

UPPER SOUTHAMPTON TOWNSHIP

RESOLUTION 2005-10

A RESOLUTION OF THE BOARD OF SUPERVISORS OF UPPER SOUTHAMPTON TOWNSHIP, COUNTY OF BUCKS, COMMONWEALTH OF PENNSYLVANIA AMENDING THE UPPER SOUTHAMPTON PERSONNEL POLICY BY ESTABLISHING AND PROVIDING A POLICY AND FORM FOR REQUESTS FOR LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT.

WHEREAS, the Board of Supervisors of Upper Southampton Township adopted a Personnel Policy dated December 19, 1989; and

WHEREAS, the Board of Supervisors has amended the Personnel Policy from time to time; and

WHEREAS, the Board of Supervisors desires to further amend the Personnel Policy by establishing and providing a policy and form for requests for leave under the Family and Medical Leave Act.

NOW THEREFORE, the Board of Supervisors of Upper Southampton Township does hereby Resolve that:

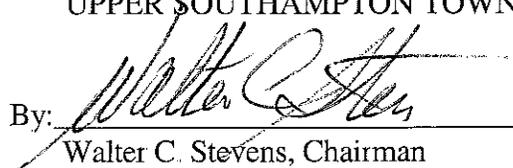
1. The provisions of the preamble are true and correct and are incorporated herein by reference.
2. Upper Southampton Township hereby adopts the Family and Medical Leave Policy attached hereto as Exhibit A.
3. All employees who desire to request leave under the Family and Medical Leave Act must complete the form attached hereto as Exhibit B.
4. All requests for leave must be submitted, if possible, at least 30 days prior to the date the requested leave is to begin.

5. This Resolution shall be an amendment to the Upper Southampton Township Personnel Policy and shall become effective immediately upon adoption

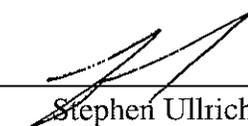
RESOLVED, this 20th day of September, 2005.

BOARD OF SUPERVISORS OF
UPPER SOUTHAMPTON TOWNSHIP

By: _____


Walter C. Stevens, Chairman

Attest: _____


Stephen Ullrich, Secretary/Treasurer

UPPER SOUTHAMPTON TOWNSHIP FAMILY AND MEDICAL LEAVE POLICY

GENERAL POLICY

There may be occasions in which an employee requests to be temporarily relieved of his/her work responsibilities because of the birth, adoption, or placement in foster care of a child, the employee's serious health condition, or the serious health condition of a family member. In such instances, Employer will grant leaves of absence in accordance with the requirements of the Family and Medical Leave Act of 1993 ("FMLA") and any applicable state and local laws. Specifically, eligible employees will be granted a family or medical leave of up to 12 weeks in any 12-month period, with certain assurances of job security and health insurance benefits during the leave (as described below), for their own serious health condition, the birth or adoption or placement in foster care of a child, or the care of a spouse, child or parent with a serious health condition.

DEFINITIONS

A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or medical care facility, or continuing treatment by a doctor or other health care provider. Where the condition involves the employee, the term means a condition that makes the employee unable to perform the functions of his or her position. Where the condition involves a spouse, child or parent, the term means a condition which requires the employee to be absent from work for the care of such family member.

ELIGIBILITY

Employees requesting family or medical leave must have at least 12 months of service and must have worked at least 1250 hours during the 12-month period preceding the leave to be eligible for family or medical leave. Employer will use a rolling 12-month method to measure eligibility for requested leave. The 12-month period is measured as a rolling 12-month period measured backward from the date the leave is requested to commence.

PROCEDURE

Generally, leave under FMLA will be taken in a lump sum (i.e., consecutive days off from work up to 12 weeks). However, family or medical leave may be taken intermittently, or on a reduced schedule, in situations involving a serious health condition of the employee or his or her spouse, parent, or child. If an employee requests an intermittent or reduced leave schedule for reasons that are foreseeable based upon

planned medical treatment, Employer may, at its discretion, temporarily reassign the employee to another position that will better meet the needs of Employer and the employee.

While an employee is on family or medical leave, Employer will maintain its contributions to the employee's health insurance under the same terms as the plan in effect at the time the request is made, for a period up to 12 weeks, if the employee is enrolled in Employer's health care plan at the time the request is made. Vacation, sick and personal leave do not accrue during any period of unpaid leave.

Except for employees in key positions as defined by the law, upon the employee returning to work, Employer will restore the employee to the same or an equivalent position with equivalent pay and benefits. If the employee fails to return from family or medical leave, the employee will be required to repay Employer its share of health plan premiums paid for the employee during the leave, provided that the failure to return to work is not due to the condition, recurrence, or onset of a serious health condition, or other circumstances beyond the employee's control (as explained in the regulations to the FMLA).

To the extent possible and practical, advance written notice of a request for family or medical leave is required. Except in emergency circumstances, employees must provide written notice on forms provided by the Township, to the Township thirty (30) days in advance of the effective date of such family or medical leave. An employee should endeavor to schedule the leave so as not to unduly disrupt his or her work.

All accrued vacation and personal leave days must be used as part of the family or medical leave. An eligible employee will then be entitled to an additional period of leave on an unpaid basis for a combined total of 12 weeks leave.

MEDICAL CERTIFICATION

Medical certification of the need for the leave is required where the leave is caused by the serious health condition of the employee or family member. Employer may also require subsequent recertification on a reasonable basis. Failure to comply with certification requirements will result in denial of family or medical leave.

STATE LAW

Certain state and local laws may provide greater leave rights than those available under the Family and Medical Leave Act of 1993. It is Employer's policy to comply with all applicable laws.

Questions concerning this policy should be directed to the Township Manager.

UPPER SOUTHAMPTON TOWNSHIP

FAMILY AND MEDICAL LEAVE REQUEST

Requests for FMLA must be submitted, if possible, at least thirty (30) days prior to the date the requested leave is to begin

Employee Name _____ Date of Request _____

Department _____ Status: _____ Full time _____ Part Time

Expected date leave to begin: _____ Expected date of return: _____

I request FMLA for one or more of the following reasons:

1. _____ Because of the birth of my child and in order to care for him or her.
2. _____ Because of the placement of a child with me for adoption or foster care.
3. _____ In order to care for my spouse, child, or parent who has a serious health condition.
4. _____ For the following serious health condition that makes me unable to perform my job duties: _____

A physician's certification must be attached to this request for all leaves resulting from a serious health condition.

5. _____ For the following other reason:

6. _____ I wish to apply for an intermittent leave schedule as follows: _____

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Have you taken a family or medical leave in the past 12 months? _____ Yes _____ No

If yes, when and for how many workdays? _____

I understand and agree to the following provisions:

- I have worked for Upper Southampton Township at least one year and at least 1,250 hours in the previous 12 months.
- If I fail to return to work after the leave for reasons other than the continuation, recurrence, or onset of a serious health condition that would entitle me to medical leave or other circumstances beyond my control, and if Upper Southampton Township requires it, I will be financially responsible for the medical insurance premiums Upper Southampton Township paid while I was on leave.
- This leave will be unpaid, unless I have accumulated earned leave time to use while on the FMLA; or, in the case of my own disability, payment will occur under a Township disability insurance plan, if I am so covered.
- I am required to exhaust my paid vacation and personal leave as part of my 12 weeks of leave.
- After 12 weeks of leave, if I do not return to work or contact the Township Manager on the date of intended return, it will be considered that I abandoned my job.

Employee Signature: _____ Date: _____

LEAVE APPROVAL

For full day leave:

Department Director's Signature: _____ Date: _____

Township Manager's Signature: _____ Date: _____

For intermittent or reduced day leave:

Department Director's Signature _____ Date: _____

Township Manager's Signature: _____ Date: _____

PERSONNEL OFFICE INFORMATION

With pay from _____ to _____

Without pay from _____ to _____