



# Cochise County Board of Supervisors

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**Procedure Title: Family Medical Leave Act (FMLA)**

**Procedure Number: 2213.1**

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Effective: ~~February 1, 2017~~ November, 12, 2024

~~Supersedes: February 1, 2017~~

Last Reviewed/Updated: November, 12, 2024

Scope/Coverage: All eligible Cochise County employees Policy

Contact: Director of Human Resources

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## I. Compliance

- A. This ~~Human Resources policy procedure~~ is intended to implement the provisions of the Family Medical Leave Act (FMLA) [29 U.S.C. 2601 (et. Seq.)], and the regulations published under the FMLA (29 C.F.R. Part 825).
- B. Any amendments or judicial interpretations which directly conflict with the provisions of this ~~policy procedure~~ shall be deemed to supersede the provisions of this ~~policy procedure~~.

## ~~II. Links to Types of FMLA Fact Sheets:~~

- ~~• Types of Qualifying FMLA Leave as Defined by The U.S. Department of Labor~~
- ~~• FMLA Definition of "son or daughter"~~
- ~~• Military Family Leave Provisions Under FMLA~~
- ~~• Qualifying Exigency Leave Under FMLA~~
- ~~• Military Caregiver Leave for Current Service Member~~
- ~~• Military Caregiver Leave for Veteran Service Member~~

## ~~III. II. Leave Compensation~~

- A. The FMLA is not considered a replacement for existing leave categories permitted by Cochise County. FMLA leave may be paid or unpaid based upon the ;, an-eligible employee's available Sick and Paid Time Off accruals. Employees are-will-be required to use all paid leave concurrently with their FMLA leave.
- B. When an employee has exhausted all paid leave, the employee will be on a leave without pay status for the remainder of their FMLA entitlement. An exempt employee who is on an approved FMLA leave of absence is required to use any paid leave available for partial day absences.



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- C. Employees in a paid status on approved FMLA shall be eligible to receive Holiday pay according to Cochise County policy. Holiday hours paid will not be counted against the employee's FMLA entitlement.
- D. An employee ~~that-who~~ is on an approved workers' compensation absence and meets the eligibility requirements for FMLA may qualify under the FMLA. The on-the-job injury or illness must meet the requirements for eligibility as defined as a *serious health condition* pursuant to the FMLA. The workers' compensation absence would run concurrent with the FMLA leave and count toward an employee's FMLA entitlement.
- E. All types of paid and unpaid leaves authorized by Cochise County will run concurrently with FMLA leave. ~~The Department Director or Elected Official may approve additional leaves (paid or unpaid), up to ninety (90) days, after the exhaustion of the 480 hours of FMLA with County Administrator approval. The eligible employee must request an extension for the additional leave prior to the exhaustion of their FMLA leave.~~
- F. Employees on approved FMLA shall be eligible to receive awards and merit increases that the employee would otherwise be qualified and entitled to if not on leave.

## IV-III. Employee Process for FMLA

- A. The preferred method of notification for leave under the FMLA is an email to Human Resources at [humanresources@cochise.az.gov](mailto:humanresources@cochise.az.gov). Alternatively, the employee may call Human Resources at 520-432-9700. Either method will prompt Human Resources to provide the employee with the required paperwork.
- B. If the need for FMLA leave is foreseeable, the employee should provide their department and Human Resources a minimum of thirty (30) days' notice prior to the FMLA start date. An eligible leave of absence shall be counted toward an employee's FMLA allotment even if the employee does not specifically request FMLA leave if the reason for the leave qualifies under the FMLA and the leave is properly documented by the employee's Appointing Authority and Human Resources.
- C. If the reason for the leave could not have been foreseen, the employee should submit a request for FMLA leave to Human Resources and their Department as soon as the need is identified. An eligible employee will be placed on provisional leave pending receipt of more complete documentation if the information is unavailable, incomplete or inadequate. Provisional leave may be counted against the employees qualifying hours of FMLA leave entitlement even if the Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave Certification form is not received. The employee will be notified of approved FMLA by Human Resources when the completed medical certification has been received and approved.



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D. If an employee is incapacitated, a family member or other responsible party may submit the request for FMLA leave on behalf of the employee.

E. An eligible employee shall be placed on provisional FMLA pending the receipt of the completed required documentation. Leave hours used waiting for documentation shall count towards the employee's qualifying allotment.

~~E. An employee requesting FMLA leave must provide verbal or written notice of the need for the leave to Human Resources or the Department Director or Elected Official or Designee.~~

~~F. The preferred method of notification for leave under the FMLA is an email to Human Resources. Alternatively, employees requesting FMLA leave can call the Human Resources Department. Human Resources will then provided the employee with all the required documentation. written notification for the employee to complete is the Request for FMLA Leave form. If the written notification from the employee or responsible party is not on the Request for FMLA Leave form, then the Human Resources Department will provide the form for completion.~~

~~G. If the employee or responsible party provides verbal notification, then the Human Resources Department will send the Request for FMLA Leave form to be completed.~~

~~H. If an employee is incapacitated, a family member or other responsible party may submit the Request for FMLA Leave leave on behalf of the employee.~~

~~I. The employee must provide at least thirty (30) days' notice before FMLA leave is to begin if the need for the leave is foreseeable.~~

~~If the reason for the leave could not have been foreseen thirty (30) days in advance, (i.e. due to a change in circumstances or medical emergency) the employee must submit at the request for leave as soon as practicable after the need for leave is discovered.~~

## J.F. Calculation of Leave

a. An employee ~~that~~ who is eligible under FMLA is entitled to up to twelve (12) weeks or the equivalent of 480 hours of unpaid leave within a specified twelve (12) -month period.; ~~for an FMLA-qualifying reason within a specified twelve-month period.~~ An employee ~~that~~ who is eligible under military special leave entitlement FMLA is entitled to up to twenty-six (26) weeks or the equivalent of 1040 hours of unpaid leave to care for a covered service member during a single \_\_\_\_\_ twelve (12) month period. The specified twelve (12) month period ~~will~~ shall be determined on a "rolling" basis. To calculate the specified twelve (12)-month period, ~~the~~ Human Resources



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Department must determine:

- i. Whether the employee has utilized any documented FMLA leave during the twelve (12) months preceding the date that the new leave is to begin. This includes any provisional FMLA leave for the employee.
- ii. If the employee has not ~~previously~~ used ~~any~~ FMLA leave during the preceding twelve (12) month period, the employee is eligible to use up to the full twelve (12) weeks or the equivalent of 480 hours ~~allotment~~ or ~~full~~ twenty-six (26) weeks or the equivalent of 1040 hours allotment for military special leave.
- iii. If the employee has previously used some, but not all, of the twelve (12) weeks or the equivalent of 480 hours allotment of FMLA leave or used some, but not all, of the twenty-six (26) weeks or the equivalent of 1040 hours allotment for military special leave, the employee may be permitted to use the remainder of the allotment. However, the employee may only be permitted to use the allotment if an FMLA- qualifying reason exists. During the single twelve (12) month period, an eligible employee's FMLA leave entitlement (FMLA and/or military special leave) is limited to a combined total of twenty-six (26) work weeks of FMLA leave for qualifying reasons.
- iv. For example, a covered employee requests twelve (12) weeks of FMLA leave to begin May 1 of this year for a permissible Medical Leave reason. Employee had previously used six (6) weeks of approved FMLA leave from July 11 to August 19 of last year for a permissible Family Leave reason. ~~Thus~~ ~~Therefore~~, the ~~e~~Employee only has six (6) weeks of ~~his~~ ~~their~~ twelve (12) weeks of FMLA allotment remaining ~~because the due to~~ approved Family Leave used during the preceding twelve (12) months counted towards the employee's FMLA allotment. However, the employee may only utilize the remaining six (6) weeks allotment if the Medical Leave reason exists.

## K.G. Employee Documentation Required

The ~~types of~~ documentation required from an employee ~~will depend~~ upon ~~whether~~ the type of leave requested ~~is for~~ "Family Leave", "Medical Leave" and "Military Leave."

### a. Basic Leave:

1. **Family Leave.** If the request for FMLA leave is due to the anticipated birth of a child ~~(and if sufficient documentation has not been provided by the employee)~~, Human Resources ~~shall~~ may request a Certification of Health Care Provider form ~~(or other similar documentation)~~ substantiating the anticipated or actual date of birth. If the leave is due to the placement of a child through adoption or foster care, Human Resources shall request a copy of a letter from the adoption or foster care agency placing the child in the parents' care and/or custody or similar documentation substantiating the date of placement.
2. **Medical Leave.** If the FMLA leave is due to a "serious health condition" for the employee or



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~~employee family member,~~ ~~” (and if sufficient documentation has not been provided by the~~  
~~employee),~~ Human Resources shall request the completion of a Certification of Health Care  
Provider form within fifteen (15) calendar days of the date of the request. The Certification of  
Health Care Provider form is the ONLY acceptable form that may be used to obtain  
information from the employee's health care provider. In the event of a medical emergency or  
other unforeseeable event which prevents the completion of the Certification of Health Care  
Provider form, the ~~employee~~ ~~employee~~ must contact Human Resources as soon as  
~~practicable~~ able to request an extension to obtain the completed form.

## B. Military Leave:

1. **Military Care Giver Leave.** If the leave is to care for a covered service member with a serious injury or illness, the request must be supported by:
  - a) A Certification of Health Care Provider form completed by an authorized health care provider; or
  - b) A copy of an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued to any member of the covered service member's family; or
  - c) Documentation of enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers as sufficient certification of the covered veteran's serious injury or illness; ~~and~~ additional documentation may be required as confirmation of the family relationship to the enrolled service member, ~~and~~ veteran's discharge date and status.
- i. **Military Qualifying Exigency Leave** ~~for a~~ A qualifying exigency must be supported by a copy of the covered military member's:
  - a) Active-~~Duty-duty~~ orders and Qualifying Exigency for Military Family Leave form, providing the appropriate facts related to the qualifying exigency for which leave is sought, including contact information if the leave involves meeting with a third party; or
  - b) Rest and Recuperation leave orders, or other documentation issued by the military setting forth the dates of the military member's leave.

## L.H. Use of Intermittent or Reduced Schedule Leave

Approval of an employee's use of intermittent or reduced schedule leave will depend on whether the request is for "Family Leave," "Medical Leave," ~~or~~ "Military Care Giver Leave," or "Qualifying Exigency."

**Intermittent leave** is defined as leave taken in increments of time due to a qualifying event rather than a continuous period (e.g., leave for chronic health condition/episode or leave taken several days at a time for chemotherapy treatments over a period of months).



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**Reduced schedule leave** is a change in an employee's schedule for a period, normally from full-time to part-time (e.g.e.g., an employee works part-time because ~~he/she is~~ they are recovering from a serious health condition and ~~is~~ are not capable of working full time).

A request for intermittent or reduced schedule leave is based on the following:

1. For "Family Leave," a Department Director or Elected Official may, but is not required to, permit the employee to take FMLA on an intermittent or reduced schedule basis, including absences of less than a full day. A Department Director's or Elected Official's determination that FMLA will not be approved on an intermittent or reduced scheduled basis does not mean that the Department Director or Elected Official may deny an otherwise qualifying FMLA request altogether.
2. For "Medical Leave" or "Military Care Giver Leave," the Department Director or Elected Official must approve FMLA on an intermittent or reduced schedule basis if the use of intermittent or reduced schedule FMLA is determined to be "medically necessary" by a Health Care Provider. When the use of intermittent or reduced schedule FMLA is determined to be "medically necessary" by a Health Care Provider, a Department Director or Elected Official may work with the employee to determine the best means of scheduling of the intermittent or reduced schedule FMLA based upon the operational needs of the organization.
3. For a "Qualifying Exigency," the Department Director or Elected Official must approve FMLA on an intermittent or reduced schedule basis if the required documentation is provided. The Department Director or Elected Official may work with the employee to determine the best means of scheduling of the intermittent or reduced schedule FMLA based upon the operational needs of the organization.
4. If FMLA is approved on an intermittent or reduced schedule basis, an employee may not be required to take more FMLA leave than necessary. If an employee takes leave on an intermittent or reduced leave, only the amount of leave actually taken will count toward the leave entitlement. The FMLA leave time ~~will~~ shall be calculated using the smallest increment of time taken for leave subject to a one (1) hour minimum.
5. If it is physically impossible for an employee requesting intermittent leave or a reduced leave schedule to begin or end work midway ~~mid-way~~ through a shift, the entire period that the employee is required to be absent may be designated as FMLA leave and counts against the employee's FMLA entitlement. Even in the most limited circumstances, the County shall restore the employee to the same or equivalent position as soon as possible.
6. An employee's request for intermittent or reduced schedule FMLA must be made in the same manner and within the same time restrictions as a request for FMLA leave on a consecutive day basis.

## M.I. Use of Accrued Sick and Personal Leave and Paid Compensatory Time During FMLA Leave



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All appropriate paid leave must be used as part of the eligible hours of FMLA leave allotment.

An employee may ~~also~~ use any available paid compensatory time during the FMLA; however, paid compensatory time is not deducted from an employee's FMLA leave allotment. If the Appointing Authority approves the use of compensatory time during an approved FMLA period, the paid compensatory time is not deducted from the employee's eligible FMLA hours. The FMLA leave time would be extended by the amount of approved compensatory time.

Any remaining FMLA leave, after all accrued and paid leave has been exhausted, will be an approved leave of absence without pay.

~~The Department is responsible for tracking all FMLA hours used by the employee and shall submit the total amount of FMLA leave used by an employee to Human Resources.~~

## N.J. APPROVAL OF FMLA LEAVE

a. The required completed FMLA forms from the eligible employee must be submitted to ~~the~~ Human Resources ~~Department~~ to determine if the requested leave qualifies under the FMLA. ~~The~~ Human Resources ~~Department~~ shall notify the employee, in writing, if the leave is approved as FMLA leave. If the leave is ~~unapproved~~ denied, the employee shall receive notification from ~~the~~ Human Resources ~~Department~~ explaining the reason for ~~non-approval~~ denial.

a.b. If the employee has not submitted the required documentation ~~for~~ to Human Resources for FMLA eligibility determination, the employee shall be notified ~~immediately~~ in writing that the leave is being provisionally approved. Approval of-as FMLA leave is subject to the receipt and review of the Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form or other required documents.

b.c. Upon receipt of the completed ~~of~~ Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form or other required documents, Human Resources shall review the documentation to determine if the reason for the leave qualifies for purposes of FMLA Leave. ~~The~~ Human Resources ~~Department will~~ shall notify the employee, in writing, that the leave is approved. The approval letter should state the start date of the FMLA leave and the amount of FMLA leave the employee is eligible to use.

c.d. If ~~the~~ Human Resources ~~Department~~ determines that the documentation provided is not sufficient to conclude that the employee is eligible for FMLA leave, then ~~the~~ Human Resources ~~Department~~ may:

- i. Request that the employee obtain clarification from the Health Care Provider. The employee shall have the opportunity to resolve any deficiencies in the Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form; or



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- ii. If authorization exists, Directly contact ~~contact~~ the Health Care Provider for verification or clarification.

~~d.e.~~ If the FMLA is for the employee's own serious health condition, ~~the~~ Human Resources ~~Department~~ may request that the employee receive an additional examination by a Health Care Provider of the County's choice. The additional examination shall be at the expense of Cochise County. If the additional examination concludes that the employee's condition is not a "serious health condition," Human Resources may request that the employee receive a third examination by a Health Care Provider designated by agreement of Human Resources and the employee. The third examination shall also be at the expense of Cochise County. The decision made by the third examination shall determine if the leave qualifies under FMLA.

## ~~O.K.~~ Adverse Employee Consequences for Non~~c-~~Compliance

In the event an employee is absent without approved leave, the employee may be delayed or denied the use of paid leave if:

- a. An employee fails to complete the request for FMLA leave; or
- b. The Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form is incomplete; or
- c. The employee fails to submit the application or Certification of Health Care Provider form or the Certification of Qualifying Exigency for Military Family Leave form or any other required documents within the fifteen (15) day time-frame; ~~or~~
- d. If an employee fails to obtain and return the required documentation to ~~the~~ Human Resources ~~Department~~ within fifteen (15) days, ~~the~~ Human Resources ~~Department~~ shall notify the employee of the omission and shall require submission of the documentation. Cochise County views an employee who fails to submit the required documentation within the required time-frame or fails to contact ~~the~~ Human Resources ~~Department~~ as insubordinate, abandoning their job or neglecting their job duties and may be subject to discipline, up to and including termination. Additionally, if the County revokes the provisional approval of the employee's leave, the employee may be deemed absent without approved leave.

## ~~P.L.~~ Continuation of Medical Benefits

- a. During the period of the FMLA leave, the employee's health insurance coverage will~~shall~~ be maintained at the same level and under the same conditions that coverage would have been provided if the employee had remained active in at their job position. Any ~~dependent and other~~ supplemental coverage benefits will~~shall~~ continue to be the employee's responsibility.



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- b. In the ~~case event~~ of unpaid leave, ~~the employee should contact the Human Resources Department~~ ~~the employee shall continue to be responsible for to plan for~~ payment of ~~their portion of any~~ benefits ~~that would normally have been paid through a payroll deduction.~~

## **Q.M. Employment Upon Return to Work**

An employee returning from an approved FMLA leave ~~will shall~~ be restored to the same or ~~like similar~~ position with the same rate of pay and level of benefits which was held prior to the leave. An exception to this ~~is is are~~ those ~~who are~~ in grant-funded or special revenue-funded positions.

## **R.N. Title VII of the Civil Rights Act Of 1964**

Nothing in the FMLA modifies or affects any Federal or State law prohibiting discrimination under Title VII, ~~GINA (Genetic Information Nondiscrimination Act)~~ or disability.

## **S.O. Genetic Information Nondiscrimination Act (GINA)**

GINA defines genetic information, in part, as including family medical history. Any genetic information obtained in the certification process shall be kept confidential.

## **T.P. Records and Confidentiality**

All FMLA documentation and certification shall be kept ~~at in the~~ Human Resources ~~Department~~. Medical documentation shall be kept confidential pursuant to ~~the~~ Health Insurance Portability and Accountability Act (HIPAA).