and care for a family member with a serious health condition, the leave will be designated as military caregiver leave first.

If the leave qualifies under FMLA, CFRA, and/or other types leaves under this Policy, such leave will run **concurrently**.

A. Birth, Adoption or Foster Care Placement

If leave is requested for the birth, adoption, or foster care placement of a child of an eligible employee, leave must be concluded within one (1) year of the birth or placement of the child. In addition, the basic minimum duration of such leave is two (2) weeks. However, an employee is entitled to leave for one (1) of these purposes (e.g., bonding leave) for a length of time less than two (2) weeks on any two (2) occasions within one (1) year of the birth or placement of the child.

If leave is requested to care for a child, parent, spouse, grandparent, grandchild, sibling or the employee him or herself with a "serious health condition", there is no minimum amount of leave that must be taken. However, the employee requesting said leave must comply with the notice and medical certification provisions of this Policy.

B. Spouses / Parents Both Employed by the City of Los Alamitos

If both married parents of a child, adoptee, or foster child are employed by the City and are entitled to bonding leave:

- 1) The aggregate number of workweeks of FMLA leave to which both may be entitled may be limited to 12 workweeks during any 12-month period; and
- 2) Each married parent is entitled to take 12 workweeks of CFRA leave during any 12-month period.

If both married parents of a covered service member are employed by the City and are entitled to leave to care for a covered service member, the aggregate number of workweeks of leave to which both may be entitled is limited to 26 work weeks during the 12-month period. This limitation does not apply to any other type of leave under this policy.

C. Military Family Leave Entitlement:

Eligible employees with a spouse, son, daughter, or parent on Active Duty or call to Active-Duty status may use their 12 weeks leave entitlement to address certain qualifying exigencies. Under the CFRA only, eligible employees with a domestic partner on Active Duty or call to Active-Duty status may use their 12-week leave entitlement to address qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare,

addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member with a serious health condition during a single 12-month period (52 weeks). The first unpaid 12 weeks shall run concurrent with CFRA leave.

Where FMLA leave qualifies as both military caregiver leave and care for a family member with a serious health condition, the leave will be designated as military caregiver leave first. FMLA leave to care for a covered service member is up to 26 weeks.

**D. Pregnancy Disability Leave Entitlement:**

An employee who is disabled because of pregnancy, childbirth, or a related medical condition is entitled to an unpaid leave for up to the number of hours she would normally work within four calendar months (one-third of a year or 17 1/3 weeks).. There is no minimum service or hours worked requirement for eligibility for PDL. However, if an employee is eligible for FMLA during PDL leave, then FMLA will run concurrently with PDL. The duration of leave of absence for pregnancy disability shall be for the period of time the employee is actually disabled, as certified by the employee's health care provider, up to a maximum of 4 months (i.e., 17 and 1/3 weeks). The medical certification must be responsive to the information contained in the DFEH PDL certification form, herein provided. This includes time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, or any related medical condition.

Employees with a certified medical necessity for leave, a reduced work schedule or a less strenuous / hazardous position (where a temporary transfer is medically advisable), shall provide reasonable advance notice to allow for the interactive process in determining the feasibility of implementation of a reasonable accommodation.

After an employee is no longer disabled under PDL, and meets eligibility for FMLA / CFRA, any remaining FMLA leave shall run concurrently with CFRA to bond with a new child.

**E. Lactation Accommodations:**

The City will provide employees a reasonable amount of break time each time the employee needs to express milk for the employee's infant child, in conformance with SB 142. For more information, see Regulation 1.18.

**6. Process of Requesting Leave:**

A. Leave Requests:

All leave requests shall be made in writing to the Human Resources Division, using the attached Leave Request Form(s).

1. FMLA/CFRA: Although the City recognizes that emergencies arise which may require employees to request immediate leave, employees are required to give as much verbal or written notice as possible for their need for leave. If the employee's need for leave is foreseeable, the employee shall provide his or her supervisor and the Human Resources Division with reasonable advanced notice of at least 30 days of the need for leave. If an employee knows that he or she will need leave in the future, but does not know the exact dates (e.g., for the birth of a child or bonding), the employee shall inform his or her supervisor as soon as possible that such leave will be needed. If the employee's need for leave is foreseeable due to planned medical treatment or supervision, the employee shall make a reasonable effort to schedule the treatment or supervision to avoid undue disruption to the operations of the City.

When unforeseen events occur that require family care and / or medical leave, the employee shall give notice as soon as practicable, ordinarily within one (1) or two (2) working days of when the employee learns of the need for the leave.

When leave is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule, when medically necessary. Intermittent leave as approved under this Policy shall be noted as such on department internal timekeeping documents.

For foreseeable leave due to a qualifying exigency, an employee must provide verbal or written notice of the need for leave as soon as practicable, regardless of how far in advance such leave is foreseeable.

2. PDL: Requests for PDL must be submitted in writing with reasonable advance notice of the medical need for the leave.

B. Medial Certification Requirements:

Employees who request leave must provide a medical certification and/or recertification to support the need for the leave as described below:

1. Employee's Own Serious Health Condition under the FMLA/CFRA- Employees who request leave for their own serious health condition must provide written certification from the health care provider that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; and a statement that, due to the serious health condition, the employee is unable to work at all or is unable to perform any one or more of the essential functions of their position. Upon expiration of the time

period the health care provider originally estimated that the employee needed for their own serious health condition, the employee must obtain recertification if additional leave is requested.

2. Family Member Serious Health Condition under the FMLA/CFRA- Employees who request leave to care for a child, parent, parent-in-law, domestic partner, spouse, grandparent, grandchild, sibling, or designated person who has serious health condition must provide written certification from the health care provider of the family member requiring care that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; an estimate of the amount of time which the health care provider believes the employee needs to care for the child, parent, domestic partner, spouse, grandparent, grandchild, sibling, or designated person, and a statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the child, parent, domestic partner, spouse, grandparent, grandchild, sibling, or designated person. The term “warrants the participation of the employee” includes, but is not limited to, providing psychological comfort, and arranging third party care for the covered family member, as well as directly providing, or participating in, the medical care. Upon expiration of the time period the health care provider originally estimated that the employee needed to care for a covered family member, the employer must obtain recertification if additional leave is requested.
3. Military Kin-Care – Employees who request FMLA leave to care for a covered service member who is a child, spouse, parent, or “next of kin” of the employee must provide written certification from a health care provider regarding the injured service member’s serious injury or illness. The City will verify the certification as permitted by the FMLA regulations.
4. Qualifying Exigency - The first time an employee requests leave because of a qualifying exigency, an employer may require the employee to provide a copy of the covered military member’s Active Duty orders or other documentation issued by the military which indicates that the covered military member is on covered Active Duty or call to Active Duty status in a foreign country, and the dates of the covered military member’s Active Duty service. A copy of the new Active Duty orders or similar documentation shall be provided to the City if the need for leave because of a qualifying exigency arises out of a different Active Duty or call to Active Duty status of the same or a different covered military member. The City will verify the certification as permitted by the FMLA and CFRA regulations.
5. Intermittent / Reduced Schedule Family Care – If an employee requests leave intermittently (a few days or hours at a time) or on a reduced leave schedule for their own serious health condition or to care for an immediate family member with a serious health condition, the employee must provide medical certification

that such leave is medically necessary and, if relevant, states that the employee will be the primary caregiver.

6. Pregnancy Disability Leave - The request for PDL must be supported by a written certification from the attending physician stating that: (1) the employee is disabled from working by pregnancy, childbirth or a related medical condition; (2) the date on which the employee became disabled by pregnancy, childbirth or a related medical condition; and (3) the estimated duration or end date of the leave.
7. Time to Provide a Certification – When an employee’s leave under FMLA/CFRA is foreseeable and at least 30 days’ notice has been provided, the employee must provide a properly completed medical certification before the leave begins. When this is not possible, the employee shall provide certification within 15 calendar days after it is requested, unless it is not practicable under the particular circumstances to do so despite the employee’s diligent, good faith efforts.
8. Review of the Contents of Medical Certification for Employee’s Own Serious Health Condition
  1. Complete and Sufficient: The employee must provide a certification for their own serious health condition under for FMLA/CFRA leave that is complete and sufficient to support the request for leave. A certification is incomplete if one or more of the applicable entries on the certification form have not been completed. A certification is insufficient if the information on the certification form is vague, ambiguous, or not responsive. If the certification is incomplete or insufficient, the Human Resources Department will give the employee written notice of the deficiencies and seven days to cure, unless a longer period is necessary in light of the employee’s diligent, good faith efforts to address the deficiencies.
  2. Authentication and Clarification: After giving the employee an opportunity to cure the deficiencies in a medical certification for the employee’s own serious health condition for FMLA/CFRA purposes, the Human Resources Department may contact the health care provider who provided the certification to clarify and/or authenticate the certification. “Authentication” means providing the health care provider with a copy of the certification form and requesting verification that the information on the form was completed or authorized by the health care provider who signed the form. “Clarification” means contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of the response. Human Resources may not ask for additional information beyond that required on the certification form.

If the City has a good faith, objective reason to doubt the validity of a certification for the employee's serious health condition for FMLA/CFRA purposes, the City may require the employee to obtain a second medical opinion, at the City's expense. If the opinions of the first and second health care provider differ, the City may require a third opinion, at the City's expense, from a health care provider mutually agreed upon by the City and the employee. The third opinion shall be final and binding. An employee may request a copy of the health care provider's opinions, at no cost, when there is a second or third medical opinion sought.

In an employee provides an incomplete medical certification, the employee will be given a reasonable opportunity to cure any such deficiency. If an employee fails to provide a medical certification within the time frame established in this policy, the City may delay the taking of FMLA / CFRA leave or any other leave covered in the Policy until required certification is provided, or deny FMLA/CFRA protections following the expiration of the time period to provide an adequate certification.

#### 9. Return to Work

Except as otherwise stated, upon expiration of FMLA / CFRA leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

Upon the expiration of PDL, the employee will be reinstated to her original position, so long as it was not eliminated for a legitimate business reason during the leave. If the employee's original position is no longer available, the employee will be assigned to a comparable, open position. If upon return from leave an employee is unable to perform the essential functions of her job because of a physical or mental disability, the City will initiate an interactive process with the employee in order to identify a potential reasonable accommodation.

Employees have no greater rights to reinstatement, benefits, and other conditions of employment than if the employee had been continuously employed during the FMLA / CFRA / PDL period.

Employees may be required to periodically report on their status and intent to return to work. This will avoid any delays to reinstatement when the employee is ready to return.

Prior to returning to work after FMLA / CFRA / PDL leave, an employee whose leave was due to the employee's own serious health condition and/or disability shall provide to the Human Resources Division a certification from the employee's health care provider, that the employee is able to resume work.

The Human Resource Division shall notify the department director and or his or her designee the employee's clearance to return to work.

If the certification is not provided at the time the employee seeks reinstatement after leave taken, restoration may be denied until the certification is provided.

If a definite date of reinstatement has been agreed upon at the beginning of the leave, the employee will be reinstated on the date agreed upon provided a certification has been provided. If the reinstatement date differs from the original agreement of the employee and the City, the employee will be reinstated within two (2) business days, where feasible, after the employee notified the employer of his or her readiness to return and upon the City's receipt of a certification from the employee's health care provider.

10. Reinstatement of "Key Employees" – Under the FMLA only, the City may deny reinstatement to a "key" employee (i.e., an employee who is among the highest paid 10 percent of all employed by the City within 75 miles of the work site) if such denial is necessary to prevent substantial and grievous economic injury to the operations of the City, and the employee is notified of the City's intent to deny reinstatement on such basis at the time the employer determines that such injury would occur.

## **7. Employee Benefits While on FMLA / CFRA / PDL Leave**

Although family and medical care leave is unpaid, an employee may elect and the City will require an employee to concurrently use all paid accrued leaves during family and medical care leave as described below.

### **A. City's rights and the Employee's rights if an employee requests accrued leave without mentioning either FMLA or CFRA**

If an employee requests to utilize vacation leave or other accrued paid time off without reference to FMLA / CFRA-qualifying purpose, the City may not ask the employee if the leave is for a FMLA / CFRA-qualifying purpose. However, if the City denies the employee's request for said leave and the employee follows-up and provides information that the requested time off is for a FMLA / CFRA-qualifying purpose, the City may inquire further into the reason for the absence. If the reason is FMLA / CFRA-qualifying, the City may require the employee to exhaust accrued leave as described in this Policy.

### **B. Use of Paid Leave Accruals**

As set forth in the City's Leave of Absence Without Pay Procedures under normal circumstance (excluding disciplinary action), when the City Council has not designated a time of economic hardship, employees must generally use all available paid leave accruals prior to being placed in a non-paid leave status, otherwise known as Leave of Absence Without Pay. However, when

employees out on a qualified medical leave have fulfilled the required waiting period for disability and are receiving disability premiums, said employee may convert to an unpaid status despite not having exhausted their leave accruals.

An employee receiving indemnity premium payments is not considered in a non-paid status for purposes of seniority accrual. Upon meeting the indemnity-waiting period, an employee may blend indemnity with appropriate and available earned paid leave accruals. (Indemnity premium payments are defined as Short-Term Disability (STD) and Workers Compensation. The waiting period for Short-Term Disability is 60 consecutive days.

Employees who are no longer receiving disability payments under Pregnancy Disability Leave and are eligible to continue on leave to bond with their newborn (FMLA / CFRA), may remain in an unpaid status prior to returning to work.

- C. Sick Leave – for an employee’s own disability period, unless otherwise mandated by law (i.e. Labor Code §4850 for public safety), prior to meeting the indemnity waiting period, employee shall use any available sick leave.
- D. Family Sick Leave – the use of sick leave for any portion of family medical care and medical leave shall be consistent with the provisions of the applicable Memorandum of Understanding. Unless otherwise stated in a current applicable Memorandum of Understanding, employees are permitted to use available sick leave to attend to the serious health condition of a child, parent, parent-in-law, spouse, or domestic partner, grandparent, grandchild, designated person, or sibling of the employee.
- E. Other Paid Accruals – with the exception of employees covered under Pregnancy Disability Act, for an employee’s own qualifying FMLA / CFRA disability period, prior to meeting indemnity-waiting period, employee shall use any earned and available paid leave accrual. Upon meeting the indemnity waiting period, an employee may blend indemnity benefits with paid leave accruals.

Available leave accruals used in place of sick leave for the employee’s own medical condition must be designated as “in-lieu of sick leave” on department timekeeping records.

F. Continuation of Health Coverage Under City-Sponsored Plans

An employee on family care and medical leave continues to be eligible for health insurance benefits under the City’s group health insurance plans during the period of the leave, at the level and under the same conditions that existed while he or she was working, if the employee was currently enrolled in medical, dental, and / or vision plans.

In those cases, the City will continue its contribution toward health benefits, if applicable. During the period of leave, the employee is responsible for his / her portion of health insurance plan premiums, life insurance, disability insurance, or any other deduction paid by employee through payroll. Employee premium(s) obligations must be met timely, and an employee is required to sign an authorization and acknowledgment for payment obligations at the time the leave commences.

Once the employee exhausts FMLA / CFRA leave (twelve [12] weeks unpaid) and or PDL (up to 17 and 1/3 weeks), the City shall no longer continue to contribute towards health plan benefit premiums. Therefore, continuation of coverage under City-sponsored plans are subject to timely payment of premiums by employees to the City for the employee's portion of the premium.

#### G. Failure to Return-to-Work

If an employee fails to return-to-work after his or her leave entitlement has been exhausted or expires, the City shall have the right to recover its share of health plan premiums for the entire leave period, unless the employee does not return because of the continuation, recurrence, or onset of a serious health condition of the employee or his or her family member which would entitle the employee to leave, or because of circumstances beyond the employee's control. The employee shall provide written documentation to evidence such circumstance, i.e., written note from the employee's treating physician or in the case of caring for a family member, the family member's treating physician.

#### H. City Service Credit

During a FMLA / CFRA / PDL leave period, or disability indemnity leave, the employee shall retain employee status with the City and leave shall not constitute a break in service for purposes of longevity, seniority, or any applicable employee benefit plan. An employee returning from leave shall return with no less seniority than when the leave commenced, for purposes of layoff, recall, promotion, job assignment, and vacation accrual rates. When the employee returns from approved FMLA / CFRA / PDL leave, he or she shall be reinstated to his or her previous, or an equivalent / comparable position, i.e., one that corresponds to the duties, terms, conditions, and privileges of the previous position. Upon his or her return, an employee will also be entitled to any unconditional pay increases that may have occurred during the leave (i.e., cost of living adjustments).

### **8. Leave for Reproductive Loss**

The City provides employees who have been employed at least 30 calendar days with Reproductive Loss Leave, in the event of a "Reproductive Loss Event"

“Reproductive Loss Event” means the day or, for a multiple-day event, the final day of a Failed Adoption, Failed Surrogacy, Miscarriage, Stillbirth, or an Unsuccessful Assisted Reproduction, as those terms are defined below:

- “Failed Adoption” means the dissolution or breach of an adoption agreement with the birth mother or legal guardian, or an adoption that is not finalized because it is contested by another party. This event applies to a person who would have been a parent of the adoptee if the adoption had been completed.
- “Failed Surrogacy” means the dissolution or breach of a surrogacy agreement, or a failed embryo transfer to the surrogate. This event applies to a person who would have been a parent of a child born as a result of the surrogacy.
- “Miscarriage” means a miscarriage by a person, by the person’s current spouse or domestic partner, or by another individual if the person would have been a parent of a child born as a result of the pregnancy.
- “Stillbirth” means a stillbirth resulting from a person’s pregnancy, the pregnancy of a person’s current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy that ended in stillbirth.
- “Unsuccessful Assisted Reproduction” means an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure. This event applies to a person, the person’s current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy.

Reproductive Loss Leave may be taken for up to five (5) days per Reproductive Loss Event.

Reproductive Loss Leave is not required to be taken consecutively, but such leave must be taken within three (3) months of the Reproductive Loss Event, with the exception that, if an employee is on CFRA leave, PDL, or another leave protected by state or federal law at the time of or immediately following the Reproductive Loss Event, the employee may use Reproductive Loss Leave within three (3) months of the end date of the other protected leave.

If an employee experiences more than one Reproductive Loss Event within a 12-month period, the City will provide Reproductive Loss Leave up to a maximum of 20 days within a 12-month period.

Reproductive Loss Leave is unpaid, but employees may elect to use accrued paid leaves, such as sick leave, personal leave, or vacation in order to provide for their compensation while on Reproductive Loss Leave.

The City will maintain the confidentiality of any employee who requests to use or uses Reproductive Loss Leave, and the City will not disclose such information other than to internal personnel on a need to know basis, or as required by law.

## **9. Bereavement Leave**

All employees who have been employed by the City for at least 30 days are entitled to five (5) days of bereavement leave in the event of the death of a spouse, domestic partner, child, stepchild, parent, sibling, grandparent, grandchild, or parent-in-law.

An employee may use vacation, personal leave, accrued and available sick leave, or compensatory time off in order to provide for their compensation during the leave.

Employees may use such leave on a non-consecutive basis in the three (3) months that follow that date of the death.

## **10. Required Forms**

Employees must complete and the City must receive the following applicable forms in connection with leave under this Policy:

- A. "Request for Family or Medical Leave Form" prepared by the City to be eligible for leave.
- B. Medical Certification – either for the employee's own serious health condition or for the serious health condition of a child, parent, spouse, domestic partner, grandparent, grandchild, parent-in-law, sibling, or designated person.
- C. Authorization for payroll deductions for benefits plan coverage continuation, with acknowledgement of responsibility for employee portion of benefit premium costs.
- D. A medical release for duty is required prior to return to duty, unless the employee took leave to care for a family member. (This is not a standardized form generated by the City and will be generated by the employee's healthcare provider).
- E. Bereavement leave request shall follow procedures set forth in the respective Memorandum of Understanding (MOU).
- F. Any other form as provided for under FMLA / CFRA / PDL.

## **11. Terms and Conditions**

The terms and conditions of this Policy shall not preempt federal and / or state regulations in place at the time the family care and medical leave request is received.

Attachments:

Attachment A – Leave Request Form

Attachment B – Medical Certification for Employee

Attachment C – Medical Certification for Employee's Family Member



**Family Care and Medical Leave, and Pregnancy Disability Policy**  
**Family Care and Medical Leave Request Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Hire Date: \_\_\_\_\_ Position Title: \_\_\_\_\_

Last Day of Work(ed): \_\_\_\_\_ Department Director: \_\_\_\_\_

Date Leave is to Begin: \_\_\_\_\_ Expected Leave Duration: \_\_\_\_\_

Sick Leave  Vacation  Comp Time  Earned:  Floating Holiday and/or

Management Leave Date Unpaid Leave Commences:  
\_\_\_\_\_ Date I Intend to Return-to-Work: \_\_\_\_\_

**Reason for Requested Leave:**

Your own serious health condition; **(15 calendar days to provide “Health Care Provider Certification”)**

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

Your caring for your:  spouse,  child,  parent,  registered or domestic partner  
 grandparent  grandchild  parent-in-law  sibling  designated person due to his or her serious health condition

Your caring for an adult child who is incapable of self-care. (A child is “incapable of self-care: if he / she requires active assistance or supervision to provide daily self-care in three (3) or more of the activities of daily living or instrumental activities of daily living, such as carking for grooming and hygiene, bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, etc.)

Due to a “Qualifying exigency” arising out of the fact that your  spouse,  son / daughter,  parent or  domestic partner is on covered Active Duty or call to Active Duty status as a member of the Armed Forces **(Must provide “Certification of Qualifying Exigency.)**

To care for your  spouse,  son,  daughter,  parent,  or “next of kin” covered service member, with a serious injury or illness **(Must provide “Certification” from Department of Defense or Department of Veteran Affairs within 15 calendar day.)**

**Method of Leave Requested:**

- Consecutive Leave
- Intermittent or Reduced Leave Schedule (Specify Schedule Below):

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**Under the FMLA only: If the duration of my family / medical leave does not exceed 12 weeks, I will be returning to my same or equivalent position, unless I have been advised I qualify as a “key employee.” I understand that if my family / medical leave should exceed 12 weeks (or 26 weeks to care to an injured service member), I will be returned to my same or equivalent position, only if available. If my same or equivalent position is not available; I understand that I may be separated from service.**

I will provide Human Resources Division staff an approved medical certification pursuant to this Policy within **15 calendar days** of this Request for Leave; and I will provide Human Resources staff with an updated medical certification for myself or my family member as appropriate:

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received in HR: \_\_\_\_\_ Received By: \_\_\_\_\_



**CITY OF**  
**Los Alamitos**  
*California*

**Attachment B**

**Family Care and Medical Leave, and Pregnancy Disability Policy**  
**Medical Certification – Employee’s Serious Health Condition**

**I. For Completion by the Employer:**

**Employer’s Name:** City of Los Alamitos

**Contact Person:** Chelsi A. Wilson, Administrative Services Manager

**Employee’s Job Title:** \_\_\_\_\_

**Employee’s Regular Work Schedule:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee’s Essential Job Functions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Description is Attached:** \_\_\_\_\_

**II. For Completion by the Employee:**

**Instructions to the Employee:** Please complete Section II before giving this form to your medical provider. The FMLA / CFRA / PDL permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA / CFRA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA / CFRA / PDL protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA / CFRA / PDL request. Your employer must give you at least 15 calendar days to return this form.

**Your Name:** \_\_\_\_\_

First, Middle, Last

**III. For Completion by the Healthcare Provider**

**Instructions to the Healthcare Provider:** Your patient has requested leave under the FMLA / CFRA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate,” may not be sufficient to determine FMLA / CFRA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

**IMPORTANT NOTE:** The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. To comply with the Act, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information,” as defined by CalGINA, includes information about the individual’s or the individual’s family member’s genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. “Genetic Information” does not include information about an individual’s sex or age.

Provider’s Name, Business Address, and Telephone Number:

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Type of Practice / Medical Specialty:

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**PART A: MEDICAL FACTS**

***[Note: The healthcare provider is NOT to disclose underlying DIAGNOSIS]***

1. Approximate date condition commenced: \_\_\_\_\_
2. Probable duration of the condition: \_\_\_\_\_
3. Attached is a description of what constitutes a “serious health condition” under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient’s condition qualify as a serious health condition?

Yes       No

4. Is the employee able to perform work of any kind?

Yes       No (If "No", skip question #8).

5. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description or a job description, answer these questions based upon the employee's own description of his or her job functions.

Is the employee unable to perform any one or more of his or her essential job functions due to the condition?

Yes       No

If so, identify the job functions the employee is unable to perform:

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**PART B: AMOUNT OF LEAVE NEEDED**

1. Will the employee be incapacitated for a **single continuous period of time** due to his or her medical condition, including any time for treatment and recovery?

Yes       No

If so, estimate the beginning and ending dates for the period of incapacity:

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2. Please answer the following questions only if the employee is asking for intermittent leave or a reduced work schedule:

**Intermittent Leave:** Is it medically necessary for the employee to be off work on an intermittent basis in order to deal with his or her serious health condition?

Yes       No

If yes, please indicate the estimated frequency of the employee's need for intermittent leave due to the serious health condition, and the duration of such leaves (e.g. 1 episode every 3 months lasting 1-2 days)

Frequency \_\_\_\_\_ Times Per Week(s) \_\_\_\_\_ Month(s)  
Duration \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee's normal work schedule due to his or her serious health condition?

Yes       No

If yes, please indicate the part-time or reduced work schedule the employee needs:  
\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ day per week, from \_\_\_\_\_ through \_\_\_\_\_

**Time Off for Medical Appointments or Treatment:** Is it medically necessary for the employee to take time off for doctor's visits or medical treatment, either by the health care practitioner or another provider of health services?

Yes       No

If yes, please indicate the estimated frequency of the employee's need for doctor's visits or medical treatment, and the time required for each appointment, including any recovery period.

Frequency \_\_\_\_\_ Times Per Week(s) \_\_\_\_\_ Month(s)  
Duration \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**Additional Information:** Identify section and question number with your additional answer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Department Manager Signature

\_\_\_\_\_

Date



Attachment C

**Family Care and Medical Leave, and Pregnancy Disability Policy**  
**Medical Certification – Employee’s Family Member’s Serious Health Condition**

**IMPORTANT NOTE:** *The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. To comply with the Act, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information,” as defined by CalGINA, includes information about the individual’s or the individual’s family member’s genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. “Genetic Information” does not include information about an individual’s sex or age.*

1. Employee’s Name: \_\_\_\_\_

2. Patient’s Name: \_\_\_\_\_

3. Patient’s Relationship to the Employee: \_\_\_\_\_

*Note: “child” includes a biological, adopted, foster child, a stepchild, a legal ward, a child of the employee’s domestic partner, and a person to whom the employee stands in loco parentis. “Parent” includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. A biological or legal relationship is not necessary for a person to have stood in loco parentis to the employee as a child. “Designated person” means any individual related by blood or whose association with the employee is the equivalent of a family relationship.*

4. Does the employee’s child, parent, spouse, domestic partner, grandparent, grandchild, parent-in-law, sibling, or designated person have an illness, injury, impairment, or physical or mental condition which constitutes a “serious health condition\*\*\*?” Attached is a description of what constitutes a “serious health condition” under both the FMLA and CFRA. Does the patients’ condition qualify as a serious health condition?

No       Yes

5. Date Medical condition or need for treatment commenced:  
\_\_\_\_\_

6. Probable duration of medical condition or need for treatment:  
\_\_\_\_\_

7. Does (or will) the patient require assistance for basic, medical, hygiene, nutritional needs, safety, or transportation?

No       Yes

8. After review of the employee's signed statement (See Item 12 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and / or arranging for a third-party care for the family member.)

No       Yes

9. Estimate the period of time care needed or during which the employee's presence would be beneficial:

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10. Please answer the following questions **only if the employee is asking for intermittent leave or a reduced work schedule.**

**Intermittent Leave:** Is it medically necessary for the employee to be off work on an intermittent basis due to the serious health condition\*\*\* of the family member?

No

Yes

**If yes,** please indicate the estimated frequency of the employee's need for intermittent leave due to the serious health condition\*\*\*, and the duration of such leaves (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency \_\_\_\_\_ Times Per Week(s) \_\_\_\_\_

Month(s) Duration \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition\*\*\* of the family member?

No

Yes

**If yes,** please indicate the part-time or reduced work schedule the employee needs:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ day per week, from \_\_\_\_\_ through \_\_\_\_\_

**Time Off for Medical Appointments or Treatment:** Is it medically necessary for the employee to take time off work for doctor's visits or medical treatment, either by the healthcare provider or another provider of health services?

No

Yes

If **yes**, please indicate the estimated frequency of the employee's need for doctor's visits or medical treatment, and the time required for each appointment, including any recovery period:

Frequency \_\_\_\_\_ Times Per Week(s) \_\_\_\_\_ Month(s)  
Duration \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per appointment /  
treatment

**Print Name of Healthcare Provider**

**Signature of Healthcare Provider**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**11. TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE**

When family are leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Employee Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_



# SERIOUS HEALTH CONDITION

“Serious health condition” means an illness, injury (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

## HOSPITAL CARE

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an “inpatient” when a health care facility formally admits the person to the facility with the expectation that the person will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

## ABSENCE PLUS TREATMENT

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment 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 treatment under the supervision of the health care provider.

## PREGNANCY

[NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA]

Any period of incapacity due to pregnancy or for prenatal care.

## CHRONIC CONDITIONS REQUIRING TREATMENT

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 incapacity (e.g., asthma, diabetes, epilepsy, etc.).

## PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

A period of incapacity 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.

## 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 incapacity 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), or kidney disease (dialysis).

## City of Los Alamitos Policy Agreement



### Employee Signature & Date

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Employee Signature

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Date

### Department Manager's Signature & Date

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Department Manager Signature

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Date