

Governance Committee Meeting

Suffolk County Water Authority

April 24, 2025, at 2:30 PM

4060 Sunrise Hwy, Oakdale

Agenda

- 1. Discussion Related to Zero Consumption**
- 2. Policies and Procedures, Leave of Absence- Policy No. 107**
- 3. Rules and Regulations Section Change Overview**

SUFFOLK COUNTY WATER AUTHORITY

POLICIES AND PROCEDURES

SUBJECT: LEAVES OF ABSENCE

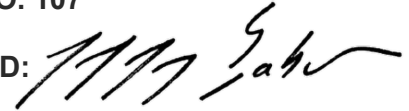
FILE UNDER SECTION NO.: 1

EFFECTIVE DATE: April 14th, 2025

POLICY NO. 107

SUPERSEDES: February 23, 2023

APPROVED:



It is the intent of this policy to outline conditions for which leaves of absence may be granted to employees and, depending on circumstances, whether they are considered paid or unpaid leaves. Leaves of Absence are generally extended to accommodate employees who encounter unusual or unavoidable circumstances that necessitate an extended period of time away from the job. Under no circumstances will an employee be allowed to take a leave of absence for more than nine (9) months, with the exception of an approved military leave. Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), an employee called to military service is entitled to a military leave of absence not to exceed five (5) years from date last worked.

PROCEDURE

A "Request for Leave of Absence" form, appropriate to the specific type of leave being requested, should be completed by the employee and submitted to Human Resources for proper review and applicable approvals. Forms for the following types of leaves are available on the SCWA Employee Portal or in the Human Resources department:

- I. Family and Medical Leave (FMLA)
- II. NYS Short-term Disability Leave
- III. Personal Leave
- IV. Military Leave

I. **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

The Family and Medical Leave Act (FMLA) allows eligible employees to take up to 12 weeks of unpaid family/medical leave within any rolling 12-month period to care for their own or a family member's serious health condition and be restored to the same or an equivalent position upon returning from leave. Family members include spouse, domestic partner, parent or an individual who stood "in loco parentis" or child. Employees will be deemed eligible provided they have worked for the Suffolk County Water Authority for at least 12 months, and for at least 1250 hours in the 12 months preceding the requested leave date. The Authority will calculate the 12-month period using the "rolling" method. Family Medical Leave is an unpaid leave (although employees may be eligible for short term disability payments or the use of accrued time benefits). The substitution of paid leave for unpaid leave does not extend the 12-week leave period.

FMLA Definitions:

In accordance and compliance with FMLA federal regulations and laws, the following definitions apply:

- "Spouse" is defined in accordance with applicable New York State law, including domestic partners.
- "Parent" includes biological parents, legal guardians, those acting "in loco parentis" but does not include parents-in-law.
- "Children" includes biological, adopted, foster children, stepchildren, legal wards and other persons whom you act in the capacity of a parent and who are under 18 years of age or over 18 years of age but incapable of caring for themselves.
- "Serious health condition" means any illness, injury, impairment, or physical or mental condition that involves:
 - 1) any incapacity or treatment in connection with inpatient care;
 - 2) any incapacity requiring absence of more than three calendar days and continuing treatment by a health care provider; or
 - 3) continuing treatment by a health care provider of a chronic or long-term condition that is incurable or will likely result in incapacity of more than three days if not treated.
- "Continuing treatment" means:
 - 1) two or more treatments by a health care provider;
 - 2) two or more treatments by a provider of health care services (e.g., physical therapist) on referral by or under orders of a health care provider;
 - 3) at least one treatment by a health care provider which results in a regimen of continuing treatment under the supervision of a health care provider (e.g., a program of medication or therapy); or
 - 4) under the supervision of, although not actively treated by, a health care provider for a serious long-term or chronic condition or disability, which cannot be cured (e.g., Alzheimer's or severe stroke).
- "Health Care Provider" includes: licensed MD's or OD's, podiatrists, dentists, clinical psychologists, optometrists, chiropractors authorized to practice under State law, Christian Science practitioners, Physician Assistants, and Nurse Practitioners.
- "Needed to care for" a family member encompasses:
 - 1) physical and psychological care; and
 - 2) where the employee is needed to fill in for others providing care, or to arrange for third party care of the family member.
- The phrase "unable to perform any of the essential functions of their job" means an employee is:
 - 1) unable to work at all; or
 - 2) unable to perform any of the essential functions of their position.
- The term "essential functions" is borrowed from the Americans with Disabilities Act ("ADA") to mean, "the fundamental job duties of the employment position," but does not include the marginal functions of the position.

FMLA Procedures:

After receiving notice of an employee's request for FMLA leave, the Human Resources Department will notify the employee within five (5) business days of their eligibility. If the employee is not eligible, the notice must state a reason why the employee is deemed not eligible. The Human Resources Department will provide a notice of "Rights and Responsibilities" detailing the specific expectations and obligations of employees and explaining the consequences of their failure to meet those obligations.

An employee charging time under NYS Short-term Disability (described later in this section) will, if FMLA qualified, be charging time under FMLA concurrently. This leave is 26 weeks total, not 26 weeks plus 12 weeks of FMLA leave.

FMLA leave may be taken, based on the reason for leave, continuously or as intermittent leave.

Reasons for FMLA Leave:

Employees may take FMLA leave for any of the following reasons:

1. the birth of a child and in order to care for such son or daughter;
2. the placement of a child with the employee for adoption or foster care;
3. to care for a spouse, child or parent ("covered relation") with a serious health condition; or
4. an employee's own serious health condition, which renders them unable to perform the functions of their position.
5. for a "qualifying exigency" arising out of the fact that a spouse, child or parent is on active duty in the armed forces or is called up for active duty.

Qualifying Exigency Defined:

- Short-notice deployment
 - Military events and related activities
 - Childcare and school activities
 - Financial and legal arrangements
 - Counseling
 - Rest and recuperation
 - Post-deployment activities
 - Additional activities agreed to by SCWA and the employee
6. Military Caregiver leave - up to 26 weeks of unpaid leave in a 12-month period (that is 26 weeks total, not 26 weeks plus 12 weeks of FMLA leave for other reasons) to care for an injured or ill relative who suffered a "serious injury or illness" in the line of active duty. In addition to spouses, children and parents, a service member's "nearest blood relative" or "next of kin" also will be eligible for this type of leave. An illness or injury resulting from active duty will be qualified as "serious" when it renders the service person medically unfit to perform the duties of their office, grade, rank or rating.

Leave for Pregnancy, Birth, Adoption or Foster Care:

A leave because of reasons "1" or "2" must be completed within the 12-month period beginning on the date of birth or placement of a child for adoption or foster care. In addition, spouses employed by the Suffolk County Water Authority who request leave because of reasons "1" or "2" may only take a *combined total* of 12 weeks leave during any 12-month period. Both spouses are each entitled to 12 weeks of FMLA leave to care for a child with a serious health condition.

Notice of Leave:

If the need for FMLA is foreseeable, employees must give the Authority at least 30 days prior written notice. If this is not possible and the leave is not foreseeable, notice must be given as soon as practicable (within 1 to 2 business days of learning of the need for leave) except in extraordinary circumstances. Failure to provide such notice may be grounds for delay of leave. Federal regulations provide that if an employee gives less than 30 days' notice of the need for foreseeable FMLA leave, the employee must respond to a request from the employer and explain why it was not practicable to give 30 days' notice.

Employees must respond to employer's inquiries designed to determine whether leave is FMLA qualifying. If employees do not respond, they risk losing FMLA protection if the employer is unable to determine whether the leave qualifies.

For intermittent leave, employees are required to follow established call in and sick leave procedures. Human Resources will request updated medical documentation and may contact the medical office directly for documentation. Failure to properly notify the Authority of absences may be cause for an additional medical certification and possible delay or denial of FMLA protections.

Medical Certification:

If an employee is requesting leave because of their own or a covered relation's serious health condition, the employee and the relevant healthcare provider must supply appropriate medical certification. "Medical Certification" forms are available from the Human Resources Department. Upon requesting a leave, the Authority will notify the employee of the requirement for medical certification and when it is due. Additionally, an employee is required to update their medical certification every six months. Failure to provide requested medical certification in a timely manner may result in denial of leave until it is provided. The Authority, at its expense, may require an examination by a second health care provider designated by the Authority, if it reasonably doubts the medical certification initially provided. If the second healthcare provider's opinion conflicts with the original medical certification, the Authority, at its expense, may require a third, mutually agreeable, healthcare provider to conduct an examination and provide a final and binding opinion.

Fitness for Duty Certification:

The Authority may require that the fitness for duty certification address the employee's ability to perform the essential functions of the employee's job. The Authority will provide the employee with a list of essential job functions with the "Medical Certification", which is to be completed by the employee's physician and must address the employee's ability to perform the essential functions of their job.

Medical and Other Benefits:

During an approved FMLA leave (unrelated to Disability), the Authority will maintain an employee's health benefits as if they continued to be actively employed.

When accrued vacation, sick or personal time is substituted for unpaid FMLA leave, the following applies:

The Authority will continue to deduct, where applicable, the employee's portion of elected benefit plans as a regular payroll deduction.

- If the employee elects not to return at the end of the approved leave period, they will be required to reimburse the Authority for the cost of all health benefit premiums paid by the Authority for maintaining coverage during the leave, unless the employee cannot return to work because of a serious health condition. Premiums will be deducted from the employee's final check, up to and including the full balance due. Any outstanding balance will be billed directly to the employee.
- The Authority will pay the employee for Authority approved holidays.
- An employee's vacation, sick and personal time will continue to accrue as long as the employee remains on the payroll.

When accrued time is **not** substituted for unpaid FMLA leave, the following applies:

- Employee benefits will continue, and employee-paid premiums will be held in arrears for the duration of the leave.
- Immediately upon return to work, all premiums held in arrears will be deducted from the first paychecks the employee receives until all premiums are paid and satisfied.
- If the employee elects not to return at the end of the approved leave period, they will be required to reimburse the Authority for the cost of all health benefit premiums paid by the Authority for maintaining coverage during the leave, unless the employee cannot return to work because of a serious health condition. Health benefit premiums include health, dental, and vision.
- The Authority will pay the employee for Authority-paid holidays.
- Sick and Vacation accruals (if applicable) will continue to accrue
- Unpaid time is not reported to the NYS Employee Retirement System as time in service.

Intermittent and Reduced Work Schedule:

Leave because of a serious health condition, may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced work schedule (reducing the usual number of hours worked per work week or workday) if medically necessary. While an employee is on an intermittent or reduced schedule, the Authority may temporarily transfer the employee to an available alternative position, which better accommodates the recurring leave, and which has equivalent pay and benefits. Employees who are on a intermittent FMLA leave may not go without pay if they have accrued vacation, sick or personal time. Accrued vacation, personal or sick time shall be charged for any time not worked, and the employee shall be paid for such time accordingly.

Employee must complete a "Reduced Work Schedule Request" form and return to the Human Resources Department for review and applicable approvals prior to their return to work. Upon return to work, the employee will work a designated work schedule. The employee's vacation, sick and personal accruals will be pro-rated based on the number of hours worked per week. In addition, the employee's holiday pay will be pro-rated based on the number of hours worked per week.

Returning from Leave:

If an employee takes leave because of their own serious health condition, they are required to provide a Physical Condition & Restrictions Report that they are able to resume work with or without a reasonable accommodation. Employees may obtain a Physical Condition & Restrictions Report from the Human Resources Department. Employees failing to provide the Physical Condition & Restrictions Report will not be permitted to resume work until it is provided. Upon return from the FMLA leave, employees will be returned to their original or equivalent positions with equivalent pay, benefits and other employment terms. Requesting leave under the FMLA will not result in loss of any employment benefit that accrued prior to the start of an employee's leave.

An employee returning from an unpaid FMLA absence will be required to work for a period of not less than 90 calendar days. Employees terminating their employment before the completion of the 90 days will be required to reimburse the Authority for any insurance premiums paid for coverage during the FMLA period. Employees who do not return to work following an approved FMLA will be responsible for repayment of any health insurance premiums paid by the Authority during the approved leave period as allowed by law.

II. DISABILITY LEAVE FOR EMPLOYEES

Under New York State law, employees may be eligible for short-term disability benefits. These benefits go into effect after the employee's seventh consecutive calendar day of disability. Employees are eligible for the state mandated amounts for the first six months of disability, in accordance with state law. Employees may use any accrued sick, vacation and personal time to supplement these benefits. Employees wishing to apply for disability benefits must contact the Human Resources Department.

An employee charging time under Disability will, *if FMLA qualified*, be charging time under FMLA concurrently. This leave is 26 weeks total, not 26 weeks plus 12 weeks of FMLA leave.

Employees who expect to be or who are absent due to medical reasons for five (5) or more continuous workdays must request an authorized leave of absence from Human Resources and submit a "Notice and Proof of Claim for Disability Benefits" form available from Human Resources. Attached to this request must be a certificate from the employee's personal physician attesting to the employee's medical condition, disability and inability to perform their normal job duties. If possible, the certification should include the estimated duration of the disability with an expected date of return.

Employees may be required, upon request, to execute a release form authorizing a company physician to contact their personal physician and discuss the employee's medical condition. The employee may also be required, at reasonable intervals, to submit additional medical certification of continued disability and inability to work.

Payment of Salary:

For the first week of medical/disability leave (five working days), the employee can use any sick, vacation, or personal accruals available to them. Once the first week is exhausted, the employee will be paid the current New York State Disability Law benefits. Employees may choose to supplement these benefits with accrued sick, vacation, or personal accruals. The law provides for a maximum of twenty-six weeks of disability benefits within a 52-week period. Under normal circumstances, an individual out due to a maternity disability, will be covered six weeks after a normal delivery and eight weeks after a Caesarean section (the first week is a non-paid waiting week). The time off must be covered by medical documentation from the medical provider and the disability may be extended before or after if there are complications. To ensure the employee does not suffer economic hardship, the Authority will pay the statutory benefit directly to the employee. Benefits will not be paid unless all appropriate paperwork has been filed by the employee.

Medical and Other Benefits:

During an approved Disability/FMLA leave, the Authority will maintain an employee's health benefits (medical, dental, vision) as if they continued to be actively employed.

- The Authority will continue to deduct, where applicable, the employee's portion of elected benefit plans as a regular payroll deduction
- If the premiums exceed the amount the employee receives as a disability payment, the amount due will be held in arrears until the employee returns to work or receives enough pay to cover the costs.
- Employees will be paid for Authority-approved Holidays during the approved Disability/FMLA leave.

- As a general rule, the employee's vacation, sick and personal time will continue to accrue as long as the employee remains on approved Disability/FMLA leave and is receiving Disability benefits/payments subject to the following exception:

In accordance with CBA, Article XIV, Section 6, when a union employee is absent in excess of three (3) consecutive months during the calendar year on a disability, the employee's vacation entitlement shall be adjusted by a pro-rated deduction based upon the length of absence in excess of three (3) consecutive months.

Return to Work Authorization:

The Authority will provide the employee with a list of essential job functions and a Physical Condition & Restrictions Report, which is to be completed by the employee's treating physician and must address the employee's ability to perform the essential functions of their job. Should the employee require accommodations for certain restrictions upon their return to work, Human Resources will review said restrictions with the appropriate supervisor/department head for subsequent approval. Employees failing to provide the Physical Condition & Restrictions Report will not be permitted to resume work until it is provided. The Authority may require the employee to furnish an updated Physical Condition & Restrictions Report up to once every 30 days, for further review and approval.

Return to Work:

An employee must return to work on the date authorized by the employee's doctor. If the employee chooses not to return to work at that time, they must file in advance with appropriate documentation, for a Personal Leave of Absence or submit a voluntary letter of resignation. If neither of these actions is taken, the employee will be considered to have voluntarily terminated their employment with the Suffolk County Water Authority.

Employees who have exhausted disability and/or FMLA and elect to apply for and are granted a Personal Leave of Absence are on an unpaid leave. They will be eligible to continue participating in our group health plans as described under Personal Leave below. Any employee who elects not to return to work will be considered to have voluntarily terminated their employment and will be offered continuation of coverage under COBRA.

III. PERSONAL LEAVE

Under extenuating circumstances, a Personal Leave of Absence without pay, may be granted. This would be for reasons other than would qualify under the FMLA provisions outlined in Section 1 of this policy. Available sick or vacation accruals can be used to supplement the unpaid leave. Requests for leave should be submitted to the employee's immediate supervisor at least two weeks in advance whenever possible.

Employees' requests for Personal Leaves will be considered on a case-by-case basis by their supervisors and department heads (union employees should refer to the appropriate collective bargaining agreement for information on personal leaves). In general, a Leave of Absence is considered a privilege. In no instances are leaves granted automatically. Leaves must be requested by the employee and their approval will be the result of staffing requirements, the reason for the leave, and the performance and attendance record of the individual. The supervisor's recommendation will be submitted to Human Resources for a final decision.

Medical and Other Benefits:

Personal Leave to Extend an FMLA/Disability Protected Leave

If a personal leave is approved as an extension of a FMLA/Disability protected leave (i.e. birth of a baby, serious medical condition), the Authority will continue all health benefits with the exception of accrued time off and Authority-paid holidays.

An employee returning from such a personal leave must work at least 15 days of the month to receive a sick accrual for that month.

Personal Leave Unrelated to a Protected Leave

The Authority will maintain an employee's health benefits only if the leave is entirely supplemented with the employee's accrued vacation, sick, or personal time.

When accrued vacation, sick or personal time is consecutively used and substituted for unpaid Personal Leave, the following will apply:

- The Authority will continue to deduct, where applicable, the employee's portion of elected benefit plans as a regular payroll deduction.
- An employee's vacation, sick and personal time will continue to accrue as long as the employee remains on the payroll.
- The Authority will pay the employee for Authority-approved holidays.

When accrued vacation, sick or personal time is not consecutively substituted for unpaid Personal Leave of Absence, the following will apply:

- The employee must decide to continue or discontinue enrollment in any or all elected benefit plans. If the employee elects to continue enrollment, then they will be responsible to pay the full premium cost of each health plan.
- If the employee elects to continue any of their elected benefit plans, they will receive a monthly invoice for the costs.
- If health benefits are terminated, employees must work 15 days in the month they return to work for benefits to be reinstated the first of the following month
- The Authority will not pay the employee for Authority-approved holidays.
- Sick time will not accrue if the employee is on unpaid leave greater than fifteen days per month.
- Unpaid time is not reported to the NYS Employee Retirement System as time in service.
- For leaves not related to a serious medical condition covered by FMLA, upon return to work the employee's vacation and personal time entitlements shall be adjusted by a pro-rated deduction based upon the length of the unpaid absence.

Return to Work:

Employees granted an authorized Leave of Absence will normally be reemployed in a position of equal or like status and pay provided all criteria for returning to work have been met, for the specific type of leave the employee was approved for. All reasonable efforts will be made to return the employee on leave to the same or similar job, at the same salary held prior to the Leave of Absence, subject to business requirements that may exist.

Termination of Employment:

An employee who fails to notify the Authority of their ability to work or who fails to return to work when the Leave of Absence or leave extension expires, shall be considered to have voluntarily terminated their employment with Suffolk County Water Authority. Employees are not permitted to take other full-time employment while on an approved Leave of Absence. If other full-time employment is taken, the employee's employment with the Suffolk County Water Authority will be terminated.

IV. **MILITARY LEAVE**

United States Armed Forces:

An unpaid Leave of Absence will be granted to an employee entering military service in the United States Armed Forces whether involuntarily through a draft or voluntarily through enlistment or the activation of a National Guard or Reserve unit. Employees called for a military service may use any accrued sick, personal or vacation leave that accrued prior to the leave date.

Employees whose service shall be longer than three (3) months, shall at the expiration of the three (3) months be paid two weeks wages if employed from six (6) months to one (1) year, or four (4) weeks wages if employed for over one (1) year. The period allowed for Military Service Leave normally may not exceed five (5) years from the last day worked.

Reservist Differential Pay

Employees who are called or ordered to active duty under certain specific provisions of law will be paid a reservist differential equal to the amount by which an employee's base pay exceeds the employee's actual military pay and allowances for a given pay period. This will be administered in accordance with the provisions of 5 U.S.C 5538.

Reinstatement:

Service Up To 30 Days: Employees must report for the next regularly scheduled work shift but will be allowed a "reasonable" time to arrive home, rest and travel to work.

Service From 31 Days to 180 Days: Employees must report no later than 14 days following completion of service.

Service of More Than 180 Days: Employees must report no later than 90 days after completion of military service.

Employees hired to replace those entering service as defined above are to be employed on a temporary basis with the explicit understanding that, if they prove satisfactory, their jobs will last only until the employees whose duties they have assumed return to work.

Medical Benefits:

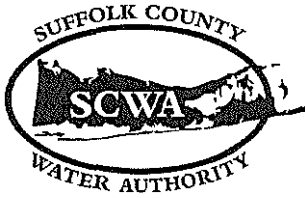
Employees who enter military service have the right to continue health benefits for themselves and for their dependents, under the same conditions as an employee electing COBRA coverage, for a period of up to 24 months. Employees who are reemployed after military service time shall have all benefits reinstated as if there were continuous coverage during their absence, provided they meet reemployment criteria as outlined in the Uniformed Services Employment and Reemployment Rights Act of 1994.

Termination of Employment:

An employee's failure to reapply for employment within the appropriate time allowed for their specific service period, or failure to return to work upon completion of military training, will be considered a voluntary resignation.

National Guard/Reserve Duty:

An employee who must attend military training with a National Guard or Reserve unit will not be required to take an unpaid Leave of Absence. Instead, such employee will be granted up to 30 days per year from work with pay, computed at the employee's regular base rate of pay at the time of such absence, minus any payment received from the National Guard or Reserve unit.

**Directions:**

This form should be completed by the employee and forwarded to Human Resources for review and final approval. Please refer to Policy No. 107 for eligibility requirements.

Request for Military Leave of Absence

Employee: _____ Position: _____

Department: _____ Employee Number: _____

First day of leave: _____ Expected date of return: _____

Reason for leave:

I acknowledge receipt of the Authority's Leave of Absence Policy No. 107 and have reviewed the policy and understand its content and intent.

Employee's Signature: _____ Date: _____

Department Acknowledgement:

Department Head: _____ Date: _____

Comments:

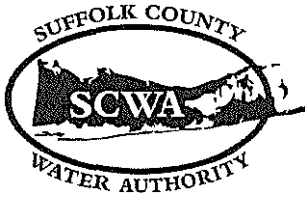
Human Resources Authorization:

☐ You have been approved for Military leave of absence.

☐ You have been denied for Military leave of absence for reasons stated below:

Human Resources Authorization: _____ Date: _____

Deputy CEO for Administration: _____ Date: _____



Directions:

This form should be completed by the employee and forwarded to Human Resources for review and final approval.
Please refer to Policy No. 107 for eligibility requirements.

Request for Personal Leave of Absence

Employee: _____ Position: _____
Department: _____ Employee number: _____
First day of leave: _____ Expected date of return: _____
Reason for leave: _____

I acknowledge receipt of the Authority's Leave of Absence Policy No. 107 and have reviewed the policy and understand its content and intent.

Employee's Signature: _____ Date: _____

Department Authorization:

- ☐ You have been approved for Personal leave of absence.
☐ You have been denied for Personal leave of absence for reasons stated below:

Supervisor: _____ Date: _____

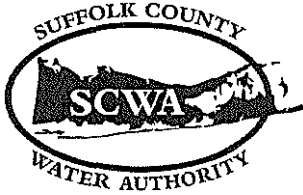
Department Head: _____ Date: _____

Human Resources Authorization:

- ☐ You have been approved for Personal leave of absence.
☐ You have been denied for Personal leave of absence for reasons stated below:

Human Resources Authorization: _____ Date: _____

Deputy CEO for Administration: _____ Date: _____

**Directions:**

This form should be completed by the employee and forwarded to Human Resources for review and final approval. Please refer to Policy No. 107 for eligibility requirements.

Request for Family Medical Leave of Absence Form

Employee: _____ Position: _____

Department: _____ Employee Number: _____

First day of leave: _____ Expected Date of Return: _____

Type of Leave: (Please check the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Intermittent Family Medical Leave | <input type="checkbox"/> Continuous Family Medical Leave (complete leave designation form) |
| <input type="checkbox"/> Disability/Family Medical Leave | <input type="checkbox"/> Military Family Medical Leave Entitlements |

Reason for Leave: (Please check the appropriate box)

- ☐ Your own serious health condition.
- ☐ To care for your: _____ spouse; _____ domestic partner; _____ child; _____ parent due to their serious health condition.
- ☐ Due to the birth of a child, or placement of a child with you for adoption or foster care.
- ☐ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ domestic partner; _____ son or daughter; _____ parent is on active duty or called to active-duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the _____ spouse; _____ domestic partner; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness (please check one).

I acknowledge receipt of the Authority's Leave of Absence Policy No. 107 and have reviewed the policy and understand its content and intent.

Employee's Signature: _____ Date: _____

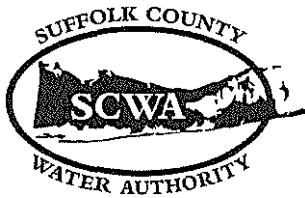
Designation Notice - Human Resources Approval

- ☐ You are eligible for FMLA leave as indicated above for the period of _____ through _____
- ☐ You are not eligible for FMLA leave because:
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.
 - ☐ You have not met the FMLA's 1,250-hours-worked requirement. As of the first date of requested leave, you have worked approximately _____ regular hours towards this requirement.
 - ☐ Insufficient medical documentation for this office to make a reasonable decision if your condition qualifies as a "serious health condition"

Comments: _____

Human Resources Authorization: _____ Date: _____

Deputy CEO for Administration: _____ Date: _____

**Directions:**

This form should be completed by the employee and forwarded to Human Resources for review and final approval. Please refer to Policy No. 107 for eligibility requirements.

Request for Reduced Work Schedule/Intermittent FMLA

Employee: _____ Position: _____

Department: _____ Employee number: _____

Reduced schedule period from _____ to _____

Reason for Reduced Work Schedule: _____

Requested Reduced Work Schedule (indicate below)

Day	Hours From	Hours to
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

I acknowledge receipt of the Authority's Leave of Absence Policy No.107 and have reviewed the policy and understand its content and intent.

Employee's Signature: _____ Date: _____

Department Authorization:

- ☐ You have been approved for a Reduced Work Schedule.
☐ You have been denied for a Reduced Work Schedule for reasons stated below:

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Human Resources Authorization:

- ☐ You have been approved for a Reduced Work Schedule.
☐ You have been denied for a Reduced Work Schedule for reasons stated below:

Human Resources Authorization: _____ Date: _____

Deputy CEO for Administration: _____ Date: _____

Rules and Regs Section Change Overview:

Section 1 – Communities Served

This section was removed in its entirety. It was previously used when we had separate offices for different areas served which is no longer relevant. We replaced this section with a new “Definitions” section which will help clarify various words within the remaining document.

Section 2 – Application for Service

Changes to this section included verbiage and policy clarifications. One update to highlight is we clarified who pays standard cost tapping fees vs who pays actual cost tapping fees as well as adding a clause about the potential for a water main surcharge on existing mains.

Section 3 – Deposits

Changes to this section included policy clarifications.

Section 4 – Installation of Services and Tapping Fees

Changes to this section included verbiage and policy clarifications, removing clauses that are no longer relevant and adding clauses that are consistent with our standard practices. Updates to highlight include mentioning when a DT-201 vault is required, noting that contaminated community and non-community water systems are able to finance, clarifying that if a stub service is not utilized it will be retired at the Authority’s expense, and clarifying what exactly the customer is responsible for when it comes to the private service line as well as out specifications.

Section 5 – Installation of Meters

Changes to this section included verbiage and policy clarifications, removing clauses that are no longer relevant, and combining/rearranging paragraphs in a way that makes more sense than currently laid out.

Section 6 – Payment for Water Service

Changes to this section included verbiage and policy clarifications. Clause added regarding the new lien rules.

Section 7 – General Rules

Changes to this section included verbiage and policy clarifications, removing clauses that are no longer relevant, and combining/rearranging paragraphs in a way that makes more sense than currently laid out.

Section 8 – Extension of Mains

Changes to this section included verbiage and policy clarifications, removing clauses that are no longer relevant, and adding clauses that are consistent with our standard practices. Updates to note include:

- Clarification when we will run a main through private property
- Clarification when a main extension is required on flag lots
- Added verbiage regarding the 10' rule
- Added clauses clarifying the 75' allowance, delayed 75' allowance, who pays actual cost per foot vs standard cost per foot
- Added clause explaining the standard surcharge amount and how it is calculated
- Clarified what the Potential Development Rule is and when it is implemented
- Clarified the requirements for developers within a designated surcharge area

Section 9 – Extension of Transmission mains for Developers

This section was removed in its' entirety. It is current practice that a developer who wants to run a long main extension must pay actual cost. The initial intent of the clause was to help developers bring main to remote areas with no premises between our existing main and where they want to bring main. This situation is no longer applicable for most cases so this clause is no longer used.

Section 15 (Now Section 14) – Service Classification No. 2

Changes to this section included verbiage clarification and removing clauses that are no longer relevant.

Section 18 (Now Section 17) – Miscellaneous Fees/Other Charges & Rates

Changes to this section included verbiage clarification, updating pricing and removing outdated/unused line items.