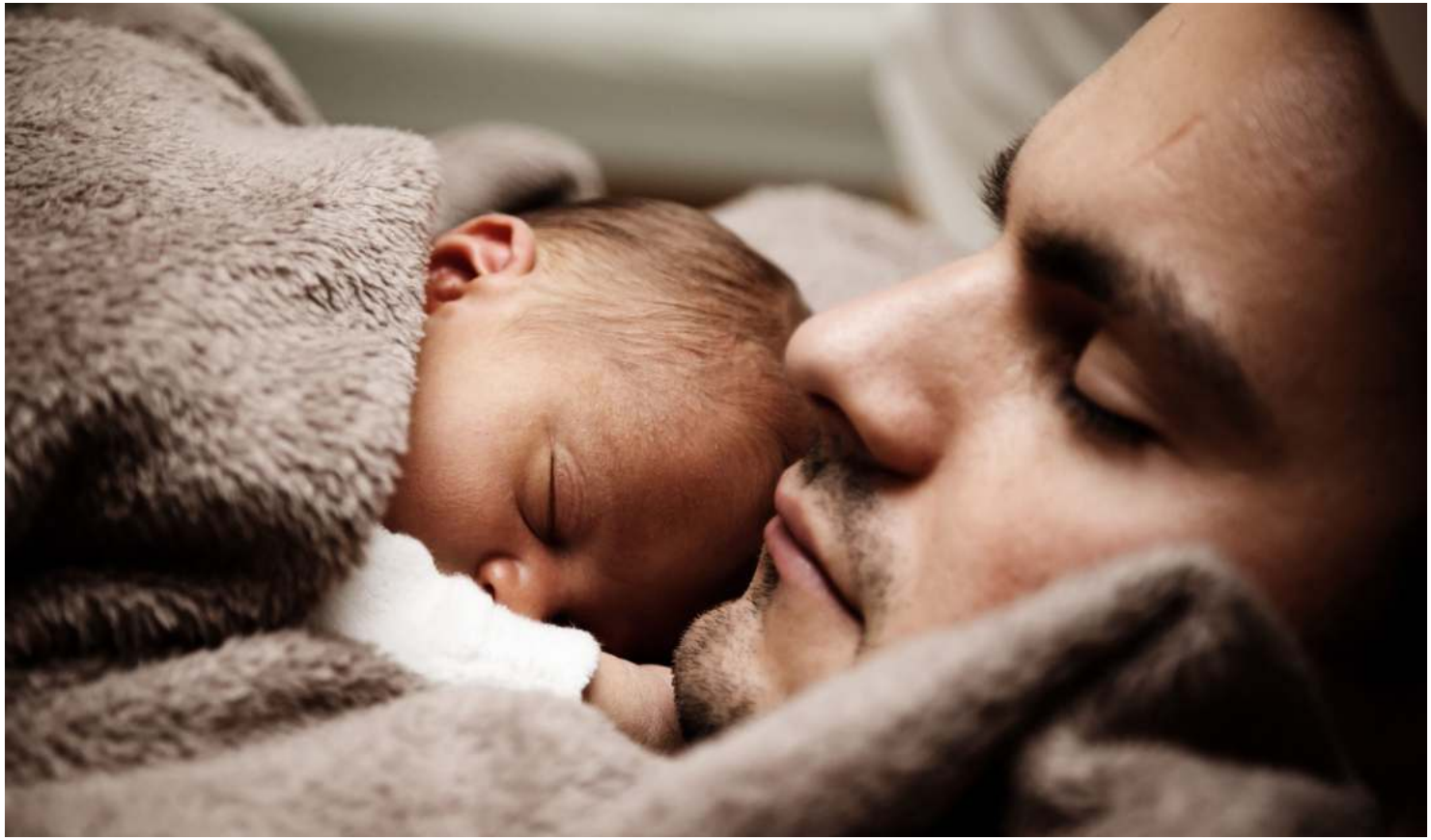

COBA DELEGATE SEMINAR

FAMILY AND MEDICAL LEAVE ACT (FMLA)

AUGUST
24th - 27th

Presentation by
Glenn **Morgan I** 1st Vice President

CLARIFYING FMLA

Forms: Self vs. Family

Understanding WH-380E, WH-380F, and the 15B — Updated DOC Submission Process

1. WH-380E

Employee's own serious health condition

2. WH-380F

Family member's condition or child bonding

3. Form 15B

Always required for identification

4. Direct to HR

All forms submit to HR — never to command

This guide reflects DOC policy, which overrides certain federal FMLA form language. When in doubt, contact HR Leave Request directly.

POLICY UPDATE

What Changed and Why: The New Submission Process

Forms previously routed through command are now submitted directly to HR — a critical change driven by HIPAA compliance requirements. Here's what every employee and supervisor needs to know.

What's New:

15B Form

Still required for identification (Shield #, Reference #) — no longer needs command sign-off. Submit directly to HR.

Medical Forms (380E / 380F)

Previously routed through command — now submitted directly to HR to comply with HIPAA privacy requirements.

HOW IT WORKS NOW

Command's New Role

HR notifies command of eligibility only — medical details are never disclosed to supervisors under any circumstances.

Why It Matters

Protects employee medical privacy while maintaining operational awareness at the command level.

Response Time

Expect HR acknowledgment within 24–48 hours of submission.

HOW IT WORKS NOW CONT.

WH-380E

Certification for Employee's Own Serious Health Condition

Use WH-380F when an employee needs leave to care for a qualifying family member, or for child bonding (newborn, foster, or adoption). Qualifying family members include: spouse, parent, child under 18 — or a child 18+ who is incapable of self-care due to mental or physical disability. Listed below are crucial and necessary topics for all Delegates to review and understand. Periodically reviewing the topics and practicing the actions expressed within the content of these topics will assist you a great deal in becoming a Delegate.

HOW IT WORKS NOW CONT.

Page-by-Page Breakdown

Page 1
Employer info → Employee info → Family member details

Page 2
Medical information for the patient (family member) — doctor stamps here. Doctor must specify nature of condition, frequency of care episodes, and duration.

Page 3
Employee's name (the one requesting leave) + specific care needs. Doctor checks off frequency and duration of care required.

Page 4
Employee's name, doctor's signature, and date

HOW IT WORKS NOW CONT.

Before the Doctor Visit

To save time at the appointment, pre-fill the following before handing the form to the provider:

Your Name

Enter on all sections that reference the employee requesting leave

Patient's Name

Enter on all sections referencing the family member receiving care

Doctor Must Specify

- Nature of the qualifying condition
- Frequency of care episodes
- Duration — indefinite, specific dates, or estimated range

DOC POLICY

FMLA for Child Bonding: DOC Policy Details

DOC policy explicitly permits bonding leave — overriding federal WH-380E language. Use WH-380F for all bonding scenarios. The following rules govern eligibility, timing, and pay status.

ELIGIBILITY & TIMING

Who Qualifies

Biological mothers and fathers, foster parents, and adoptive parents are all eligible for bonding leave.

Duration

Up to 12 weeks of FMLA leave for bonding purposes.

Healthy Newborn Window

Leave must be taken within the first 12 months after the child's birth.

Foster / Adoption Placement

Leave must be taken within 12 months from the date of placement or finalization — the child's age is irrelevant.

Intermittent Leave

Generally not permitted for bonding with a healthy child. Continuous leave is the standard. Intermittent FMLA is only available when the child has a documented medical condition.

FORM NOTES & PAY STATUS

Pregnancy on 380E

Doctor should check "Pregnancy" in Part A and provide the expected delivery date

Paid Leave

FMLA is paid if sufficient leave balances exist — vacation, sick, etc.

LWOP (Leave Without Pay)

If leave balances are exhausted, leave converts to LWOP

LWOP Impact: Affects retirement dates and may create city debt. However, medical coverage continues throughout the FMLA leave period regardless of pay status.

QUICK REFERENCE

Which Form Do I Use?

Form Selection at a Glance

Situation	Form to
Your own illness or injury	WH-380
Pregnancy / newborn bonding	WH-380 condition
Caring for spouse, parent, or child	WH-380
Foster or adoptive child placement	WH-380
Identification (always required)	15B

SUBMISSION CHECKLIST

Always Include 15B

Required for identification regardless of leave type — no exceptions

Submit Directly to HR

All completed forms go to HR Leave Request — do NOT submit to your command

Pre-Fill Before the Visit

Write your name and the patient's name on all applicable sections before the doctor appointment

HR Response

Expect acknowledgment within 24–48 hours after submission

SUBMISSION CHECKLIST CONT.

For Supervisors

Command & Supervisor Responsibilities Supervisors and delegates play a key role in ensuring employees receive the correct forms and understand the updated submission process. The following guidance applies to all personnel offices and command staff.

Distribute Both Forms

When an officer requests FMLA paperwork, provide WH-380E, WH-380F, and the 15B — let the employee determine which medical form applies to their situation.

Post Clear Signage

Display at all personnel offices: "380E is for SELF" / "380F is for FAMILY" — a simple visual cue that prevents the most common source of confusion.

SUBMISSION CHECKLIST CONT.

Communicate the Direct Submission Process

Ensure all personnel know that completed forms go to HR — not to the command. Reinforce this at every opportunity.

Educate at Monthly Meetings

Address updated procedures with delegates and supervisors regularly. Clarify HIPAA boundaries — commands are notified of eligibility status only, never medical details.

Future Initiatives

Tutorial videos and departmental notices are in development to reduce confusion at the point of request — watch for departmental communications.

EMPLOYEE REMINDERS

Key Reminders for Employees

Before submitting your FMLA paperwork, review these essential reminders to protect your privacy, avoid delays, and plan for potential financial impacts.

Your Rights & Protections

HIPAA Protection

The direct-to-HR submission model keeps your medical information private from supervisors and command at all times.

Read the Forms Carefully

Some federal language — such as the bonding exclusion on 380E — does not reflect DOC policy. When in doubt, contact HR before submitting.

PRACTICAL STEPS

Pre-Fill Your Information

Save time at the doctor's office by completing your name and the patient's name on all relevant sections before the appointment.

LWOP Awareness

If leave balances are exhausted, FMLA converts to Leave Without Pay (LWOP). Plan accordingly — LWOP can affect retirement dates and may create city debt. Medical coverage continues regardless.

Contact HR Directly

For complex situations, specific questions, or form clarification — reach out to HR Leave Request before submitting your paperwork.

Remember: Forms 380E and 380F go directly to HR — never to your command. Always include Form 15B for identification.

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

APPLICATION FOR LEAVE OF ABSENCE

FORM 15B
(Rev. 6/19/21)

Section 1

EMPLOYEE INFORMATION

Facility/Division/Unit	Last Name	First Name	Rank/Title	Shield	Employee Reference #

Section 2

LEAVE INFORMATION

Effective Date of Leave	Tour	Return to Duty Date	Tour

I am requsting a leave of absence for the following reasons:

☐ Personal Leave ☐ Maternity Leave ☐ Child Care Leave

☐ Military Leave ☐ Family Medical Leave Act (FMLA) ☐ Advance Leave

If requesting an advance leave, state the reason (supporting documentation is required for leave of absence requests):

Leave of Absence to be charged to:

Without Pay		Compensatory Time		Vacation Time		Advance Time		Total Leave	
Days	Hours	Days	Hours	Days	Hours	Days	Hours	Days	Hours

Employee Signature	Date
Commanding Officer or (designee) Signature	Date

Section 3

TO BE COMPLETED BY THE HUMAN RESOURCES DIVISION

Leave of Absence Approved ☐	Leave of Absence Approved ☐
Leave of Absence Denied ☐	Leave of Absence Denied ☐
Reason for Denial:	Reason for Denial:

Human Resources Staff/ Preparer Signature	Date
Deputy Commissioner of Human Resources or (designee) Signature	Date

Distribution:
Original: Personnel File
Copy: Member of Service

415R

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

DIRECTIVE

[X] NEW	[ ] INTERIM	[ ] REVISED	SUBJECT
EFFECTIVE DATE 06/15/2025	*TERMINATION DATE / /		FAMILY AND MEDICAL LEAVE ACT (FMLA)

CLASSIFICATION #	SUPERSEDES	DATED	APPROVED FOR WEB POSTING	DISTRIBUTION	PAGE 1 OF 8 PAGES
2266			[X] YES [ ] NO	A	

AUTHORIZED BY THE COMMISSIONER

LYNELLE MAGINLEY-LIDDIE — SIGNATURE

I. PURPOSE

The purpose of this Directive is to establish New York City Department of Correction (Department) policy and procedures when applying for and using leave pursuant to the Family and Medical Leave Act of 1993 ("FMLA"). The Directive ensures compliance with federal law, provides clear guidance to staff, and outlines the Department's responsibilities in administering FMLA leave fairly, consistently, and in coordination with local regulations and collective bargaining agreements, where applicable.

II. POLICY

A. In accordance with FMLA, the Department shall provide eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave in a rolling 12-month period for qualifying family or medical reasons, and up to twenty-six (26) workweeks in a single 12-month period to care for a covered service member. FMLA leave may be taken continuously, intermittently, or on a reduced schedule when medically necessary.

B. Approved FMLA leave will run concurrently with other qualifying leave entitlements, including but not limited to New York State Paid Family Leave (PFL) for eligible non-uniformed employees, Paid Parental Leave (PPL) for eligible managerial or confidential employees, Workers' Compensation, or applicable paid leave balances, as required by law, collective bargaining agreement, or Department policy.

C. The Department shall maintain group health plan coverage for eligible employees during FMLA leave on the same terms as if the employee had remained actively employed.

D. Upon return from FMLA leave, employees will be reinstated to the same or an equivalent position unless a lawful exception applies.

Certification of Health Care Provider for Employee's Serious Health Condition under the Family and Medical Leave Act

U.S. Department of Labor
Wage and Hour Division

WAGE AND HOUR DIVISION

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

OMB Control Number: 1235-0003
Expires: 6/30/2026

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee at least 15 calendar days to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

(4) Employee's job title: _____ Job description ☐ is / ☐ is not attached.

Employee's regular work schedule: _____

Statement of the employee's essential job functions:

_____
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves **inpatient care** or **continuing treatment by a health care provider**. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Page 1 of 4

Form WH-380-E, Revised June 2020

Certification of Health Care Provider for Family Member's Serious Health Condition under the Family and Medical Leave Act

U.S. Department of Labor
Wage and Hour Division

WAGE AND HOUR DIVISION

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

OMB Control Number: 1235-0003
Expires: 6/30/2026

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: _____
First Middle Last

(2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care: _____

(2) Select the relationship of the family member to you. The family member is your:

☐ Spouse ☐ Parent ☐ Child, under age 18

☐ Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Page 1 of 4

Form WH-380-F, Revised June 2020